SUMMERS, MCNEA & CO., P.C. 15 AVANTA WAY, SUITE 1 BILLINGS, MT 59102

> YELLOWSTONE CASA, INC. 1201 GRAND AVENUE SUITE #5, 5 BILLINGS, MT 59102

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CLIENT'S COPY

## **TAX RETURN FILING INSTRUCTIONS**

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

#### FOR THE YEAR ENDING

JUNE 30, 2023

Prepared for	YELLOWSTONE CASA, INC. 1201 GRAND AVENUE SUITE #5 5 BILLINGS, MT 59102
Prepared by	SUMMERS, MCNEA & CO., P.C. 15 AVANTA WAY, SUITE 1 BILLINGS, MT 59102
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN FORM 8879-TE AND CONTACT OUR OFFICE TO CONFIRM THAT THIS RETURN CAN BE FILED ELECTRONICALLY. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

#### THIS IS NOT A FILEABLE COPY \*\*\*\*\*

#### IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning  $\ JUL\ 1$  , 2022, and ending  $\ JUN\ 30$ 

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer

TNC.

EIN or SSN \*\*-\*\*\*1287

BRITTNEY MADA Name and title of officer or person subject to tax TREASURER

#### Type of Return and Return Information Part I

YELLOWSTONE CASA,

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

		37		041 700
1a	Form 990 check here	X	<b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b 841,782
2a	Form 990-EZ check here		<b>b Total revenue,</b> if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here		<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here		<b>b Total tax</b> (Form 990-T, Part III, line 4)	
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		<b>b FMV</b> of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and	Signatu	re Authorization of Officer or Person Subject to Tax	
Inder	penalties of perjury, I declare th	at X	am an officer of the above entity or I am a person subject to tax with re	spect to (name
f entit	y)		, (EIN) and that I ha	ve examined a copy of the
022 e	lectronic return and accompan	vina sch	edules and statements, and, to the best of my knowledge and belief, they are	true, correct, and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN:	check	one	box	only
------	-------	-----	-----	------

X     authorize   SUMMERS, MCNEA & CO., P.C.	to enter my PIN	24464
ERO firm name		Enter five numbers, but

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

🛘 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

\*\*\*\* THIS IS NOT A FILEABLE COPY

#### **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

81165481262

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for **Business Returns** 

11/27/23 ERO's signature Date

#### **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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/e-file-providers/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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print \*\*-\*\*\*1287 YELLOWSTONE CASA, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1201 GRAND AVENUE SUITE #5, 5 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BILLINGS, MT 59102 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 1201 GRAND AVENUE SUITE #5 - BILLINGS, MT 59102 Telephone No.  $\blacktriangleright$  (406) 259-1233 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 \_\_l. If it is for part of the group, check this box ▶ \_\_\_\_ and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2022 , and ending JUN 30, 2023 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За b 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. 3b 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-TE and Form 8879-TE for payment instructions.

