**Return of Organization Exempt From Income Tax**

**Form 990**

**Department of the Treasury**
**Internal Revenue Service**

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**Part I**

<table>
<thead>
<tr>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Briefly describe the organization's mission or most significant activities: <strong>PROVIDE GRANTS AND IN-KIND SUPPORT TO YELLOWSTONE NATIONAL PARK THROUGH PHILANTHROPIC AND</strong></td>
</tr>
<tr>
<td>2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.</td>
</tr>
<tr>
<td>3 Number of voting members of the governing body (Part VI, line 1a)</td>
</tr>
<tr>
<td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td>
</tr>
<tr>
<td>5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)</td>
</tr>
<tr>
<td>6 Total number of volunteers (estimate if necessary)</td>
</tr>
<tr>
<td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td>
</tr>
<tr>
<td>7b Net unrelated business taxable income from Form 990-T, line 34</td>
</tr>
</tbody>
</table>

**Revenue**

<table>
<thead>
<tr>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Contributions and grants (Part VIII, line 1h)</td>
<td>0.</td>
</tr>
<tr>
<td>9 Program service revenue (Part VIII, line 2g)</td>
<td>0.</td>
</tr>
<tr>
<td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td>0.</td>
</tr>
<tr>
<td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td>0.</td>
</tr>
<tr>
<td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td>
<td>0.</td>
</tr>
<tr>
<td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td>
<td>0.</td>
</tr>
<tr>
<td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>0.</td>
</tr>
<tr>
<td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td>
<td>0.</td>
</tr>
<tr>
<td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td>
<td>0.</td>
</tr>
<tr>
<td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td>
<td>0.</td>
</tr>
<tr>
<td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td>
<td>0.</td>
</tr>
<tr>
<td>19 Revenue less expenses. Subtract line 18 from line 12</td>
<td>0.</td>
</tr>
</tbody>
</table>

**Expenses**

**Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Total assets (Part X, line 16)</td>
<td>0.</td>
</tr>
<tr>
<td>21 Total liabilities (Part X, line 26)</td>
<td>0.</td>
</tr>
<tr>
<td>22 Net assets or fund balances. Subtract line 21 from line 20</td>
<td>0.</td>
</tr>
</tbody>
</table>

---

**Part II**

**Signature Block**

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

**Sign Here**

---

**Preparer**

**JOAN S. McMACHON**

**Preparer's signature**

**Date**

---

**Use Only**

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**See Schedule O for Organization Mission Statement Continuation**
1 Briefly describe the organization’s mission:

YELLOWSTONE FOREVER ("YF") SERVES AS THE OFFICIAL NON-PROFIT PARTNER FOR YELLOWSTONE NATIONAL PARK ("PARK"). YF'S PURPOSE IS TO PROVIDE GRANTS AND IN-KIND SUPPORT TO THE PARK THROUGH PHILANTHROPIC AND EDUCATIONAL INITIATIVES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses $</th>
<th>Including grants of $</th>
<th>Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>2,714,828.</td>
<td>2,009,646.</td>
<td>1,988,608.</td>
</tr>
<tr>
<td>4b</td>
<td>809,521.</td>
<td>0.</td>
<td>385,389.</td>
</tr>
<tr>
<td>4c</td>
<td>917,537.</td>
<td>0.</td>
<td>578,420.</td>
</tr>
<tr>
<td>4d</td>
<td>147,617.</td>
<td>21,091.</td>
<td></td>
</tr>
</tbody>
</table>

Total program service expenses: 4,589,503.
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3</td>
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<td>X</td>
</tr>
<tr>
<td>4</td>
<td>X</td>
<td></td>
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<tr>
<td>5</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11d</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11e</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>11f</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>12b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14b</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>X</td>
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<tr>
<td>17</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

#### 20a Did the organization operate one or more hospital facilities?  
- **Yes**
- **No**

#### 20b If "Yes," complete Schedule H

#### 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 17?  
- **Yes**
- **No**

#### 22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27?  
- **Yes**
- **No**

#### 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees?  
- **Yes**
- **No**

#### 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?  
- **Yes**
- **No**

#### 24b If "Yes," answer lines 24b through 24d and complete Schedule K.  
- **Yes**
- **No**

#### 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  
- **Yes**
- **No**

#### 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  
- **Yes**
- **No**

#### 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?  
- **Yes**
- **No**

#### 25b If "Yes," complete Schedule L, Part I

#### 25c 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?  
- **Yes**
- **No**

#### 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  
- **Yes**
- **No**

#### 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?  
- **Yes**
- **No**

#### 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  
- **Yes**
- **No**

#### 29 Did the organization provide a grant or other assistance to substantial contributors or their key employees?  
- **Yes**
- **No**

#### 30 Did the organization receive more than $25,000 in non-cash contributions?  
- **Yes**
- **No**

#### 31 Did the organization liquidate, terminate, or dissolve and cease operations?  
- **Yes**
- **No**

#### 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?  
- **Yes**
- **No**

#### 33 Was the organization related to any tax-exempt or taxable entity?  
- **Yes**
- **No**

#### 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
- **Yes**
- **No**

#### 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)?  
- **Yes**
- **No**

#### 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  
- **Yes**
- **No**

#### 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?  
- **Yes**
- **No**

#### 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  
- **Yes**
- **No**
Part V
Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable.  
1b Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable.  
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  

3a Did the organization have unrelated business gross income of $1,000 or more during the year?  
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.  

