



UNITED WAY OF YELLOWSTONE COUNTY INC 2173 OVERLAND AVE BILLINGS, MT 59102

UNITED WAY OF YELLOWSTONE COUNTY INC:

ENCLOSED IS THE ORGANIZATION'S 2023 EXEMPT ORGANIZATION RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE MAY 15, 2025.

MAIL TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

BEST REGARDS,

PINION, LLC

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** UNITED WAY OF YELLOWSTONE COUNTY INC 81-0287507 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 2173 OVERLAND AVE return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 59102 BILLINGS, MT Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 4720 (other than individual) Form 990 or Form 990-EZ 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 05 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III, Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of THE ORGANIZATION 2173 OVERLAND AVE - BILLINGS, MT 59102 Telephone No. 406-252-3839 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 . 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. , 20 **25** , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ____ calendar year 20 _____ or JUL 1 ____, 20 <u>23</u>___, and ending _____ JUN 30 . X tax year beginning _____ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За 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. 3h 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.

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	For the	e 2023 calendar year, or tax year beginning $UULL$, 2023 and	ل ending	UN 30, 2024						
	Check if applicable	C Name of organization		D Employer identifi	cation number					
	Addre									
	Name chang			81-02875	07					
	Initial return Final return	2173 OVERLAND AVE	Room/suite	E Telephone numbe 406-252-						
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 6,167,679.						
	Ameno	BILLINGS, MI 39102		H(a) Is this a group return						
	Application pendir	F Name and address of principal officer: KIMBEKHI DEWIS			? Yes X No					
		SAME AS C ABOVE		H(b) Are all subordinates in						
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	1 '	list. See instructions					
	Websit		1	H(c) Group exemption						
	orm of	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1961	M State of legal domicile: MT					
	_	Briefly describe the organization's mission or most significant activities: TO AI	DDRESS	THE NEEDS						
Se	1	YELLOWSTONE COUNTY AND TO IMPROVE LIVES B			<u> </u>					
Governance	2	Check this box if the organization discontinued its operations or dispos	_		sets					
Ver	3			3	17					
		Number of independent voting members of the governing body (Part VI, line 1b)			17					
Š	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			77					
vitie	6	Total number of volunteers (estimate if necessary)			1276					
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7 <u>a</u>	0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.					
e			<u> </u>	Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		1,600,857.	4,061,993.					
Revenue	9	Program service revenue (Part VIII, line 2g)		811,040. 62,842.	821,355. 394,343.					
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,337.	14,583.					
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,491,076.	5,292,274.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		247,500.	250,000.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
w	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,070,839.	1,287,513.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
bei	b	Total fundraising expenses (Part IX, column (D), line 25) 207,07	75.							
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,150,832.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,469,171.	2,591,869.					
		Revenue less expenses. Subtract line 18 from line 12		21,905.	2,700,405.					
t Assets or			Ве	ginning of Current Year	End of Year					
Sset	20	Total assets (Part X, line 16)		4,156,532.	6,828,152.					
Net A	21	Total liabilities (Part X, line 26)		728,949.	741,073.					
	art II	Net assets or fund balances. Subtract line 21 from line 20		3,441,303.	0,001,013.					
		lties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the hest of my	/ knowledge and helief it is					
		et, and complete. Declaration of preparer (other than officer) is based on all information of wh			, initialization and solitor, it is					
	,									
Sig	n	Signature of officer		Date						
Her		KIMBERLY LEWIS, PRESIDENT AND CEO								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check C	PTIN					
Paid		KENDRA MORAN KENDRA MORAN	0	3/30/25 self-employ						
	parer	Firm's name PINION, LLC		Firm's EIN 4	8-0567703					
Jse	Only	Firm's address 402 N BROADWAY, 4TH FLOOR		5. 40	6 24E E126					
4 -	. Ale - 15	BILLINGS, MT 59101		Phone no. 4 0	6-245-5136 X Ves No					
1/1/21	TOO IL	AS DISCUSS THIS PATIETY WITH THE DESIGNATE SHOWN SHOVED SEE INSTRUCTIONS			INIVAC I INA					