I HA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	roi tile	e 2022 calendar year, or tax year beginning 000 1, 2022 and end	iilig U	ON 30, 2023	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre:				
	Name chang	Doing business as CASA OF YELLOWSTONE COUNTY		**-***12	87
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe	r	
	Final return/		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	406-259-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	841,782.
	Ameno return	BILLINGS, MI 39102		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: DREW MACLEOD		for subordinates	? Yes X No
	pendir	$^{9}$ $ $ $1201$ GRAND AVENUE $$ SUITE $\#5$ , $$ BILLINGS , $$ M $^{9}$	т 5	H(b) Are all subordinates in	ncluded? Yes No
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or C	527	If "No," attach a	list. See instructions
J	Websit	te: WWW.YELLOWSTONECASA.ORG		H(c) Group exemptio	n number
K	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2002	State of legal domicile: MT
	art I	Summary			
О О	1	Briefly describe the organization's mission or most significant activities: YELLOW	STON	E CASA MISS	ION IS TO
Activities & Governance		ADVOCATE FOR A SAFE AND PERMANENT HOME FOR	ABU	SED AND NEG	LECTED
ž	2	Check this box if the organization discontinued its operations or disposed	of more	than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12
<u>ت</u> ~	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
es 8		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			10
ξ	1	Total number of volunteers (estimate if necessary)			0
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		733,785.	833,337.
ğ	1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		177.	6,694.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,506.	1,751.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	738,468.	841,782.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ý	15			489,006.	530,405.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	b	Total fundraising expenses (Part IX, column (D), line 25) 82,907	•		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		221,758.	225,442.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		710,764.	755,847.
	19	Revenue less expenses. Subtract line 18 from line 12		27,704.	85,935.
or		·		ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		610,334.	707,036.
ASS	21	Total liabilities (Part X, line 26)		40,513.	43,610.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		569,821.	663,426.
Pa	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	re	BRITTNEY MADA, TREASURER			
		Type or print name and title			_
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	BRIAN F. VAN STEELAND	1	1/27/23 if self-employ	
Pre	parer	Firm's name SUMMERS, MCNEA & CO., P.C.			*-***6935
Use	Only	Firm's address 15 AVANTA WAY, SUITE 1			
		BILLINGS, MT 59102		Phone no. (4	06)652-2320
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	YELLOWSTONE CASA IS A NON-PROFIT ORGANIZATION WHOSE MISSION IS TO
	TRAIN AND PROVIDE VOLUNTEERS TO REPRESENT THE INTERESTS OF ABUSED AND
	NEGLECTED CHILDREN IN THE YELLOWSTONE COUNTY COURT SYSTEM. THESE
	COURT APPOINTED SPECIAL ADVOCATE VOLUNTEERS SERVE AS A CHILD'S VOICE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as 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.
4a	(Code:) (Expenses \$ 575,657. including grants of \$) (Revenue \$)
	YELLOWSTONE CASA IS A DONOR FUNDED NON-PROFIT ORGANIZATION WHOSE WORK
	IS ACCOMPLISHED ENTIRELY THROUGH VOLUNTEERS. PER NATIONAL CASA
	STANDARDS, YELLOWSTONE CASA VOLUNTEERS RECEIVE AN INITIAL 30 HOURS OF
	TRAINING. ONCE TRAINING IS COMPLETE, CASA VOLUNTEERS ARE SWORN IN BY A
	JUDGE AND ASSIGNED A CASE AT WHICH TIME THEY RECEIVE EXTENSIVE ONGOING
	CASE SUPERVISION BY CASA STAFF AND RECEIVE AN ADDITIONAL 18 HOURS OF
	TRAINING EVERY YEAR TO REMAIN A CASA VOLUNTEER. DONOR FUNDS ARE
	UTILIZED TO SUPPORT THE RECRUTIMENT, TRAINING AND ONGOING SUPERVISION
	OF 188 VOLUNTEERS WHO SERVED 366 COURT APPOINTED CHILDREN IN
	YELLOWSTONE COUNTY. THE GOAL OF YELLOWSTONE CASA IS TO TRAIN NEW
	VOLUNTEERS IN ORDER TO PROVIDE A CASA VOLUNTEER FOR EVERY ABUSED AND
	NEGLECTED CHILD IN YELLOWSTONE COUNTY.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
	Other program convices (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 575,657.
<u>4e</u>	Total program service expenses 5 / 5 , 6 5 / .  Form <b>990</b> (2022)
	10111330 (2022)

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<sub>V</sub>
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<del></del> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			$\vdash$
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
		_		

#### Part IV | Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
ZJa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
<b></b>	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		X
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<del></del>
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J-7	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<del></del>
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	(gambling) winnings to prize winners?	1c	Х	
		-		

#### 922) YELLOWSTONE CASA, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2</b> b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х						
	any contributions that were not tax deductible as charitable contributions?	6a								
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	- Ch								
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b								
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75								
·	to file Form 8282?	7c		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	9 Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_								
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders 11a	-								
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)									
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-								
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
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									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.			,,,						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

232005 12-13-22

Form **990** (2022)

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

	to line ed, es, et i to selecti, decense the cheatment areas, processes, or changes on estimated et.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year 12		Yes	No
1a				
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  Enter the number of voting members included on line 1a. above, who are independent  1b			
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			х
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>4</u> 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	ь		
7a		70		х
<b>b</b>	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		-25
b		7b		х
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		-25
		8a	х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	The state of the section 2 requests members about periods in the state of the members are section.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finai	ncial	
	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			
	THE ORGANIZATION - (406) 259-1233 1201 GRAND AVENUE SUITE #5, BILLINGS, MT 59102			
	1201 GRAND AVENUE SUITE #5, BILLINGS, MT 59102			

Form **990** (2022)

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

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

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

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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	Position (do not check more box, unless person officer and a direct control of the control of th				h an	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer of the part of the par	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DREW MACLEOD	40.00			Х				77,683.	0.	10,754.
(2) BRITTNEY MADA	2.00			^				11,003.	0.	10,754.
TREASURER	2.00	X		х				0.	0.	0.
(3) MARIA GNECCO	2.00									
DIRECTOR		х						0.	0.	0.
(4) NATE NUNBERG	2.00									
DIRECTOR		Х						0.	0.	0.
(5) CLAYTON GREGERSEN	2.00							_		_
VICE CHAIR		Х		Х				0.	0.	0.
(6) CLAYTON BARNES	2.00								_	
DIRECTOR	2 00	Х						0.	0.	0.
(7) JACKSON CHARLIE	2.00	x						0.	0.	0.
DIRECTOR (8) LINDA SCHMAING	2.00	^						0.	0.	0.
SECRETARY	2.00	X		х				0.	0.	0.
(9) JENNIFER SMITH	2.00	<del> </del>								
DIRECTOR		Х						0.	0.	0.
(10) JENN WEBER	2.00									
DIRECTOR		Х						0.	0.	0.
(11) DALLAS PENDER	2.00									
CHAIR		Х		Х				0.	0.	0.
(12) URSULA RICHTER	2.00									_
DIRECTOR		Х						0.	0.	0.
(13) LYNNE ROCCISANO	2.00								_	•
DIRECTOR		Х						0.	0.	0.
		1								
		1								
		1								
		1				1				