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
b If "Yes," enter the name of the foreign country:  

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  

6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  

7 Organizations that may receive deductible contributions under section 170(c).  
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?  
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  
d If "Yes," indicate the number of Forms 8282 filed during the year  
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  

9 Sponsoring organizations maintaining donor advised funds.  
a Did the sponsoring organization make any taxable distributions under section 4966?  
b If the sponsoring organization make a distribution to a donor, a donor advisor, or related person?  

10 Section 501(c)(7) organizations. Enter:  
a Initiation fees and capital contributions included on Part VIII, line 12  
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  

11 Section 501(c)(12) organizations. Enter:  
a Gross income from members or shareholders  
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  

13 Section 501(c)(29) qualified nonprofit health insurance issuers.  
a 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.  
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  
c Enter the amount of reserves on hand  

14a Did the organization receive any payments for indoor tanning services during the tax year?  
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  

Yes No  
1a 1b 1c 2a 2b 3a 3b 4a 4b 5a 5b 5c 6a 6b 7a 7b 7c 7d 7e 7f 7g 7h 8 9a 9b 10a 10b 11a 11b 12a 12b 13a 13b 13c 14a 14b  

Form 990 (2016)
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ........................................ 1a  24
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 in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent ........................................ 1b  23

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

3a Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3a  X

3b Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 3b  X

4 Did the organization become aware during the year of a significant diversion of the organization’s assets? 4  X

5 Did the organization have members or stockholders? 5  X

6a 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? 6a  X

6b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6b  X

7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

7a The governing body? ....................................................................................................................................................... 7a  X

7b Each committee with authority to act on behalf of the governing body? ............................................................................. 7b  X

8 Did the organization participate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s assets? 8  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 in Schedule O. 9  X

Section B. Policies

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

10a Did the organization have local chapters, branches, or affiliates? ........................................... 10a  X

b If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes? 10b  X

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a  X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b  X

12a Did the organization have a written conflict of interest policy? If “No,” go to line 13 12a  X

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b  X

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done 12c  X

13 Did the organization have a written whistleblower policy? 13  X

14 Did the organization have a written document retention and destruction policy? 14  X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

15a 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 in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a  X

b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements? 16b  X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: [AL, AR, CA, CO, CT, DC, FL, GA, HI, KS, KY, IL

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

[X] Own website  [X] Another’s website  [X] Upon request  [X] Other (explain in Schedule O)

19 Describe in 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.

20 State the name, address, and telephone number of the person who possesses the organization’s books and records: ROGER W KEATON – (406) 586-6303

222 EAST MAIN STREET, SUITE 301, BOZEMAN, MT 59715

SEE SCHEDULE O FOR FULL LIST OF STATES
## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization’s tax year.

- List all of the organization’s current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization’s current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) HEATHER WHITE</td>
<td>25.00</td>
<td>X X</td>
<td>61,975.</td>
<td>90,883.</td>
<td>12,022.</td>
</tr>
<tr>
<td>(2) KAY YEAGER</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) LOU LANWERMEYER</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) JOHN WALDA</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) ROBERT SHOPNECK</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) KARIN KRESS (THRU 06/2016)</td>
<td>10.00</td>
<td>X X</td>
<td>0.</td>
<td>96,160.</td>
<td>6,255.</td>
</tr>
<tr>
<td>(7) JEFF BROWN (THRU 07/2016)</td>
<td>1.00</td>
<td>X X</td>
<td>110,493.</td>
<td>0.</td>
<td>10,304.</td>
</tr>
<tr>
<td>(8) CAROLYN HEPPEL</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) CHARLIE KAUFMAN</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) CLAIRE CAMPBELL</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) DAVID DONOVAN</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) EDNA JOHNSON</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) GALE DAVIS</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) JOHN COSTELLO</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) KATIE CATTANACH (THRU 06/2016)</td>
<td>1.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(16) KEVIN BUTT</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) LAUREL GRAHAM</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Name and title</td>
<td>(B) Position</td>
<td>(C) Reportable compensation from the organization</td>
<td>(D) Total from continuation sheets to Part VII, Section A</td>
<td>(E) Total (add lines 1b and 1c)</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------</td>
<td>--------------------------------------------------</td>
<td>---------------------------------------------------------</td>
<td>-------------------------------</td>
<td></td>
</tr>
<tr>
<td>(18) MICHAEL CAMPBELL</td>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>0.00</td>
<td>172,468.</td>
<td></td>
</tr>
<tr>
<td>(19) PATTY CAROCCI</td>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>0.00</td>
<td>187,043.</td>
<td></td>
</tr>
<tr>
<td>(20) PENNEY COX HUBBARD</td>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>0.00</td>
<td>28,581.</td>
<td></td>
</tr>
<tr>
<td>(21) TOM DETMER</td>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(22) JACKIE ROONEY (FROM 02/2017)</td>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(23) RICHARD SEVERANCE</td>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(24) ALAN SHAW (THRU 02/2017)</td>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(25) MAT MILLENBACH (THRU 02/2017)</td>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>(26) BRYAN MORGAN</td>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total: 172,468. 187,043. 28,581.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 4