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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: TO ADDRESS THE NEEDS OF YELLOWSTONE COUNTY AND TO IMPROVE LIVES BY
	CONNECTING AND COLLABORATING FOR A THRIVING COMMUNITY.
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?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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.
 4а	(Code:) (Expenses \$
	WITH FUNDING THROUGH GRANTS AND PRIVATE CONTRIBUTIONS, UNITED WAY OF
	YELLOWSTONE COUNTY PARTNERS WITH PROGRAMS THAT DIRECTLY BENEFIT
	INDIVIDUALS AND FAMILIES THAT LIVE IN OUR COMMUNITY. SEE SCHEDULE I OF
	ALLOCATIONS FOR A LIST OF AGENCIES RECEIVING SUPPORT DURING THE FISCAL
	YEAR.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	DONOR DESIGNATIONS - UNITED WAY OF YELLOWSTONE COUNTY PROVIDES AN
	ADMINISTRATIVE CONDUIT FOR DONORS TO DESIGNATE CONTRIBUTIONS TO
	SPECIFIC AGENCIES.
4c	(Code:) (Expenses \$ 1,935,747. including grants of \$) (Revenue \$ 835,938.)
	WITH FUNDING THROUGH GRANTS AND PRIVATE CONTRIBUTIONS, UNITED WAY OF
	YELLOWSTONE COUNTY ADMINISTERS PROGRAMS AND LEADS COALITIONS THAT
	DIRECTLY BENEFIT INDIVIDUALS AND FAMILIES THAT LIVE IN OUR COMMUNITY;
	INCLUDING REACH OUT & READ, MONTANA 211, DISCOVER ZONE, BRIGHT BY TEXT,
	SUBSTANCE ABUSE CONNECT, BEST BEGINNINGS, CONTINUUM OF CARE, CARE
	ACADEMY AND VOLUNTEER ENGAGEMENT.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,185,747.
	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	├°		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
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		<u> </u>
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		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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			<u></u>
.0	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,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21			Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

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Form 990 (2023) UNITED WAY OF YELL
Part IV Checklist of Required Schedules (continued) UNITED WAY OF YELLOWSTONE COUNTY INC

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
	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			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_^
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ŭ	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
••	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	1
Pai		1 30	- 22	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

332004 12-21-23

Form **990** (2023)

Form 990 (2023) UNITED WAY OF YELLOWSTONE COUNTY INC
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	77						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	X				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account	accou	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country					l			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	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	ne orga	anization solicit			37			
	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ions o	r gifts	۵.					
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvioco :	provided to the payor?	70		Х			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a 7b					
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired	10					
C	to file Form 8282?	40 IEY	uncu	7c		x			
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7f 7g		X			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:		1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	ı	ĺ						
	Gross income from members or shareholders	11a				l			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					l			
	amounts due or received from them.)	11b	•						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				l			
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					
а	Note: See the instructions for additional information the organization must report on Schedule O.			ısa					
h	Enter the amount of reserves the organization is required to maintain by the states in which the					l			
	organization is licensed to issue qualified health plans	13b				l			
С	Enter the amount of reserves on hand	13c				l			
			1	14a		х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?								
	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 investmen	t inco	me?	16		Х			
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	ctivitie	S						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 17 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 17 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 406-252-3839

Form **990** (2023)