Form 990 (2022)

(E)

(B)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

Position

(D)

(A)

(F)

	Name and title	Average hours per week  Average hours per week  Average  Position (do not check more than one box, unless person is both an officer and a director/trustee)						h an	Reportable compensation	Reportable compensation		ated nt of	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	s compens		sation the ation lated
	Subtotal Total from continuation sheets to Part V	II, Section A							77,683.	0	•		754.
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but n								77,683. eceived more than \$100	0,000 of reportable	<u>• </u>	10,	754.
	compensation from the organization									·		Ye	0 s No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from			4	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	/ unr			idual for services		_	X
Sec	tion B. Independent Contractors	ipiete Scriedur	<del>e</del>	01 30	JCII	pers	SOIT .					5	
1	Complete this table for your five highest co	•									nsatio	on fron	1
	the organization. Report compensation for (A)	the calendar y	ear	enai	ng v	vith	or w	rithir	the organization's tax (B)	year.		(C)	
	Name and business	address	N	ONI	3				Description of s	ervices	Com	npensa	tion
-													
-													
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se li:	stec	d above) who received m	nore than			
	The second of compensation from the organi					•					Fo	rm <b>99</b>	(2022)

Pa	rt v	!!!!			a in this Dort VIII			
			Check if Schedule O contains a response	e or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
(0.40								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a					
Gr.			Membership dues 1b					
fts,			Fundraising events 1c					
ia ia			Related organizations 1d	271 670				
ons, Simi			Government grants (contributions) 1e	374,678.				
utic		f	All other contributions, gifts, grants, and	150 650				
P.F.			similar amounts not included above 1f	458,659. 2,582.				
ou		_	Noncash contributions included in lines 1a-1f	-	833,337.			
9		n	Total. Add lines 1a-1f		033,337.			
•	•	_		Business Code				
/ice	2							
Servine		b						
m S		C						
gra Re		d						
Program Service Revenue		e f	All other program service revenue					
			Total. Add lines 2a-2f					
	3	9	Investment income (including dividends, inte					
			other similar amounts)	·	6,694.	6,694.		
	4		Income from investment of tax-exempt bond		•	,		
	5		Royalties	•				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
_		b	Less: cost or other basis					
une			and sales expenses <b>7b</b>					
Revenue			Gain or (loss) 7c					
			Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8	0				
			Net income or (loss) from fundraising events	1				
	9	а	Gross income from gaming activities. See Part IV, line 19					
		h	Less: direct expenses 9					
			Net income or (loss) from gaming activities	91				
			Gross sales of inventory, less returns					
		_	and allowances 10	)a				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory	-				
s			· ,	Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS OTHER IN	900099	1,751.	1,751.		
ane		b						
cell eve		С						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d		1,751.	2 115		
	12		Total revenue. See instructions		841,782.	8,445.	0.	0.

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 respons	se or note to any line in (A)	this Part IX(B)	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	421 200	225 565	FC 020	40 004
7	Other salaries and wages	431,309.	325,565.	56,920.	48,824
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	55,576.	41,275.	8,755.	5,546
9	Other employee benefits	43,520.	33,112.	5,571.	4,837
10	Payroll taxes	43,320.	33,112.	3,3/1.	4,03/
11	Fees for services (nonemployees):				
a	Management				
b	Legal	14,025.	3,025.	11 000	
	Accounting	14,025.	3,023.	11,000.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	14,294.	10,865.	1 715	1 71/
	column (A), amount, list line 11g expenses on Sch O.)	52,217.	47,593.	1,715. 1,341.	1,714 3,283
12	Advertising and promotion	25,700.	20,472.	1,740.	3,488
13	Office expenses	23,700•	20,472.	1,740.	3,400
14	Information technology				
15	Royalties	46,698.	46,698.		
16	Occupancy	40,000.	40,000.		
17	Payments of travel or entertainment expenses				
18					
40	for any federal, state, or local public officials	13,101.	10,995.	1,318.	788
19 20	Conferences, conventions, and meetings	10,1010	10,000	1,310.	700
21 22	Payments to affiliates	1,490.	1,202.	144.	144
23		7,605.	924.	6,565.	116
24	Other expenses. Itemize expenses not covered	7,003	7210	0/3031	
•	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PRINTING	19,436.	13,161.	113.	6,162
b	TRAINING	8,324.	7,498.	738.	88
c	TELEPHONE	6,356.	5,327.	252.	777
d	FUNDRAISING EXPENSES	5,789.	-		5,789
	All other expenses	10,407.	7,945.	1,111.	1,351
25	Total functional expenses. Add lines 1 through 24e	755,847.	575,657.	97,283.	82,907
26	<b>Joint costs.</b> Complete this line only if the organization	-	-	-	·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