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.
   Yes: 3  No: X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual.
   Yes: X  No: 

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.
   Yes: X  No: 

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HENNEBERRY EDDY ARCHITECTS, 921 SW</td>
<td>ARCHITECTURAL</td>
<td>906,413.</td>
</tr>
<tr>
<td>WASHINGTON STREET, SUITE 250, PORTLAND, OR</td>
<td>SERVICES</td>
<td>332,096.</td>
</tr>
<tr>
<td>OTAK ARCHITECTS, 808 SW 3RD AVENUE, SUITE 300, PORTLAND, OR 97204</td>
<td>ARCHITECTURAL</td>
<td>906,413.</td>
</tr>
<tr>
<td>ALPHAGRAPHICS OF BOZEMAN</td>
<td>PRINTING SERVICES</td>
<td>142,665.</td>
</tr>
<tr>
<td>P.O. BOX 1088, BOZEMAN, MT 59771-1088</td>
<td>MAILING SERVICES</td>
<td>121,824.</td>
</tr>
<tr>
<td>PREMIUM WORKS LLC, 23520 FDR BOULEVARD, UNIT 409, CALIFORNIA, MD 20619</td>
<td>PRINTING SERVICES</td>
<td>142,665.</td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 4

SEE PART VII, SECTION A CONTINUATION SHEETS
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) DAN MANNING</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(28) JOE MARUSHACK</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(29) ROB MATHIAS</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(30) DOUG SPENCER</td>
<td>1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(31) JEFF AUGUSTIN</td>
<td>25.00</td>
<td>X</td>
<td>26,780.</td>
<td>85,961.</td>
<td>16,928.</td>
</tr>
<tr>
<td>DIRECTOR OF FINANCE &amp; ADMIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(32) ROGER KEATON</td>
<td>25.00</td>
<td>X</td>
<td>29,626.</td>
<td>86,298.</td>
<td>14,762.</td>
</tr>
<tr>
<td>VICE PRESIDENT OF FINANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(33) KEN VOORHIS</td>
<td>25.00</td>
<td>X</td>
<td>33,985.</td>
<td>68,092.</td>
<td>13,654.</td>
</tr>
<tr>
<td>CHIEF OPERATIONS &amp; EDUCATION OFFICER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c: 90,391. 240,351. 45,344.
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and</td>
<td>$4,547,482.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a TUITION AND CABIN FEES</td>
<td>611600</td>
<td>385,389.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b PROGRAM HOUSING INCOME</td>
<td>511190</td>
<td>17,471.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Investment income (including dividends, interest, and other similar amounts) |                   | 32,475. |                               |                                  |
| Income from investment of tax-exempt bond proceeds |                   |         |                               |                                  |
| Royalties                                                                 |                   |         |                               |                                  |

| Gross rents                                   | (i) Real | (ii) Personal |                                       |                               |                                  |
| Less: rental expenses                         |         |              |                                       |                               |                                  |
| Rental income or (loss)                       |         |              |                                       |                               |                                  |
| Net rental income or (loss)                   |         |              |                                       |                               |                                  |

| Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other |                                       |                               |                                  |
| Less: cost or other basis and sales expenses   |              |           |                                       |                               |                                  |
| Gain or (loss)                                 |              |           |                                       |                               |                                  |
| Net gain or (loss)                             |              |           |                                       |                               |                                  |

| Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18 |                   | 578,420. |                               |                                  |
| Less: direct expenses                         |                   |         |                                       |                               |                                  |
| Net income or (loss) from fundraising events  |                   |         |                                       |                               |                                  |

| Gross sales of inventory, less returns and allowances |                   | 318,256. | 318,256. |                               |                                  |
| Less: cost of goods sold                        |                   |         |                                       |                               |                                  |
| Net income or (loss) from sales of inventory    |                   |         |                                       |                               |                                  |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th>(A) Total Revenue</th>
<th>(B) Related or Exempt Function Revenue</th>
<th>(C) Unrelated Business Revenue</th>
<th>(D) Revenue Excluded from Tax under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER REVENUE</td>
<td>900099</td>
<td>3,221.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total revenue. See instructions. |                   | 5,304,294. | 721,116. | 0. | 35,696. |
### Part IX: Statement of Functional Expenses