59102

2173 OVERLAND AVE, BILLINGS, MT

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	(do box	not c	Pos heck	itior		one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	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) KIMBERLY LEWIS	40.00			Ι,,		L		00 215	0	0 022
PRESIDENT AND CEO (2) SONJA CLAYTON	40.00	<u> </u>		Х				89,315.	0.	8,932.
(2) SONJA CLAYTON CFO	40.00	1		х				66,950.	0.	4,382.
(3) CASEY KLEIN	1.00			^				00,930.	0.	4,302.
TREASURER	1.00	х		X				0.	0.	0.
(4) CRAIG BURKE	1.00	1							•	
MEMBER		X						0.	0.	0.
(5) DR. CHRIS OLSZEWSKI	1.00							-	-	-
MEMBER		Х			7	1		0.	0.	0.
(6) D'VAUGHN HAYES	1.00									
MEMBER		Х						0.	0.	0.
(7) ERIC OWEN	1.00									
MEMBER		Х						0.	0.	0.
(8) JESSE MCKEE	1.00	<u> </u>								
MEMBER		Х				_		0.	0.	0.
(9) JILL QUADE	1.00]								_
MEMBER		Х						0.	0.	0.
(10) JIM IRWIN	1.00	ļ								
MEMBER	1 00	Х						0.	0.	0.
(11) KIM HAYWORTH	1.00	ļ							•	
CHAIR ELECT	1 00	Х						0.	0.	0.
(12) KIMBERLY GUY	1.00	х						0.	0	_
CAP (13) NATHAN HIRSCH	1.00	^				\vdash		0.	0.	0.
CHAIR	1.00	Х		Х				0.	0.	0.
(14) PETE BUCHANAN	1.00	^	\vdash	^		\vdash		0.	0.	•
MEMBER	1.00	Х						0.	0.	0.
(15) PETE PHILIPPI	1.00	<u> </u>	\vdash			T			.	<u>`</u>
PAST CHAIR		х		х				0.	0.	0.
(16) ROBBIE NEIHART	1.00									
MEMBER		Х						0.	0.	0.
(17) SHAWN HINZ	1.00								-	
SECRETARY		Х		Х				0.	0.	0.
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Section A. Officers, Directors, 7		oloy	ees,			gnes	it C		,	\neg		
(A)	(B)			(C Posi				(D)	(E)		(F)	
Name and title	Average		not c	heck n	nore	than o		Reportable	Reportable		Estimate	
	hours per week			ss pers				compensation	compensation		amount	
	(list any	-i-					Ĺ	from the	from related organizations		other	
	hours for	direct				_		organization	(W-2/1099-MISC/	,	compensa from th	
	related	e or (stee			satec		(W-2/1099-MISC/	1099-NEC)		organizat	
	organizations	ruste	l trus		99/	mper		1099-NEC)	1000 1420)		and relat	
	below	dualt	ution	_	nplo	st co	er				organizati	
	line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				3	
(18) TERRI BLEVINS	1.00		_							十		
MEMBER		х						0.	0	١.١		0.
(19) JIM HERNJAK	1.00	22						· · ·				
MEMBER	1.00	1						0.	0	۱.		0.
								•				
		1										
										+		
	-	1										
										+		
		1										
			_			_				+		
		-										
			_			_				\dashv		
										\dashv		
										\perp		
					4		,			\perp		
1b Subtotal								156,265.		١.	13,3	14.
c Total from continuation sheets to Pa	rt VII, Section A						`	0.		١.		0.
d Total (add lines 1b and 1c)						<u>,</u>		156,265.	0	١.	13,3	<u>14.</u>
2 Total number of individuals (including b	out not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization		4										0
			\neg		7					_	Yes	No
3 Did the organization list any former off	icer, director, trust	ee, k	ey e	emplo	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J	for such individual										3	X
4 For any individual listed on line 1a, is th												
and related organizations greater than	\$150,000? <i>If</i> "Yes	" co	mple	ete S	che	dule	. J f	or such individual	· ·		4	Х
5 Did any person listed on line 1a receive												
rendered to the organization? If "Yes,"					•			•		- [5	х
Section B. Independent Contractors	complete ochedan	50 /	01 30	ich p	/6/3	011						
Complete this table for your five highes	at compensated inc	lene	nder	nt co	ntra	acto	rs th	nat received more than \$	100 000 of compen	nsati	on from	
the organization. Report compensation										ioati	011 11 0111	
(A)		Jui C	, i i dii	ig wi) VVI	T	(B)	Jul 1		(C)	
رم) Name and busir		NC	ONE	7.				رو) Description of s	ervices	Co	ompensatio	n
		-110	7111					1			•	
							+					
							-			—		
							\dashv			—		
							\rightarrow					
2 Total number of independent contractor	ors (including but n	ot lin	nited	d to t	hos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the org	ganization				C)						
											orm 990 (2023

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
			_	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
SΩ	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ي ق		Fundraising events 1c					
fts, r A		I Related organizations 1d					
ig ig		Government grants (contributions)	279,028.				
Sin		All other contributions, gifts, grants, and	2,5,020.				
utic le ri	'	I I	3,782,965.				
ĕ₽		similar amounts not included above 1f	3,702,303.				
o d	_	Noncash contributions included in lines 1a-1f		4,061,993.			
Oa	<u> </u>	Total. Add lines 1a-1f	Business Code	4,001,003.			
	_	OMILIED INCOME	900099	001 255	001 355		
<u>:</u>	2 a		900099	821,355.	821,355.		
Program Service Revenue	b						
S c	c						
ev Sev	C						
og F	e						
ڇ	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		821,355.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		126,210.			126,210.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,143,538.					
	h	Less: cost or other basis					
<u>a</u>	_	and sales expenses 7b 875,405.					
ther Revenue		Gain or (loss) 7c 268,133.					
ě		Net gain or (loss)		268,133.			268,133.
౼		Gross income from fundraising events (not		, -			,
Oth	0 0	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	9 8	, , , , , , , , , , , , , , , , , , ,					
		Part IV, line 19 9a bess: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold					
\rightarrow	<u> </u>	Net income or (loss) from sales of inventory	Durate C :				
<u>s</u>		WT GOTT T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Business Code	4	4		
e e	11 a	MISCELLANEOUS INCOME	900099	14,583.	14,583.		
Miscellaneous Revenue	b						
Sel Sev	C						
Mis	C	All other revenue					
\perp	e	Total. Add lines 11a-11d		14,583.			
	12	Total revenue. See instructions		5,292,274.	835,938.	0.	394,343.