#### Part X Balance Sheet

ı u	IL A	Check if Schedule O contains a response or no	nte to ar	v line in this Part Y			
		Oncor ii Ochedule O contains a response of the	ore in al	y אווס וו נווס ו מונא	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			121,954.	1	185,705.
	2	Savings and temporary cash investments	265,141.	2	223,752.		
	3	Pledges and grants receivable, net			108,002.	3	74,780.
	4	Accounts receivable, net			-	4	-
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disqua					
	-	under section 4958(f)(1)), and persons describe				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		F		8	
As	9	Prepaid expenses and deferred charges			3,408.	9	2,260.
	1	Land, buildings, and equipment: cost or other			,		,
		basis. Complete Part VI of Schedule D		23,133.			
	b	Less: accumulated depreciation		19,319.	5,303.	10c	3,814.
	11	Investments - publicly traded securities		-	104,026.	11	214,225.
	12	Investments - other securities. See Part IV, line			, , ,	12	, -
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,500.	15	2,500.
	16	Total assets. Add lines 1 through 15 (must eq			610,334.	16	707,036.
	17	Accounts payable and accrued expenses			40,513.	17	43,610.
	18	Grants payable			. ,	18	.,
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
ig		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line					
		of Schedule D		, complete r di r r		25	
	26	Total liabilities. Add lines 17 through 25			40,513.	26	43,610.
		Organizations that follow FASB ASC 958, ch		77	•		,
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			532,189.	27	623,369.
Bal	28	Net assets with donor restrictions			37,632.	28	40,057.
nd		Organizations that do not follow FASB ASC					
Ē		and complete lines 29 through 33.	<b>,</b>				
s or	29	Capital stock or trust principal, or current fund	S			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		_	569,821.	32	663,426.
_	33	Total liabilities and net assets/fund balances		ı	610,334.	33	707,036.

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			0.4	1 0	00
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>1,7</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		5,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9,8	
5	Net unrealized gains (losses) on investments	5		7,6	70.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	66	3,4	26.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	,			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
_	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	and assets, supplementing and accounts any crops randing addition to an acrys such that the			990	(2022)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YELLOWSTONE CASA, INC.

Employer identification number \*\*-\*\*1287

Pa	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	nis part.) S	ee instructions.		
The	organ	nization is not a private found	dation because it is: (	(For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch			•	•			
2		•	•				-NN-1-		
3	一	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>							
4	一						-	the hospital's name	
7		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:							
5			or the benefit of a co	llogo or university evene	d or opera	tod by a a	overnmental unit describ	and in	
5		An organization operated for		niege of university owner	or opera	ted by a g	overnmentar unit descrit	Jeu III	
_		section 170(b)(1)(A)(iv). (C				<b>.</b>			
6	v	A federal, state, or local go							
7	X	An organization that norma		intial part of its support f	rom a gov	ernmentai	unit or from the general	public described in	
_		section 170(b)(1)(A)(vi). (C							
8	$\vdash$	A community trust describe							
9		An agricultural research org				-	-	-	
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the colleg	e or	
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	port from	contributio	ons, membership fees, a	nd gross receipts from	
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)						
11	Ш	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	purposes of one or	
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on	
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete lines	s 12e, 12f, and 12g.		
а	ıL	☐ <b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	iving	
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported	
		organization(s). You mus			•			•	
c	;	Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functionally integrate	ed with,	
		its supported organizatio	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.		
c		Type III non-functionally		•				zation(s)	
		that is not functionally int						• •	
		requirement (see instruct	-	• •	-		•		
e		Check this box if the orga	•						
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organi	zation.			
f	Ente	er the number of supported o	organizations						
ç	Pro	vide the following information	n about the supporte	ed organization(s).					
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed na document?	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
	al								
							i	1	