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

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

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Column (A)</th>
<th>Column (B)</th>
<th>Column (C)</th>
<th>Column (D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>2,030,737</td>
<td>2,030,737</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>152,366</td>
<td>114,274</td>
<td>15,237</td>
<td>22,855</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>1,815,613</td>
<td>1,336,080</td>
<td>193,987</td>
<td>285,546</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>14,139</td>
<td>10,420</td>
<td>1,503</td>
<td>2,216</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>42,187</td>
<td>31,092</td>
<td>4,485</td>
<td>6,610</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>16,674</td>
<td>12,289</td>
<td>1,772</td>
<td>2,613</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>16,770</td>
<td>8,098</td>
<td>6,735</td>
<td>1,937</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>112,833</td>
<td>38,551</td>
<td>57,692</td>
<td>16,590</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td>104,794</td>
<td></td>
<td>104,794</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>64,190</td>
<td>47,742</td>
<td>3,831</td>
<td>12,617</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>195,282</td>
<td>3,448</td>
<td>14,597</td>
<td>177,237</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>88,150</td>
<td>53,950</td>
<td>13,253</td>
<td>20,947</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>141,373</td>
<td>112,220</td>
<td>5,346</td>
<td>23,807</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td>1,355</td>
<td>1,355</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>173,493</td>
<td>151,853</td>
<td>6,818</td>
<td>14,822</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>74,853</td>
<td>52,770</td>
<td>5,079</td>
<td>17,004</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>66,991</td>
<td>38,463</td>
<td>16,395</td>
<td>12,133</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>206,809</td>
<td>192,688</td>
<td>1,010</td>
<td>13,111</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>45,552</td>
<td>39,226</td>
<td>4,493</td>
<td>1,833</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses, itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>PARK STORE MERCHANDISE</td>
<td>101,627</td>
<td>101,627</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>VOLUNTEER PROGRAMMING</td>
<td>91,064</td>
<td>91,064</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>VISITOR ENGAGEMENT</td>
<td>79,095</td>
<td>79,095</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>EMPLOYEE DEVELOPMENT</td>
<td>48,670</td>
<td>42,461</td>
<td>1,988</td>
<td>4,221</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>5,684,617</td>
<td>4,589,503</td>
<td>354,221</td>
<td>740,893</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here [ ] if following SOP 98-2 (ASC 958-720)
**Part X Balance Sheet**

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
</table>

**Assets**

1. Cash - non-interest-bearing
2. Savings and temporary cash investments
3. Pledges and grants receivable, net
4. Accounts receivable, net
5. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L
6. Loans and other receivables from other disqualified persons as defined under section 4958(f)(1), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Schedule L
7. Notes and loans receivable, net
8. Inventories for sale or use
9. Prepaid expenses and deferred charges
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D
10b Less: accumulated depreciation
11. Investments - publicly traded securities
12. Investments - other securities. See Part IV, line 11
13. Investments - program-related. See Part IV, line 11
14. Intangible assets
15. Other assets. See Part IV, line 11
16. Total assets. Add lines 1 through 15 (must equal line 34)

**Liabilities**

17. Accounts payable and accrued expenses
18. Grants payable
19. Deferred revenue
20. Tax-exempt bond liabilities
21. Escrow or custodial account liability. Complete Part IV of Schedule D
22. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L
23. Secured mortgages and notes payable to unrelated third parties
24. Unsecured notes and loans payable to unrelated third parties
25. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D
26. Total liabilities. Add lines 17 through 25

**Net Assets or Fund Balances**

27. Unrestricted net assets
28. Temporarily restricted net assets
29. Permanently restricted net assets
30. Capital stock or trust principal, or current funds
31. Paid-in or capital surplus, or land, building, or equipment fund
32. Retained earnings, endowment, accumulated income, or other funds
33. Total net assets or fund balances
34. Total liabilities and net assets/fund balances

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---|---|---|---

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### Part XI  Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI [X]

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII [ ]

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant? [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant? [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2016)
### Part I: Reason for Public Charity Status

<table>
<thead>
<tr>
<th>Reason</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:</td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</td>
</tr>
<tr>
<td>10</td>
<td>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>12</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
</tbody>
</table>

#### a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

#### b. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

#### c. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

#### d. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

#### e. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

#### f. Enter the number of supported organizations

#### g. Provide the following information about the supported organization(s).

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Total

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4547482</td>
<td>4547482</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4547482</td>
<td>4547482</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1650818</td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2896664</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4547482</td>
<td>4547482</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32,475</td>
<td>32,475</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>578,420</td>
<td>578,420</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5158377</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

### First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2015 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

### 16b 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

### 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

### 17b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

### 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

---

**Schedule A (Form 990 or 990-EZ) 2016**

**YELLOWSTONE FOREVER**

**47-5427975**

**Page 2**

**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.)

---

**Subtract line 5 from line 4.**

---

**632022  09-21-16**

---

**calendar year (or fiscal year beginning in)**

---

**Section A. Public Support**

---

**Section B. Total Support**

---

**Section C. Computation of Public Support Percentage**

---

**Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))**

---

**Public support percentage from 2015 Schedule A, Part II, line 14**

---

**33 1/3% support test - 2016.**

---

**33 1/3% support test - 2015.**

---

**10% -facts-and-circumstances test - 2016.**

---

**10% -facts-and-circumstances test - 2015.**

---

**Private foundation.**

---

**Schedule A (Form 990 or 990-EZ) 2016**

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**12021003 149058 YELL7975SFO**