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 250,000. 250,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 156,571. 131,520. 10,960. 14,091. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 858,004. 701,625. 66,707. 89,672. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 272,938. 27,158. 208,622. 37,158. Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 11,903. 3,340. 16,913. 1,670. Accounting Lobbying Professional fundraising services. See Part IV, line 17 17,636. 17,636. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 55,037. 13,484. 13,979. 27,574. Advertising and promotion 12 1,747. 1,031. 292. 424. Office expenses 13 43,441. 28,537. 9,128. 5,776. Information technology 14 15 Royalties 30,195. 10,246. 16,815. 3,134. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 19,676. 13,292. 4,485. 1,899. 20 Payments to affiliates 21 24,214. 34,591. 6,918. 3,459. Depreciation, depletion, and amortization 22 17,972. 10,632. 5,350. 1,990. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 170,100. 170,100. CARE EXPENSES SUBSTANCE ABUSE CONNECT 145,392. 145,392. 136,509. 136,509. CONTINUUM OF CARE 107,640. 107,640. d MONTANNA 211 257,507. 214,431. 22,848. 20,228. e All other expenses 2,591,869. 2,185,747. 199,047. 207,075. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2023)

Check here

if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			581,259.	1	319,939.
	2	Savings and temporary cash investments			313,177.	2	2,990,280.
	3	Pledges and grants receivable, net			116,781.	3	111,002.
	4	Accounts receivable, net			5,968.	4	15,980.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			25,473.	9	40,094.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,587,686.	A		
	b	Less: accumulated depreciation	10b	420,863.	1,168,807.		1,166,823. 2,150,274.
	11	Investments - publicly traded securities	1,912,007.	11	2,150,274		
	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		33,060.	15	33,760	
	16	Total assets. Add lines 1 through 15 (must equ			4,156,532.	16	6,828,152
	17	Accounts payable and accrued expenses			144,112.	17	204,416
	18	Grants payable	05 000	18	00 150		
	19	Deferred revenue	25,000.	19	29,152		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
İİ		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the	7			22	F06 000
_	23	Secured mortgages and notes payable to unrela			556,454.	23	506,229.
	24	Unsecured notes and loans payable to unrelate	-			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		•	3,383.		1 276
		of Schedule D			728,949.		1,276. 741,073.
	26	Total liabilities. Add lines 17 through 25			140,343.	26	/41,0/3
S		Organizations that follow FASB ASC 958, che	eck ner	e 🔼			
nce	07	and complete lines 27, 28, 32, and 33.			2,895,951.	27	2,926,980.
ala	27	Net assets without donor restrictions			531,632.	28	3,160,099.
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			331,032.	20	3,100,000.
-un		and complete lines 29 through 33.	30, CHE	ck nere			
or	20	,				29	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ea				30	
1SS(30	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	31				3,427,583.	32	6,087,079.
Ž	32	Total liabilities and not assets/fund balances			4,156,532.	33	6,828,152.
	33	Total liabilities and net assets/fund balances			±,±30,332•	აა	Garage 990 (200

Pa	rt XI Reconciliation of Net Assets		,						
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>5,</u>	29	2,2	<u>74.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	59	1,8 0,4	69.			
3									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
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									
	column (B)) 10 6								
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
			_		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate								
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х			
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					
			- 1	orm	990	(2023)			

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

UNITED WAY OF YELLOWSTONE COUNTY INC 81-0287507 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1517323.	2111289.	1791388.	1600857.	1561993.	8582850.
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	1517323.	2111289.	1791388.	1600857.	1561993.	8582850.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						700,178.
	Public support. Subtract line 5 from line 4.						7882672.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1517323.	2111289.	1791388.	1600857.	1561993.	8582850.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	37,519.	24,144.	49,929.	57,661.	126,210.	295,463.
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.)			622.	16,337.	14,583.	31,542.
11	Total support. Add lines 7 through 10						8909855.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
	tion C. Computation of Publi						
	Public support percentage for 2023 (li					14	88.47 %
	Public support percentage from 2022					15	92.50 %
16a	33 1/3% support test - 2023. If the o						
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain in	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

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

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

Sed	etion A. Public Support	siow, picase comp	nete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>				1	
14	First 5 years. If the Form 990 is for th	J			•	(/ (/)	· —
S	check this box and stop here						
	etion C. Computation of Publi					1.5	
	Public support percentage for 2023 (I		•	.,,		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves		•			16	%
	•			an 10 ani (A)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2			on line 14 and line		18	% 7 is not
198	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14 19a	a or 19b check th	is box and see in	structions	1 1

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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		
За		
Ja		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
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9a		
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9b		
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9c		
10a		
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10b	- 000	

	dule A (Form 990) 2023 UNITED WAY OF YELLOWSTONE COUNTY INC 81-02	<u>8750</u>	7 Pa	age 5
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		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion 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		
	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		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		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			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations Answer lines 22 and 3h helow			

За

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

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of		·	
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		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	· ·	
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
FIRST INTERSTATE BANK	379,484.	201,287.
EXXON MOBIL	193,907.	15,710.
SCHEELS	651,618.	473,421.
PHILLIPS 66	184,154.	5,957.
FORTIN FOUNDATION OF FLORIDA INC	182,000.	3,803.
Total Excess Contributions to Schedule A, Part II, Line 5		700,178.

