

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
WEST YELLOWSTONE FOUNDATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
PO BOX 255

City or town, state or province, country, and ZIP or foreign postal code  
WEST YELLOWSTONE, MT 59758

**D** Employer identification number  
81-0494366

**E** Telephone number  
(406) 640-0038

**G** Gross receipts \$ 428,193

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WESTYELLOWSTONEFOUNDATION.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**L** Year of formation 1992 **M** State of legal domicile MT

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
TO STRENGTHEN THE SENSE OF COMMUNITY AND TO ENHANCE THE ECONOMIC VITALITY IN WEST YELLOWSTONE AND HEBGEN LAKE BASIN, MONTANA

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	19
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	19
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	4
<b>6</b> Total number of volunteers (estimate if necessary)	6	35
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	

	Revenue		
	Prior Year	Current Year	
<b>8</b> Contributions and grants (Part VIII, line 1h)	866,113	393,795	
<b>9</b> Program service revenue (Part VIII, line 2g)	7,035	7,765	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,892	16,945	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-20,380	-12,320	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	876,660	406,185	
Expenses		Prior Year	Current Year
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	411,326	511,671	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	65,100	75,650	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,976			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	63,843	70,838	
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	540,269	658,159	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	336,391	-251,974	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,441,533	1,291,511	
<b>21</b> Total liabilities (Part X, line 26)	421	793	
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,441,112	1,290,718	

**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**

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Signature of officer  
Date 2019-02-14

PAM SVEINSON Chairman  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name JOHN R CLARK CPA	Preparer's signature JOHN R CLARK CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00427328
Firm's name ▶ Rudd & Company PLLC			Firm's EIN ▶ 82-0467399	
Firm's address ▶ 3805 Valley Commons Drive Suite 7 Bozeman, MT 59718			Phone no (406) 585-3393	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No