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**2016.04030 YELLOWSTONE FOREVER**

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**YELL7971**
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Public support. (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c</td>
<td>Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Public support percentage from 2015 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Investment income percentage from 2015 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>19a</td>
<td>33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b</td>
<td>33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Schedule A (Form 990 or 990-EZ) 2016**

**YELLOWSTONE FOREVER**

**47-5427975**

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

**Calendar year (or fiscal year beginning in):**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2012</th>
<th>(b) 2013</th>
<th>(c) 2014</th>
<th>(d) 2015</th>
<th>(e) 2016</th>
<th>(f) Total</th>
</tr>
</thead>
</table>

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**YELLOWSTONE FOREVER**

**47-5427975**

**16**

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**12021003 149058 YELL7975SFO**

**2016.04030 YELLOWSTONE FOREVER YELL7971**
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 (b) and (c) below.
   b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.
   c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes,” and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization’s organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
   b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?
   c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If “Yes,” complete Part I of Schedule L (Form 990 or 990-EZ).

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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.
   c. Did a disqualified person (as defined in 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 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.)
Part IV  Supporting Organizations  (continued)

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

Section B. Type I Supporting Organizations

1  Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year?  If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
      Yes  No
   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.
      Yes  No
   2

Section C. Type II Supporting Organizations

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).
      Yes  No
   1

Section D. All Type III Supporting Organizations

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?
      Yes  No
   1

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).
      Yes  No
   2

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

Section E. Type III Functionally Integrated Supporting Organizations

1  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a  The organization satisfied the Activities Test.  Complete line 2 below.
   b  The organization is the parent of each of its supported organizations.  Complete line 3 below.
   c  The organization supported a governmental entity.  Describe in Part VI how you supported a government entity (see instructions).

2  Activities Test.  Answer (a) and (b) below.
   a  Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  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.
      Yes  No
   2a
   b  Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in?  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.
      Yes  No
   2b

3  Parent of Supported Organizations.  Answer (a) and (b) below.
   a  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations?  Provide details in Part VI.
      Yes  No
   3a
   b  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?  If "Yes," describe in Part VI the role played by the organization in this regard.
      Yes  No
   3b
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in <strong>Part VI</strong>):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount</strong>. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>

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Schedule A (Form 990 or 990-EZ) 2016

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

#### Section D - Distributions
**Current Year**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions. Add lines 1 through 6</strong></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2016 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by Line 9 amount</td>
<td></td>
</tr>
</tbody>
</table>

#### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2016</th>
<th>(iii) Distributable Amount for 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2016 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2016:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2016 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2011 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2016 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2016 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2017. Add lines 3j and 4c</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
Schedule B (Form 990, 990-EZ, or 990-PF)

Name of the organization: YELLOWSTONE FOREVER

Employer identification number: 47-5427975

Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
</tbody>
</table>

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.
## Part I  Contributors

(See instructions. Use duplicate copies of Part I if additional space is needed.)

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$513,658.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$100,000.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$1,000,000.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$200,000.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$150,000.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$303,000.</td>
<td>Person Payroll Noncash</td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------------------------</td>
<td>----------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Part II - Noncash Property**

Yellowstone Forever receives noncash property as follows:

(a) No. from Part I

(b) Description of noncash property given

(c) FMV (or estimate) (See instructions)

(d) Date received

$ ___________________ ___________________

$ ___________________ ___________________

$ ___________________ ___________________

$ ___________________ ___________________

$ ___________________ ___________________
For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year from any one contributor. Complete columns (a) through (e) and the following line entry.

#### Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Use duplicate copies of Part III if additional space is needed.
Supplemental Financial Statements

Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

(a) Donor advised funds  (b) Funds and other accounts
1 Total number at end of year
2 Aggregate value of contributions to (during year)
3 Aggregate value of grants from (during year)
4 Aggregate value at end of year

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control? Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II  Conservation Easements. Complete if the organization answered “Yes” on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
   Preservation of land for public use (e.g., recreation or education)
   Preservation of a historically important land area
   Protection of natural habitat
   Preservation of a certified historic structure
   Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
   a Total number of conservation easements
   b Total acreage restricted by conservation easements
   c Number of conservation easements on a certified historic structure included in (a)
   d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   (i) Revenue included on Form 990, Part VIII, line 1
   (ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
   a Revenue included on Form 990, Part VIII, line 1
   b Assets included in Form 990, Part X
### Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   - Public exhibition
   - Scholarly research
   - Preservation for future generations

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

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

### Part IV: Escrow and Custodial Arrangements.

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

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

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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

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

### Part V: Endowment Funds.

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

1a. Beginning of year balance
   - (a) Current year 0.
   - (b) Prior year 1,936,587.
   - (c) Two years back 56,147.
   - (d) Three years back -5,410.
   - (e) Four years back 0.

b. Contributions
   - (a) Current year 1,986,888.
   - (b) Prior year 2.37
   - (c) Two years back 4.35
   - (d) Three years back 1,231,750.
   - (e) Four years back 2,128,116.

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   - (a) Board designated or quasi-endowment 2.37
   - (b) Permanent endowment 4.35
   - (c) Temporarily restricted endowment 93.28
   - (d) Other 0.

