## Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

932001 01-20-20

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A Number of independent voting members of the governing body (Part VI, line 1b)   4   22	A 1	Or UI	e 20 is calendar year, or tax year beginning and	enuing					
Coing business as a manufacter (or P.O. box if mall is not delivered to street address)	B Check if applicable:		C Name of organization	Name of organization D		D Employer identification number			
Doing Dusiness as   Doing Dusiness   Doing Dus	change		YELLOWSTONE ART MUSEUM						
Number of setter (if V) count mails for decivers to steer across year year year year year year year year		chan	9 Doing business as	Doing business as		02			
The property of the property		retur	Number and street (or P.U. box it mail is not delivered to street address)	Room/suite					
Style of town, state of province, country, and 20° or to reging postal code   Style of town, state of province, country, and 20° or to reging postal code   Style of town and address of principal officer; K.I.M. OLSRN   He/lp is this a group return for subconditates?   Yes   No. 1   N					406-256-				
Part   Summary   Summar	_	ated	City or town, state or province, country, and ZIP or foreign postal code						
Tax exempt status   Solician	Ļ	retur			- · · · · · · <u> · · · · · · · · · · ·</u>				
Tax-exempt status		tion	F Name and address of principal officer: KIM ODBIN						
Website:			401 N 27TH ST, BILLINGS, MT 39101						
Form of organization:				or 527	1 '	,			
Birefty describe the organization's mission or most significant activities: THE YELLOWSTONE ART MUSEUM EXHIBITS, INTERPRETS, COLLECTS, AND PRESERVES ART, FOR THE				Ι					
EXHIBITS, INTERPRETS, COLLECTS, AND PRESERVES ART, FOR THE  2 Check this box ▶				L Year	of formation: 1964[N	A State of legal domicile; MT			
EXHIBITS, INTERPRETS, COLLECTS, AND PRESERVES ART, FOR THE  2 Check this box ▶		1	Briefly describe the organization's mission or most significant activities: THE	YELLOW	STONE ART MU	JSEUM			
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990-T, line 39 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 6 G. 8.17. 4.9 , 973. 10 Investment income (Part VIII, column (A), lines 3.4, and 7d) 10 Investment income (Part VIII, column (A), lines 3.4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3.4, and 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 773, 752. 1, 817, 155. 13 Grants and similar amounts paid (Part IX, column (A), line 13) 0. 1, 500. 14 Benefits paid to or for members (Part IX, column (A), line 1-3) 0. 1, 500. 15 Salaries, other compensation, employee benefits Part IX, column (A), line 10 0. 0. 0. 16 Professional fundraising fees (Part IX, column (A), line 10 0. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 48, 630. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 848, 371. 1, 580, 079. 19 Revenue less expenses. Subtract line 18 from line 12 7-74, 619. 237, 076. 20 Total assets (Part X, line 26) 435, 565. 476, 469. 21 Total islabilities (Part X, line 26) 435, 565. 476, 469. 22 Net assets or fund balances. Subtract line 21 from line 20 9, 608, 936. 10, 156, 465.  Part II Signature Block    Proparer is primi name and tille   Preparer is signature   Date   Preparer is signature   Date   Preparer is signature   Primi's aims   ANDERSON ZURMUBHLEN & CO. , P. C.   Firm's EIN   81 - 0385940   Primi's aidness   Primi's aidness	2		EXHIBITS, INTERPRETS, COLLECTS, AND PRESE	RVES A	RT, FOR THE				
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990-T, line 39 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 6 G. 8.17. 4.9 , 973. 10 Investment income (Part VIII, column (A), lines 3.4, and 7d) 10 Investment income (Part VIII, column (A), lines 3.4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3.4, and 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 773, 752. 1, 817, 155. 13 Grants and similar amounts paid (Part IX, column (A), line 13) 0. 1, 500. 14 Benefits paid to or for members (Part IX, column (A), line 1-3) 0. 1, 500. 15 Salaries, other compensation, employee benefits Part IX, column (A), line 10 0. 0. 0. 16 Professional fundraising fees (Part IX, column (A), line 10 0. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 48, 630. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 848, 371. 1, 580, 079. 19 Revenue less expenses. Subtract line 18 from line 12 7-74, 619. 237, 076. 20 Total assets (Part X, line 26) 435, 565. 476, 469. 21 Total islabilities (Part X, line 26) 435, 565. 476, 469. 22 Net assets or fund balances. Subtract line 21 from line 20 9, 608, 936. 10, 156, 465.  Part II Signature Block    Proparer is primi name and tille   Preparer is signature   Date   Preparer is signature   Date   Preparer is signature   Primi's aims   ANDERSON ZURMUBHLEN & CO. , P. C.   Firm's EIN   81 - 0385940   Primi's aidness   Primi's aidness	rna	2	Check this box  if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	ets.			