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	645,676.	709,122.	840,615.	731,834.	830,755.	3758002.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	645,676.	709,122.	840,615.	731,834.	830,755.	3758002.
	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)						73,164.
6	Public support. Subtract line 5 from line 4.						3684838.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	645,676.	709,122.	840,615.	(d) 2021 731,834.	(e) 2022 830,755.	3758002.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,119.	1,122.	75.	177.	6,694.	10,187.
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,870.	4,594.	5,470.	6,457.	4,333.	27,724.
11	<b>Total support.</b> Add lines 7 through 10						3795913.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						<u></u>
	tion C. Computation of Publ						0.0.0.0.0
	Public support percentage for 2022 (I					14	97.07 %
	Public support percentage from 2021					15	99.07 %
16a	<b>33 1/3</b> % <b>support test - 2022.</b> If the o	•		•		,	
	<b>stop here.</b> The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	•					·
	and if the organization meets the fact						
	meets the facts-and-circumstances to	· ·	·				
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circle						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 160, 1/a, or 17b	o, cneck this box a	na see instruction	s

Schedule A (Form 990) 2022

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

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

	s listed below, please co	mplete Part II.)				
Section A. Public Support	i		Γ	1	1	1
Calendar year (or fiscal year beginni	ng in) (a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, a	and					
membership fees received. (l						
include any "unusual grants.	")					
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished any activity that is related to organization's tax-exempt put	s per- I in the					
3 Gross receipts from activities	s that					
are not an unrelated trade or	bus-					
iness under section 513						
4 Tax revenues levied for the c	organ-					
ization's benefit and either pa or expended on its behalf	aid to					
5 The value of services or facili	ities					
furnished by a governmental						
the organization without cha						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1					1	
3 received from disqualified						
<b>b</b> Amounts included on lines 2 and 3 rec from other than disqualified persons the	eived					
exceed the greater of \$5,000 or 1% of amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c fro	m line 6.)					
Section B. Total Support						
Calendar year (or fiscal year beginni	ng in) (a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6     10a Gross income from interest, dividends, payments receive securities loans, rents, royalt and income from similar sour	d on ies, rces					
<b>b</b> Unrelated business taxable incor						
(less section 511 taxes) from bu	sinesses					
c Add lines 10a and 10b	usiness e 10b, is					
12 Other income. Do not include or loss from the sale of capit assets (Explain in Part VI.)	al					
13 Total support. (Add lines 9, 10c, 11						
<b>14 First 5 years.</b> If the Form 990	0 is for the organization's	s first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
check this box and stop her						<u></u>
Section C. Computation of						
<b>15</b> Public support percentage for	or 2022 (line 8, column (f	), divided by line 13,	column (f))		15	%
16 Public support percentage fr					16	%
Section D. Computation of						
17 Investment income percenta					17	%
18 Investment income percenta					18	%
19a 33 1/3% support tests - 202	<b>22.</b> If the organization di	d not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check the	nis box and <b>stop here.</b> T	he organization qual	ifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 202	<b>21.</b> If the organization di	d not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1.	/3%, check this box and	I <b>stop here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation If the or	ganization did not check	a hoy on line 1/1 10	a or 10h chack t	hie hav and eag in	etructione	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	non or type in eappertung organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	tion 5.7th Type in supporting organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
1				
	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	4		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	_		
•		2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
1	The organization satisfied the Activities Test. Complete line 2 below.			
a	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
b	The organization is the parent of each or its supported organizations. Complete time 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	20)	
C	Activities Test. Answer lines 2a and 2b below.	! <i>!uc</i> !!o! 		Na
2			Yes	No
а	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			
	, , , , , , , , , , , , , , , , , , , ,	22		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ob.		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
J-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
a	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.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2022

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

#### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
MAY AND STANLEY SMITH CHARITABLE TRUST	120,000.	44,082.
BREMER FOUNDATION	105,000.	29,082.
Total Excess Contributions to Schedule A, Part II, Line 5		73,164.

# Schedule B (Form 990)

#### **Schedule of Contributors**

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

YELLOWSTONE CASA, INC.

\*\*-\*\*\*1287

Organization type (check one):										
Filers of:	Section:									
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization									
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation									
	527 political organization									
Form 990-PF	501(c)(3) exempt private foundation									
	4947(a)(1) nonexempt charitable trust treated as a private foundation									
	501(c)(3) taxable private foundation									
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  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	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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year\$										
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 g requirements of Schedule B (Form 990).									

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

YELLOWSTONE CASA, INC.

\*\*-\*\*\*1287

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 185,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 68,712.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$35,318.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$120,966.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number \*\*-\*\*\*1287 YELLOWSTONE CASA, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Page 3

YELLOWSTONE CASA, INC.