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

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   - (i) unrelated organizations X
   - (ii) related organizations X

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

4. Describe in Part XIII the intended uses of the organization’s endowment funds.

### Part VI: Land, Buildings, and Equipment.

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>2,336,844</td>
<td></td>
<td>2,336,844</td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td>8,235,539</td>
<td>2,161,977</td>
<td>6,073,562</td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td>1,231,750</td>
<td>801,591</td>
<td>430,159</td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>2,128,116</td>
<td>1,457,674</td>
<td>670,442</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td>1,006,335</td>
<td>23,679</td>
<td>982,656</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 10,493,663.
### Part VII Investments - Other Securities

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
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<tr>
<td>(F)</td>
<td></td>
<td></td>
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<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

### Part VIII Investments - Program Related

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) MONEY MARKET FUNDS</td>
<td>263,424.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(2) US TREASURY OBLIGATIONS</td>
<td>163,251.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(3) US GOVERNMENT AGENCY</td>
<td>53,604.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(4) BONDS</td>
<td>2,290,333.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(5) CORPORATE &amp; FOREIGN BONDS</td>
<td>1,111,351.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(6) ST BOND MUTUAL FUNDS</td>
<td>1,632,882.</td>
<td>END-OF-YEAR MARKET VALUE</td>
</tr>
<tr>
<td>(7) FIXED-INCOME MUTUAL FUNDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) EQUITY MUTUAL FUNDS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

### Part IX Other Assets

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part X Other Liabilities

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

1. (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 15.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2016

**YELLOWSTONE FOREVER**

**47-5427975**

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2016.04030 YELLOWSTONE FOREVER YELL7971
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
</tr>
</tbody>
</table>

### Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
</tr>
</tbody>
</table>

### Part XIII | Supplemental Information.

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

Complete if the organization answered “Yes” on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

### Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- [X] Mail solicitations
- [X] Internet and email solicitations
- [X] Phone solicitations
- [X] In-person solicitations
- [X] Solicitation of non-government grants
- [X] Solicitation of government grants
- [X] Special fundraising events

### Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

- [X] Yes
- [ No ]

### If “Yes,” list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>Name and address of individual or entity (fundraiser)</th>
<th>Activity</th>
<th>Gross receipts from activity</th>
<th>Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW RIVER COMMUNICATIONS - 2977 WEST BROWARD BOULEVARD,</td>
<td>DIRECT MAIL</td>
<td>Yes</td>
<td>2,761,973</td>
<td>2,657,179</td>
</tr>
</tbody>
</table>

### Total

<table>
<thead>
<tr>
<th>Gross receipts from activity</th>
<th>Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,761,973</td>
<td>2,657,179</td>
<td>2,657,179</td>
</tr>
</tbody>
</table>

### List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AR, CA, CO, DC, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NC, NH, NJ, NM, NY, OH, OR, PA, RI, SC, TN, UT, VA, WV, WI

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**Note:** For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
**Schedule G (Form 990 or 990-EZ) 2016**

**YELLOWSTONE FOREVER**

**47-5427975**

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### Part II  Fundraising Events

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gross receipts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Less: Contributions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross income (line 1 minus line 2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Food and beverages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Entertainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### Part III  Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Volunteer labor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

9  Enter the state(s) in which the organization conducts gaming activities:

a  Is the organization licensed to conduct gaming activities in each of these states?  

b  If "No," explain:  

---

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  

b  If "Yes," explain:  

---

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016
Schedule G (Form 990 or 990-EZ) 2016  YELLOWSTONE FOREVER  47-5427975  Page 3

11  Does the organization conduct gaming activities with nonmembers?  
☐ Yes  ☐ No

12  Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  
☐ Yes  ☐ No

13  Indicate the percentage of gaming activity conducted in:
   a  The organization’s facility  
   b  An outside facility  

<table>
<thead>
<tr>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>13a</td>
</tr>
</tbody>
</table>

14  Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

   Name  

   Address  

15a  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  
☐ Yes  ☐ No

b  If “Yes,” enter the amount of gaming revenue received by the organization  $  $  and the amount of gaming revenue retained by the third party  $  

c  If “Yes,” enter name and address of the third party:

   Name  

   Address  

16  Gaming manager information:

   Name  

   Gaming manager compensation  $  

   Description of services provided  

   ☐ Director/officer  ☐ Employee  ☐ Independent contractor

17  Mandatory distributions:
   a  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  
☐ Yes  ☐ No

   b  Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year  $  

Part IV  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I)  NAME OF FUNDRAISER: NEW RIVER COMMUNICATIONS

(I)  ADDRESS OF FUNDRAISER:

2977 WEST BROWARD BOULEVARD, FORT LAUDERDALE, FL  33312

   ________________________________

   ________________________________

   ________________________________
**SCHEDULE I**
(Form 990)

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

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

**Name of the organization**

**YELLOWSTONE FOREVER**

**Employer identification number**

47–5427975

---

### Part I  General Information on Grants and Assistance

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes  [ ] No

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

---

### Part II  Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>US FOREST SERVICE 10 EAST BABCOCK STREET</td>
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<td></td>
<td>FULFILL USFS PRIORITIES</td>
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<tr>
<td>BOZEMAN, MT 59715</td>
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<td>170(C)(1)</td>
<td>21,091</td>
<td>0</td>
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<tr>
<td>NATIONAL PARK SERVICE P.O. BOX 168</td>
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<td></td>
<td></td>
<td>FULFILL PARK PRIORITIES</td>
</tr>
<tr>
<td>YELLOWSTONE NATIONAL PARK, WY 82190</td>
<td>53-0197094</td>
<td>170(C)(1)</td>
<td>2,009,646</td>
<td>0</td>
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</tbody>
</table>

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

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

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

Schedule I (Form 990) (2016)
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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
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Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

YELLOWSTONE FOREVER MONITORS THE USE OF FUNDS BY THE GOVERNMENT THROUGH A HIGHLY REGULATED ANNUAL GRANT REQUEST PROCESS THAT IS REVIEWED AND APPROVED BY YELLOWSTONE FOREVER'S BOARD OF DIRECTORS. THE REQUISITION REQUEST FOR DISBURSEMENT OF FUNDS REQUIRES REVIEW AND APPROVAL BY MULTIPLE LEVELS OF THE NATIONAL PARK SERVICE. THE VICE PRESIDENT OF FINANCE OF YELLOWSTONE FOREVER REVIEWS EACH APPROVED REQUISITION FOR VERIFICATION THAT EACH EXPENDITURE COMPLIES WITH YELLOWSTONE FOREVER'S MISSION AND NPS RULES AND GUIDELINES PRIOR TO THE DISBURSEMENT OF ANY FUNDS.
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

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

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>YELLOWSTONE FOREVER</td>
<td>47-5427975</td>
</tr>
</tbody>
</table>

### Part I Questions Regarding Compensation

#### 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- [ ] First-class or charter travel
- [ ] Travel for companions
- [ ] Tax indemnification and gross-up payments
- [ ] Discretionary spending account
- [ ] Housing allowance or residence for personal use
- [ ] Payments for business use of personal residence
- [ ] Health or social club dues or initiation fees
- [ ] Personal services (such as, maid, chauffeur, chef)

#### 1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

#### 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

#### 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- [x] Compensation committee
- [x] Independent compensation consultant
- [x] Form 990 of other organizations
- [ ] Written employment contract
- [ ] Compensation survey or study
- [ ] Approval by the board or compensation committee

#### 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a) Receive a severance payment or change-of-control payment?

b) Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c) Participate in, or receive payment from, an equity-based compensation arrangement?

- [ ] If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

#### Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

#### 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a) The organization?

b) Any related organization?

- [ ] If "Yes" on line 5a or 5b, describe in Part III.

#### 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a) The organization?

b) Any related organization?

- [ ] If "Yes" on line 6a or 6b, describe in Part III.

#### 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

#### 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

#### 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2016
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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) HEATHER WHITE</td>
<td>(i) 61,975.</td>
<td>0.</td>
<td>0.</td>
<td>8,490.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT AND CEO</td>
<td>(ii) 90,883.</td>
<td>0.</td>
<td>0.</td>
<td>3,532.</td>
<td>0.</td>
</tr>
</tbody>
</table>
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.

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

FORM 990, PART VI, SECTION A, LINE 4:
DURING THE CURRENT YEAR, YELLOWSTONE FOREVER IMPLEMENTED THE MERGER WITH YELLOWSTONE ASSOCIATION INC AND YELLOWSTONE PARK FOUNDATION. THIS MERGER WAS EXECUTED ON OCTOBER 2, 2016. THE ORGANIZATIONAL DOCUMENTS WERE MODIFIED TO REFLECT THE MERGER.

FORM 990, PART VI, SECTION B, LINE 11B:
YELLOWSTONE FOREVER WORKS CLOSELY WITH AN OUTSIDE ACCOUNTING FIRM, IN-HOUSE GENERAL COUNSEL AND MEMBERS OF SENIOR MANAGEMENT TO REVIEW THE FINAL DRAFT OF THE RETURN PRIOR TO ITS SUBMISSION TO THE IRS. THE FINANCE AND AUDIT COMMITTEE IS RESPONSIBLE FOR REVIEWING THE FORM 990 PRIOR TO FILING. THE FINAL RETURN IS ALSO PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS, COMMITTEE MEMBERS, AND KEY STAFF MAKE ANNUAL CONFLICT OF INTEREST DISCLOSURES IN ORDER TO IDENTIFY AND MANAGE CONFLICTS OF INTEREST WHEN THEY ARISE. IF A CONFLICT OF INTEREST IS PRESENT, BEFORE THE BOARD OR COMMITTEE TAKES AN ACTION, A DIRECTOR, COMMITTEE MEMBER, OR KEY STAFF MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES TO THE MEETING. SHOULD A CONFLICT OF INTEREST BE RAISED, THE BOARD OR COMMITTEE WILL REVIEW THE
CONFLICT OF INTEREST POLICY AND TAKE NECESSARY STEPS, INCLUDING RECUSING
THE BOARD MEMBER, COMMITTEE MEMBER, OR KEY STAFF, PRIOR TO DISCUSSION AND
VOTING ON THE AGENDA ITEM.