Schedule A

Identification of Unusual Grants

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Description of Grant	Date of Grant	Amount
THE CHICAGO COMMUNITY FOUNDATION	DONOR ADVISED FUND		2,500,000.
otal Unusual Grants			2,500,000

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

UNITED WAY OF YELLOWSTONE COUNTY INC

81-0287507

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 not 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 organizatio	n is covered by the General Rule or a Special Rule.			
Note: Only a section 501	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule				
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
X 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 General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year \$				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).				

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

UNITED WAY OF YELLOWSTONE COUNTY 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
1	RICHARD AND ERIKA BROWN 4311 SNOWHAWK TR. BILLINGS, MT 59106	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CHS, INC. P.O. BOX 909 LAUREL, MT 59044-0909	\$ 12,629.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DENNIS AND PHYLLIS WASHINGTON FOUNDATION P.O. BOX 16630 MISSOULA, MT 59808	\$ 7,500.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	PAR MONTANA/ FORMERLY EXXONMOBIL P.O. BOX 1163 BILLINGS, MT 59103	Total contributions \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	FIRST INTERSTATE BANK OF BILLINGS P.O. BOX 30918 BILLINGS, MT 59106	\$ 255,521.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FORTIN FOUNDATION OF FLORIDA INC. 201 CHILEAN AVENUE PALM BEACH, FL 33480-4629	\$ 62,000.	Person X Payroll

Name of organization

Employer identification number

UNITED WAY OF YELLOWSTONE COUNTY 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	CYNTHIA FOSTER 3840 RIMROCK ROAD APT 3112 BILLINGS, MT 59102	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	JP MORGAN CHASE & CO BANK 2414 CENTRAL AVE BILLINGS, MT 59102	\$ 20,200.	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
9	ARDYCE AND BOB KELLY 2613 FOREST MEADOW LN BILLINGS, MT 59102-7944	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MICHELLE SPENNY 2535 GLENGARRY CT BILLINGS, MT 59101	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	MONTANA DAKOTA UTILITIES CO 5181 SOUTHGATE DR BILLINGS, MT 59101	\$ <u>12,950.</u>	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
12	MONTANA HEALTHCARE FOUNDATION 777 EAST MAIN STREET BOZEMAN, MT 59715	\$\$	Person X Payroll

Name of organization Employer identification number

UNITED WAY OF YELLOWSTONE COUNTY 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
13	PEPSI-COLA BOTTLING CO 344 HOWARD AVE BILLINGS, MT 59101	\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	PHILLIPS 66 BILLINGS REFINERY P.O. BOX 30198 BILLINGS, MT 59107-0198	\$ 10,455.	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
15	RIVERSTONE HEALTH 123 SOUTH 27TH ST BILLINGS, MT 59101-4200	\$13,099 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	SCHEELS ALL SPORTS 1121 SHILOH CROSSING BLVD BILLINGS, MT 59102-7361	\$ <u>211,162.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	WELLS FARGO N.A. PO BOX 30058 BILLINGS, MT 59107	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	YELLOWSTONE COUNTY 217 NORTH 27TH STREET BILLINGS, MT 59107	\$ 65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF YELLOWSTONE COUNTY 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
19	US DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, SW WASHINGTON, DC 20201	\$ <u>159,794.</u>	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
20	BILLINGS CLINIC PO BOX 37000 BILLINGS, MT 59107-7000	\$ 7,434.	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
21_	BNSF RAILWAY FOUNDATION 500 NEW JERSEY AVE. NW SUITE 500 WASHINGTON, DC 20001	\$ <u>10,120.</u>	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
22	HERR, JOHN AND TAYLOR 11 VISTA DEL MAR ORINDA, CA 94563	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	INTERMOUNTAIN HEALTH ST VINCENT REGIONAL HOSPITAL PO BOX 1010 LAFAYETTE, CO 80026	\$11,223.	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
24_	UNITED WAY OF YELLOWSTONE COUNTY 2173 OVERLAND AVENUE BILLINGS, MT 20006-3517	\$\$16,500.	Person X Payroll

Name of organization

Employer identification number

UNITED WAY OF YELLOWSTONE COUNTY 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
25	CATHOLIC SOCIAL SERVICES PO BOX 907 HELENA, MT 59624	\$9,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	CODE GIRL UNITED 1203 US ROUTE @ SUITE 31 KALISPELL, MT 59901	\$ 17,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	EMPLOYEE FUND, NORTHWESTERN ENERGY 11 E. PARK ST. BUTTE, MT 59701-1711	\$5,931.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 28	Name, address, and ZIP + 4 FIRST FEDERAL BANK AND TRUST 645 HENRY CHAPPLE ST. BILLINGS, MT 59106-1839	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	GREEN DOT BANK 1675 N FREEDOM BVLD, BLDG 1 PROVO, UT 84604	\$	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
30	HELP CENTER, INC 421 E. PEACH STREET BOZEMAN, MT 59715	\$ 293,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF YELLOWSTONE COUNTY INC