\*\*-\*\*\*1287

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)			
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	

Schedule B (Form 990) (2022) Name of organization **Employer identification number** \*\*-\*\*\*1287 YELLOWSTONE CASA, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

223454 11-15-22

Schedule B (Form 990) (2022)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

YELLOWSTONE CASA, INC. **Employer identification number** \*\*-\*\*\*1287

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or A	Accounts. Complete if the
-		(a) Donor advised	d 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 w	~		
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gra	ant funds can be used	only
	for charitable purposes and not for the benefit of the donor or	•		
D-	impermissible private benefit?			
Pa			s" on Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the organization	`	l	
	Preservation of land for public use (for example, recreati	on or education) L		orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contrib	ution in the form of a c	Held at the End of the Tax Year
	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			
	Number of conservation easements on a certified historic structure.			2c
a	Number of conservation easements included in (c) acquired af	• • •		
2	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or i	erminated by the orga	mization during the tax
4	year Number of states where property subject to conservation ease	oment is located		
5	Does the organization have a written policy regarding the period		ion, handling of	
3	violations, and enforcement of the conservation easements it I			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		nd enforcing conservat	
Ū	Starrand Volunteer Hours devoted to Monitoring, inspecting, in	arianing or violations, ar	ia cinording conscivat	non describents defining the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and en	forcing conservation e	asements during the year
	3,			
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremen	ts of section 170(h)(4)(	B)(i)
	and section 170(h)(4)(B)(ii)?	, ,	. , , , ,	
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its reve	enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education,	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue	e statement and balan	ce sheet works of
	art, historical treasures, or other similar assets held for public $\boldsymbol{\varepsilon}$	exhibition, education, or	research in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treas	sures, or other similar a	ssets for financial gain	, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2022

Pai	t III Organizations Maintaining C	ollections of Ar	t, His	torical Tr	easures,	or Other	Similar A	ssets(continued)	_
3	Using the organization's acquisition, accession	on, and other record	s, chec	k any of the	following that	at make sig	nificant use c	f its	_
	collection items (check all that apply):								
а	Public exhibition	d		Loan or exc	hange progr	am			
b	Scholarly research	е							
С	Preservation for future generations								_
4	Provide a description of the organization's co	llections and explain	n how th	nev further t	he organizat	ion's exemi	ot purpose in	Part XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma							Yes N	lo
Pai	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par			Ū					
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for	contribution	ns or other as	ssets not in	cluded		
	on Form 990, Part X?							Yes N	lo
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance		1f						
2a	Did the organization include an amount on Fo						?	Yes N	lo
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	on has been	provided or	Part XIII .			
Pai	T V Endowment Funds. Complete if	the organization ans	swered	"Yes" on Fo	orm 990, Par	t IV, line 10			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d	<b>)</b> Three years b	ack (e) Four years bac	k
1a	Beginning of year balance								_
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
С	Term endowment 9	6							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	ınd administe	ered for the			
	organization by:							Yes N	<u> </u>
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requir	ed on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.					
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part I\	/, line 11a. S	See Form 990	0, Part X, lir	ne 10.		
	Description of property	(a) Cost or ot	:her	(b) Cost	or other	(c) Acc	umulated	(d) Book value	
		basis (investm	nent)	basis	(other)	depre	eciation		
1a	Land								
	Buildings								_
	Leasehold improvements								_
d	Equipment								
e	Other			2	3,133.	1	L9,319.	3,814	
	. Add lines 1a through 1e. (Column (d) must ed		X, colur	nn (B), line 1	10c.)			3,814	

Schedule D (Form 990) 2022

Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 9  (a) Description of investment (b) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 9  (a) Descriptio  (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	Book value	(c) Method of valuation: Cost or end-of-year market val
Other (A) (B) (C) (D) (E) (F) (G) (H) Ital. (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 9 (a) Description of investment (b) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 9 (a) Descriptio (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	Book value	(c) Method of valuation: Cost or end-of-year market valuation of valua
(A) (B) (C) (D) (E) (F) (G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 9 (a) Description of investment (b) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 9  (a) Descriptio (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)	Book value	(c) Method of valuation: Cost or end-of-year market valuation of valua
(B) (C) (D) (E) (F) (G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 9 (a) Description of investment (b) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 9 (a) Descriptio (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)	Book value	(c) Method of valuation: Cost or end-of-year market valuation of valua
(C) (D) (E) (F) (G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 9  (a) Description of investment (b) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 9  (a) Descriptio  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)	Book value	(c) Method of valuation: Cost or end-of-year market valuation of valua
(D) (E) (F) (G) (H) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 9 (a) Description of investment (b) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 9  (a) Descriptio  (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 15.)	Book value	(c) Method of valuation: Cost or end-of-year market valuation of valua
(E) (F) (G) (H) (retail. (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 9  (a) Description of investment (b) E  (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 9  (a) Descriptio  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (18) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (10) (10) (10) (10) (10	Book value	(c) Method of valuation: Cost or end-of-year market valuation of valua
(F) (G) (H)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 9 (a) Description of investment (b) E  (1) (2) (3) (4) (5) (6) (7) (8) (9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 9  (a) Descriptio  (1) (2) (3) (4) (5) (6) (7) (8) (9) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Book value	(c) Method of valuation: Cost or end-of-year market valuation of valua
(G) (H)    otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 9   (a) Description of investment   (b) E	Book value	(c) Method of valuation: Cost or end-of-year market valuation of valua
(H)  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 9  (a) Description of investment (b) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  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 9  (a) Descriptio  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	Book value	(c) Method of valuation: Cost or end-of-year market valuation of valua
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(a) Description of investment (b) E  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 9  (a) Descriptio  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	Book value	(c) Method of valuation: Cost or end-of-year market valuation of valua
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(2) (3) (4) (5) (6) (7) (8) (9) 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 9 (a) Descriptio (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
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Complete if the organization answered "Yes" on Form 9  (a) Descriptio  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
(a) Descriptio (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
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(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
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(6) (7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
(7) (8) (9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		1
(8) (9)  [otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
(9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
Dart Y Other Liabilities		
i art A   Other Liabilities.		
Complete if the organization answered "Yes" on Form 9	90, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.
(a) Description of liability		(b) Book valu
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of		•