FORM 990, PART VI, SECTION B, LINE 15:
ANNUALLY THE BOARD OF DIRECTORS REVIEWS COMPARABLE DATA FOR THE
COMPENSATION OF THE PRESIDENT AND CEO. THE EXECUTIVE COMMITTEE OF THE BOARD
OF DIRECTORS SETS THE ANNUAL COMPENSATION AND ANY BONUSES THE PRESIDENT AND
CEO MAY RECEIVE. THE PRESIDENT AND CEO DETERMINES ANNUAL COMPENSATION AND
ANY BONUSES PAID TO EMPLOYEES. THIS COMPENSATION IS BENCHMARKED AGAINST AN
OUTSIDE FIRM, PAYSCALE'S, COMPENSATION DATA.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, CO, CT, DC, FL, GA, HI, KS, KY, IL, MD, MA, MI, MN, MS, MO, NJ, NH, NM, NY, NC, OH, OR
PA, RI, SC, TN, UT, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. IN
ADDITION, THE ANNUAL AUDITED FINANCIAL STATEMENTS, FORM 990 AND ANNUAL
REPORT ARE PUBLISHED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
MERGER APPROPRIATION 20,574,740.
## Part I
### Identification of Disregarded Entities
Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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## Part II
### 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 organizations during the tax year.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YELLOWSTONE PARK FOUNDATION - 83-0311166 222 EAST MAIN STREET, SUITE 301</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>BOZEMAN, MT 59715 PHILANTHROPY MONTANA 501(C)(3) LINE 10</td>
<td></td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td>YELLOWSTONE ASSOCIATION INC - 03-0374417 222 EAST MAIN STREET, SUITE 301</td>
<td></td>
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<td></td>
<td>Yes</td>
</tr>
<tr>
<td>BOZEMAN, MT 59030 EDUCATION WYOMING 501(C)(3) LINE 7</td>
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<td>X</td>
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Direct controlling entity</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Share of total income</th>
<th>(f) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
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### 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
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**Schedule R (Form 990) 2016**
### Part V  Transactions With Related Organizations

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   - a. Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
   - b. Gift, grant, or capital contribution to related organization(s)
   - c. Gift, grant, or capital contribution from related organization(s)
   - d. Loans or loan guarantees to or for related organization(s)
   - e. Loans or loan guarantees by related organization(s)
   - f. Dividends from related organization(s)
   - g. Sale of assets to related organization(s)
   - h. Purchase of assets from related organization(s)
   - i. Exchange of assets with related organization(s)
   - j. Lease of facilities, equipment, or other assets to related organization(s)
   - k. Lease of facilities, equipment, or other assets from related organization(s)
   - l. Performance of services or membership or fundraising solicitations for related organization(s)
   - m. Performance of services or membership or fundraising solicitations by related organization(s)
   - n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - o. Sharing of paid employees with related organization(s)
   - p. Reimbursement paid to related organization(s) for expenses
   - q. Reimbursement paid by related organization(s) for expenses
   - r. Other transfer of cash or property to related organization(s)
   - s. Other transfer of cash or property from related organization(s)

2. If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
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## 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners sec. 501(c)(3) orgs.?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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Part VII  Supplemental Information.

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

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

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

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

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

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

Enter filer’s identifying number

Name of exempt organization or other filer, see instructions.

YELLOWSTONE FOREVER

Employer identification number (EIN) or Social security number (SSN)

47-5427975

Number, street, and room or suite no. If a P.O. box, see instructions.

222 EAST MAIN STREET, NO. 301

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

BOZEMAN, MT 59715

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

0 1

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

Application

Is For

Return Code
Form 990 or Form 990-EZ
01

Application

Is For

Return Code
Form 990-BL
02

Application

Is For

Return Code
Form 4720 (individual)
03

Application

Is For

Return Code
Form 990-PF
04

Application

Is For

Return Code
Form 990-T (sec. 401(a) or 408(a) trust)
05

Application

Is For

Return Code
Form 990-T (trust other than above)
06

Application

Is For

Return Code
Form 990-T (corporation)
07

Application

Is For

Return Code
Form 1041-A
08

Application

Is For

Return Code
Form 4720 (other than individual)
09

Application

Is For

Return Code
Form 5227
10

Application

Is For

Return Code
Form 6069
11

Application

Is For

Return Code
Form 8870
12

The books are in the care of

222 EAST MAIN STREET, SUITE 301 - BOZEMAN, MT 59715

Telephone No. (406) 586-6303

Fax No.

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) _________. If this is for the whole group, check this box □. If it is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension is for.

I request an automatic 6-month extension of time until January 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

□ calendar year ________ or

□ tax year beginning MAR 1, 2016, and ending FEB 28, 2017.

If the tax year entered in line 1 is for less than 12 months, check reason:

□ Initial return

□ Final return

□ Change in accounting period

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)