Dort	Contributors (0207307
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
31	INTERMOUNTAIN CHILDREN'S HOME 3420 DREDGE HOME HELENA, MT 59602	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	MURYL AND LU MYHRE FOUNDATION ENDOWMENT 404 NORTH 30TH STREET BILLINGS, MT 59102	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 JAMIE OHL 4333 EDGEWOOD ROAD NE CEDAR RAPIDS, IA 52499	\$ 9,229.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 RBC WEALTH MANAGEMENT 404 N 31ST ST STE 300 BILLINGS, MT 59101	\$ 5,990.	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
35	THE CHICAGO COMMUNITY FOUNDATION 33 S. STATE ST. CHICAGO, IL 60603	\$ 2,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	VALLEY CREDIT UNION PO BOX 20417	\$\$20,730.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26	BILLINGS, MT 59104-0417		Schedule B (Form 990) (2023)

Name of organization Employer identification number

UNITED WAY OF YELLOWSTONE COUNTY INC

D II	Name of Thibbond Country Inc		1 0207507
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
323453 12-26	-23		Schedule B (Form 990) (2023)

Name of organization **Employer identification number** UNITED WAY OF YELLOWSTONE COUNTY INC 81-0287507 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITED WAY OF YELLOWSTONE COUNTY INC

Employer identification number 81-0287507

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	194	(b) I dilas and other accounts
1 2	Total number at end of year	2,500,000.	
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)	2,300,000	
4	Aggregate value at end of year	3,031,632.	
5	Did the organization inform all donors and donor advisors in v		ed funds
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
			□
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it	L - L-L-O	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Ctan and volunteer riedre develor to morntering, inspecting,	Training of violations, and officioning con-	orvation casements daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservations	tion easements during the vear
	3, 1 3,	3	3 ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h))(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	· · · · · ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre-		gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		
LΠА	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIIII 99U.	Schedule D (Form 990) 2023

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

	dule D (Form 990) 2023 UNITED V	WAY OF YELI					81-02 r Assets			ge 2
3	Using the organization's acquisition, accessic							(CONTINU	ea)	
Ū	collection items (check all that apply).	ori, and other records	s, oncor any or the i	onowing that	. παιτο οιί	grimodire	300 01 110			
а	Public exhibition	d	Loan or exc	hange progra	am					
b	Scholarly research	e		9- 9						
С	Preservation for future generations	_								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exem	not purpo:	se in Part	XIII.		
5	During the year, did the organization solicit or									
_	to be sold to raise funds rather than to be ma		•					Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		· ·			Ź	,	,		
1a	Is the organization an agent, trustee, custodia	an, or other intermed	liary for contribution	s or other as	sets not i	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					_		
	•	·	•					Amount		
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part l	IV, line 10).				
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance	1,912,007.	1,827,234.	2,04	7,035.	1,5	89,889.	1,5	21,9	949.
b	Contributions	1,205,273.	69,898.	117	7,977.	4	64,762.	4	28,4	193.
С	Net investment earnings, gains, and losses	-871,546.	118,841.	-337	7,778.		-7,616.	-3	60,5	553.
d	Grants or scholarships	45,460.	103,966.							
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	2,200,274.	1,912,007.	1,82	7,234.	2,0	47,035.	1,5	89,8	889.
2	Provide the estimated percentage of the curre		e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment	23.0000	_%							
b	Permanent endowment 77.0000	%								
С		%								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
3а	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administer	ed for the	е				
	organization by:							\ `	'es	No
	(i) Unrelated organizations?							3a(i)	_	<u>X</u>
								3a(ii)	_	<u>X</u>
b	If "Yes" on line 3a(ii), are the related organizate							3b		
<u>4</u>	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm		D 1 N/ II 44 0		5					
	Complete if the organization answered	I	Ī							
	Description of property	(a) Cost or o	` '	or other		ccumulate	ed	(d) Book	value	
		basis (investn	· ·	(other)	aep	preciation		240	0.4	7
	Land			2,047.		22 0	F 7	342		
	Buildings			0,805.		32,8		787	, y 4	0 •
	Leasehold improvements			0,300.		3,9		36	, 38	
d	Equipment		8	4,534.		84,0	94.		44	2.