232053 09-01-22

Part >	[I Reconciliation of Revenue per Audited Financial Sta		evenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li				0.40 450
<b>1</b> To	tal revenue, gains, and other support per audited financial statements			1	849,452.
	nounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	- C		
	et unrealized gains (losses) on investments		7,670.		
	onated services and use of facilities				
	ecoveries of prior year grants				
<b>d</b> Of	her (Describe in Part XIII.)	2d			E 6E0
	dd lines <b>2a</b> through <b>2d</b>			2e	7,670.
	ubtract line <b>2e</b> from line <b>1</b>			3	841,782.
	nounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	vestment expenses not included on Form 990, Part VIII, line 7b				
<b>b</b> Of	her (Describe in Part XIII.)	4b			•
	dd lines <b>4a</b> and <b>4b</b>			4c	0.
	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			5	841,782.
Part 2	Reconciliation of Expenses per Audited Financial St		expenses per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li				755 047
	tal expenses and losses per audited financial statements			1	755,847.
	nounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	onated services and use of facilities				
	ior year adjustments				
	her losses				
	her (Describe in Part XIII.)				0
	dd lines <b>2a</b> through <b>2d</b>			2e	0.
	ubtract line <b>2e</b> from line <b>1</b>			3	755,847.
	nounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	vestment expenses not included on Form 990, Part VIII, line 7b				
<b>b</b> Of	her (Describe in Part XIII.)	4b			•
	dd lines <b>4a</b> and <b>4b</b>			4c	0.
	tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	755,847.
	(III Supplemental Information.				
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			4; Part X,	iine 2; Part XI,
PART	X, LINE 2:				
IN A	CCORDANCE WITH FASB ASC 740, INCOME T	TAXES, THE	ORGANIZAT	ION F	IAS
PERF	ORMED AN EVALUATION AND DETERMINED TH	HAT NO UNCE	RTAIN TAX	LIAE	BILITIES
OR P	OSITIONS EXIST FOR THE YEARS ENDED JU	JNE 30, 202	3 AND 202	2. TH	ΙE
ORGA	NIZATION'S TAX YEARS OF JUNE 30, 2020	THROUGH J	UNE 30, 2	023 F	REMAIN
	ECT TO EXAMINATION BY FEDERAL AND STA				
2020					

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Name of the organization

YELLOWSTONE CASA, INC.

Employer identification number \*\*-\*\*1287

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

CHILDREN IN THE YELLOWSTONE COUNTY. OUR MISSION IS TO PROVIDE A HIGHLY

TRAINED VOLUNTEER ADVOCATE FOR EVERY ABUSED AND NEGLECTED CHILD IN THE

YELLOWSTONE COUNTY COURT AND FOSTER CARE SYSTEM.

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

IN COURT, PROMOTE THE CHILD'S BEST INTERESTS AND ADVOCATE FOR A SAFE,

PERMANENT HOME. CASA VOLUNTEERS SERVE AS THE INVESTGATIVE BODY OF THE

COURT, PERSONALLY INTERVIEWING THE CHILD, PARENTS, FOSTER PARENTS,

SCHOOL PERSONNEL, THERAPISTS AND OTHERS WHO KNOW ABOUT THE CHILD AND

HIS OR HER NEEDS. CASA VOLUNTEERS PREPARE A WRITTEN REPORT TO THE

COURT, ADVISING THE COURT OF THE STATUS OF THE CASE AND PROVIDING

RECOMMENDATIONS IN THE BEST INTEREST OF THE CHILD AS IT RELATES TO A

SAFE, PERMANENT HOME FOR THE CHILD, AS QUICKLY AS POSSIBLE. CASA IS

THE ONLY ORGANIZATION IN YELLOWSTONE COUNTY THAT ADVOCATES FOR THE

CHILD IN COURT, FOCUSING ON A PERMANENT SOLUTION THAT PREVENTS FUTURE

ABUSE OR NEGLECT.