Schedule D (Form 990) 2023

1,166,823.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 UNITED WAY O	'T TUUUOMOTO	NE COUNTY INC 81	-0287507 Page 3
Complete if the organization answered "Yes" o	n Form 990. Part IV. lin	e 11b. See Form 990. Part X. line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives	()		, , , , , , , , , , , , , , , , , , , ,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
	n Faura 000 Part IV lin	and the Constitution of th	
Complete if the organization answered "Yes" o	n Form 990, Part IV, III Description	e 11a. See Form 990, Part X, line 15.	(b) Pook volue
··	Description		(b) Book value
(1)		*	
(2)			
(3)			
(6)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(P))		
Part X Other Liabilities	(D))		
Complete if the organization answered "Yes" o	n Form 990. Part IV. lin	e 11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	,,		(b) Book value
(1) Federal income taxes			• • • • • • • • • • • • • • • • • • • •
(2) CAPITAL LEASE OBLIGATIONS			7,651.
(3) UNAMORTIZED DEBT ISSUANCE	COST		-6,375
(4)			-,-,-
(5)			

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

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

Schedule D (Form 990) 2023

1,276.

(6) (7) (8)

17,636.

2,591,869

Sche	edule D (Form 990) 2023 UNITED WAY OF YELLOWSTONE COU.	NTY INC	<u>81-(</u>	0287507 Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Statements \	With Revenue per Ret	urn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	5,233,729.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	-40,909.		
b	Donated services and use of facilities	2b		
С		2c		
d		2d		
е	Add lines 2a through 2d		2e	-40,909.
3	Subtract line 2e from line 1		3	5,274,638.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	la 17,636.		
b	Other (Describe in Part XIII.)	lb		
С	Add lines 4a and 4b		4c	17,636.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,292,274.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	With Expenses per R	eturr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	2,574,233.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,574,233.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. Part XIII Supplemental Information

b Other (Describe in Part XIII.)

c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

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

PART V, LINE 1E:

TO BE IN COMPLIANCE WITH THE REPORTING REQUIREMENTS OF ASU 2016-14 , PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES, PRESENTATION OF THE ENDOWMENT PORTION OF THE INVESTMENTS HAS CHANGED. \$817,500 OF "OTHER EXPENDITURES" WERE NOT ACTUALLY SPENT OR TRANSFERRED, BUT RATHER RECLASSIFIED. FOR FINANCIAL REPORTING PURPOSES, THESE FUNDS ARE NOW INCLUDED IN NET ASSETS WITHOUT DONOR RESTRICTION AND ARE NOT PART OF THE ENDOWMENT, AS THEY ARE NEITHER DONOR RESTRICTED NOR BOARD DESIGNATED.

PART V, LINE 4:

THE INCOME FROM THE ENDOWMENT FUND THAT IS MADE AVAILABLE TO THE UNITED WAY BOARD OF DIRECTORS MAY BE USED AS FOLLOWS:

17,636

4c

4a

(continued)
1) TO MEET UNANTICIPATED NEEDS AND EMERGING PROBLEMS THAT DEMAND AN EARLY
RESPONSE THROUGH NEW OR EXISTING PROGRAMS REQUIRING A LEVEL OF FUNDING NOT
AVAILABLE FROM THE ANNUAL CAMPAIGN;
2) TO MAINTAIN OR EXPAND SERVICE LEVELS DURING ECONOMIC DOWN CYCLES OR
PERIODS OF INCREASED UNEMPLOYMENT OR PHYSICAL DISASTER WHICH REQUIRE
ADDITIONAL HEALTH AND HUMAN SERVICES WHEN FINANCIAL RESOURCES ARE LIMITED;
3) TO SUPPORT UNITED WAY'S ROLE IN THE COMMUNITY AS A FACILITATOR TO FOCUS
THE ATTENTION AND RESOURCES OF OTHER SECTORS ON HIGH PRIORITY PROBLEMS;
4) TO HELP ASSURE THE FINANCIAL STABILITY OF AGENCIES FACING UNUSUAL OR
CATASTROPHIC FINANCIAL PROBLEMS THAT EXCEED THEIR OWN RESOURCES.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

		OWSTONE COU	NII INC				81-0287507
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assi	stance?						Yes X No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to recipient that received more than	_				anization answered "\	es" on Form 990, Part	IV, line 21, for any
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BIG SKY SENIOR SERVICES 937 GRAND AVENUE							
BILLINGS, MT 59102	81-0364919	501(C)(3)	10,000.	0.			PHILANTHROPIC PURPOSE
BOYS & GIRLS CLUB OF YC-AFTER SCHOOL PROGRAM - 505 ORCHARD LANE - BILLINGS, MT 59101	81-0308003	501(C)(3)	25,000.	0.			PHILANTHROPIC PURPOSE
FAMILY SERVICE INC. 1824 1ST AVENUE NORTH, P.O. BOX 10 BILLINGS, MT 59103	81-0232120	501(C)(3)	30,000.	0.			PHILANTHROPIC PURPOSE
TUMBLEWEED 505 NORTH 24TH STREET BILLINGS, MT 59101	36-3343886	501(C)(3)	30,000.	0.			PHILANTHROPIC PURPOSE
YELLOWSTONE CASA P.O. BOX 688 BILLINGS, MT 59103	48-1301287	501(C)(3)	30,000.	0.			PHILANTHROPIC PURPOSE
YOUNG FAMILIES EARLY HEAD START 1020 COOK, P.O. BOX 51269 BILLINGS, MT 59104 2 Enter total number of section 501(c)(3) a	81-0422429		10,000.	0.			PHILANTHROPIC PURPOSE

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

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

Schedule I (Form 990) 2023

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(=, =	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
YWCA							
909 WYOMING AVENUE							
BILLINGS, MT 59101	81-0235415	501(C)(3)	10,000.	0.			PHILANTHROPIC PURPOSE
AWARE							
1050 S 2TH ST W STE 2							
BILLINGS, MT 59102	81-0360391	501(C)(3)	10,000.	0.			PHILANTHROPIC PURPOSE
BILLINGS FAMILY YMCA INC.							
402 N 32ND ST							
BILLINGS, MT 59101	81-0229386	501(C)(3)	10,000.	0.			PHILANTHROPIC PURPOSE
·			,				
EDUCATION FOUNDATION FOR BILLINGS							
PUBLIC SCHOOLS-BACKPACK MEALS -							
415 N 30TH ST - BILLINGS, MT 59101	81-0452904	501(C)(3)	30,000.	0.			PHILANTHROPIC PURPOSE
EDUCATION FOUNDATION FOR BILLINGS							
PUBLIC SCHOOLS-READING ROCKS - 415							
N 30TH ST - BILLINGS, MT 59101	81-0452904	501(C)(3)	10,000.	0.			PHILANTHROPIC PURPOSE
FRIENDS OF THE CHILDREN-EASTERN							
MONTANA - 2613 VIRGINIA LN -							
BILLINGS, MT 59102	82-2604098	501(C)(3)	25,000.	0.			PHILANTHROPIC PURPOSE
	32 2001030		25,300.	· ·			
VETERANS NAVIGATION NETWORK							
2173 OVERLAND AVE.							
BILLINGS, MT 59102	84-3207666	501(C)(3)	10,000.	0.			PHILANTHROPIC PURPOSE
YELLOWSTONE BOYS AND GIRLS RANCH							
1732 S 72ND ST WEST							
BILLINGS, MT 59106	81-0262019	501(C)(3)	10,000.	0.			PHILANTHROPIC PURPOSE
							1

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
INCOME FROM FEDERALLY FUNDED PROJEC	CTS MUST	BE ALLOWAE	BLE BY THE	FUNDING	
AGENCY AND USED IN ACCORDANCE WITH	THE PROG	RAM AGREEM	MENT AND FE	DERAL	
GUIDELINES. SPECIFICALLY THIS INCO	ME MUST B	E LIMITED	TO ONE OR	MORE OF	
THE FOLLOWING:					
FURTHERING THE ELIGIBLE PROJECT OR	PROGRAM	OBJECTIVES	FINANCING	THE	
NON-FEDERAL SHARE OF THE PROJECT OF	R PROGRAM	DEDUCTING	IT FROM T	HE TOTAL	
FEDERAL SHARE OF PROJECT OR PROGRAM	M ALLOWAE	LE			

Schedule I (Form 990)

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.

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED WAY OF YELLOWSTONE COUNTY INC

Employer identification number 81-0287507

01/1125 Hill 01 112120HB10H2 000H11 1H0
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COLLABORATING FOR A THRIVING COMMUNITY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTE REVIEWS THE 990, WHICH IS THEN SUBMITTED TO THE BOARD
OF DIRECTORS FOR FINAL APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C:
IF A CONFLICT OF INTEREST SITUATION ARISES, THE PARTIES INVOLVED ARE
INTERVIEWED TO DETERMINE AN APPROPRIATE COURSE OF ACTION.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES PRESIDENT/CEO
COMPENSATION BY COMPARING COMPENSATION FROM UNITED WAYS OF SIMILAR SIZE AND
CURRENT LOCAL LABOR MARKET COMPENSATION. COMPENSATION FOR OTHER KEY
EMPLOYEES IS DETERMINED BY THE PRESIDENT/CEO, IN COMPARISON TO THE LOCAL
LABOR MARKET FOR SIMILAR POSITIONS.
FORM 990, PART VI, SECTION C, LINE 19:
THE 990 AND THE ANNUAL AUDIT ARE AVAILABLE ON UWYC WEBSITE. OTHER DOCUMENTS
AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C:
THE FINANCE COMMITTEE HAS OVERSIGHT OVER THE AUDIT. THE BOARD HAS
FINAL APPROVAL.

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

Schedule O (Form 990) 2023