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

THE INDEPENDENT AUDITOR PRESENTS THE AUDITED FINANCIAL STATEMENTS AND FORM
990 TO THE BOARD OF DIRECTORS AT A REGULARLY SCHEDULED MEETING. THE BOARD
THEN REVIEWS AND APPROVES THE FORM 990 BEFORE FILING. FORM 990 IS SIGNED BY
THE BOARD TREASURER, REPRESENTING THE BOARD OF DIRECTORS.

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

THE EXECUTIVE DIRECTOR REVIEWS ANY TRANSACTIONS REGARDING BOARD, STAFF, AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization

YELLOWSTONE CASA, INC.

**Employer identification number** \*\*-\*\*1287

VOLUNTEERS THAT MIGHT BE CONSIDERED A CONFLICT OF INTEREST. IF THERE ARE ANY QUESTIONS, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE ISSUE AND MAKES A DETERMINATION.

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

THE EXECUTIVE COMMITTEE COMPLETES A PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR. ONCE AN ACCEPTABLE PERFORMANCE IS DETERMINED THE COMPENSATION IS REVIEWED. ALL SALARIES ARE COMPARED WITH THE MONTANA NONPROFIT ASSOCIATION NONPROFIT WAGE AND BENEFIT SURVEY REPORT FOR SIMILAR POSITIONS IN BUDGET SIZE AND MISSION FOCUS. THE EXECUTIVE COMMITTEE CONSIDERS A COST OF LIVING INCREASE WHICH IS SUBMITTED TO AND APPROVED BY THE FULL BOARD OF DIRECTORS. FOR OTHER EMPLOYEES, THE EXECUTIVE DIRECTOR COMPLETES A PERFORMANCE REVIEW AND RECOMMENDS CHANGES IN COMPENSATION TO THE EXECUTIVE COMMITTEE AND ULTIMATELY TO THE BOARD OF DIRECTORS.

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

ALL GOVERNING DOCUMENTS, POLICIES, FINANCIAL REPORTS AND FORM 990 ARE AVAILABLE UPON REQUEST AT THE COMPANY HEADQUARTERS OFFICE LOCATED AT 1201GRAND AVENUE, SUITE #5, BILLINGS, MONTANA. THE STATEMENT OF FINANCIAL POSITION IS PRINTED IN CASA ANNUAL REPORT WHICH IS DISTRIBUTED TO OVER 1,500 INDIVIDUALS, FOUNDATIONS, BUSINESSES,AND INTERESTED PARTIES ON THE ORGANIZATION MAILING LISTS.

FORM 990 PART XI LINE 2C

THE BOARD OF DIRECTORS REQUIRED A FORMAL THREE YEAR AUDIT ENGAGEMENT LETTER CONTRACT FIXING THE ANNUAL COST OF THE AUDITED FINANCIAL STATEMENTS AND PERFORMS OVERSIGHT OVER THE ENGAGEMENT. IN ADDITION,

THE AUDITOR IS REQUIRED TO FORMALLY PRESENT THE FINANCIAL STATEMENTS

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization YELLOWSTONE CASA, INC.	Employer identification number **-**1287
AND ANY FINDINGS TO THE BOARD OF DIRECTORS.	·

#### 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C Lin	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FILE CABINET	10/01/04	200DB	5.00	НУ17	151.				151.	151.		0.	151.
2	SHREDDER	10/26/04	200DB	5.00	ну17	50.				50.	50.		0.	50.
3	ACCOUNTING COMPUTER RELATED EQUIPMENT	12/31/06	SL	5.00	ну17	877.				877.	877.		0.	877.
4	DELL LAPTOP	12/26/07	SL	5.00	16	699.				699.	699.		0.	699.
5	CHAIRS	04/11/08	SL	7.00	16	439.				439.	439.		0.	439.
6	LEASEHOLD IMPROVEMENT- 1201 GRAND AVENUE	06/30/13	SL	15.00	16	10,000.				10,000.	6,000.		667.	6,667.
7	NEW SIGN FOR OFFICE	11/14/13	SL	15.00	16	1,494.				1,494.	864.		149.	1,013.
8	PHONE SYSTEM	12/28/15	SL	7.00	16	9,423.				9,423.	8,750.		673.	9,423.
	* TOTAL 990 PAGE 10 DEPR					23,133.				23,133.	17,830.		1,489.	19,319.