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a Total unrelated business taxable income from Form 990-T, line 39 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 6 G. 8.17. 4.9 , 973. 10 Investment income (Part VIII, column (A), lines 3.4, and 7d) 10 Investment income (Part VIII, column (A), lines 3.4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3.4, and 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 773, 752. 1, 817, 155. 13 Grants and similar amounts paid (Part IX, column (A), line 13) 0. 1, 500. 14 Benefits paid to or for members (Part IX, column (A), line 1-3) 0. 1, 500. 15 Salaries, other compensation, employee benefits Part IX, column (A), line 10 0. 0. 0. 16 Professional fundraising fees (Part IX, column (A), line 10 0. 0. 0. 17 Other expenses (Part IX, column (A), line 25) 48, 630. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 848, 371. 1, 580, 079. 19 Revenue less expenses. Subtract line 18 from line 12 7-74, 619. 237, 076. 20 Total assets (Part X, line 26) 435, 565. 476, 469. 21 Total islabilities (Part X, line 26) 435, 565. 476, 469. 22 Net assets or fund balances. Subtract line 21 from line 20 9, 608, 936. 10, 156, 465.  Part II Signature Block    Proparer is primi name and tille   Preparer is signature   Date   Preparer is signature   Date   Preparer is signature   Primi's aims   ANDERSON ZURMUBHLEN & CO. , P. C.   Firm's EIN   81 - 0385940   Primi's aidness   Primi's aidness	Š	3	Number of voting members of the governing body (Part VI, line 1a)	and Art In the A. Treetakkaansyspienin	3	23			
Secont ibutions and grants (Part VIII, line 1h)   Secont Prior Year   Current Year   Current Year   Secont Prior Year   Secont Prior Year   Second Prior Year   Seco	Ğ	4			4	23			
Secont ibutions and grants (Part VIII, line 1h)   Secont Prior Year   Current Year   Current Year   Secont Prior Year   Secont Prior Year   Second Prior Year   Seco	80	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			19			
Secont ibutions and grants (Part VIII, line 1h)   Secont Prior Year   Current Year   Current Year   Secont Prior Year   Secont Prior Year   Second Prior Year   Seco	/ŧie	6	Total number of volunteers (estimate if necessary)	<u> </u>	6	188			
Secont ibutions and grants (Part VIII, line 1h)   Secont Prior Year   Current Year   Current Year   Secont Prior Year   Secont Prior Year   Second Prior Year   Seco	Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
Sontributions and grants (Part VIII, line 1h)   528, 413. 1,098,196, 66,817. 49,973. 10   Investment income (Part VIII, column (A), lines 3, 4, and 70)   1011,959. 499,877. 10   Investment income (Part VIII, column (A), lines 5, 64, 66, 96, 10c, and 11e)   76,563. 169,109. 12   Total revenue (Part VIII, column (A), lines 5, 64, 66, 96, 10c, and 11e)   773,752. 1,817,155. 13   Grants and similar amounts pald (Part IX, column (A), lines 1-3)   0. 1,500. 14   Benefits paid to or for members (Part IX, column (A), lines 1-3)   0. 1,500. 15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   403,739. 742,979. 16   Professional fundraising expenses (Part IX, column (A), line 4)   0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	_<	1	Net unrelated business taxable income from Form 990-T, line 39	<u>```````</u>	7b	0.			
9 Program service revenue (Part VIII, line 2g) 66 , 817 . 49 , 973 . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 76 , 563 . 169 , 109 . 11 Other revenue (Part VIII, column (A), lines 5, 64, 8c, 9c, 10c and 11e) . 76 , 563 . 169 , 109 . 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) . 0 . 1, 500 . 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 . 1, 500 . 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) . 0 . 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . 403 , 739 . 742 , 979 . 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 . 0 . 17 Other expenses (Part IX, column (D), line 25) . 48 , 630 . 18 Total expenses (Part IX, column (D), line 25) . 48 , 630 . 19 Revenue less expenses. Subtract line 18 from line 12					Prior Year				
12 Total revenue year Viii, column (A), lines 40, 62, 95, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	•	8	Contributions and grants (Part VIII, line 1h)			1,098,196.			
12 Total revenue year Viii, column (A), lines 40, 62, 95, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	ž	9	Program service revenue (Part VIII, line 2g)			49,973.			
12 Total revenue year Viii, column (A), lines 40, 62, 95, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	Š	10				499,877.			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 773 , 752 . 1 , 817 , 155 .  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 . 1 , 500 .  14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0 . 0 . 0 .  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 403 , 739 . 742 , 979 .  16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 .  17 Other expenses (Part IX, column (D), line 25) 48 , 630 .  18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 48 , 630 .  19 Revenue less expenses. Subtract line 18 from line 12 44 , 632 . 835 , 600 .  19 Revenue less expenses. Subtract line 18 from line 12 7-74 , 619 . 237 , 076 .  10 Total assets (Part X, line 16) 8	ď.	11			76,563.	169,109.			
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0 . 1,500 . 1		12	A section of the sect		773,752.	1,817,155.			
14 Benefits paid to or for members (Part IX, column (A), line 4)   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   403,739. 742,979.   742,979.   16a Professional fundraising fees (Part IX, column (A), line 11e)   0. 0. 0.   0.   0.   0.   0.   0.		13			0.	1,500.			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total Expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name  STEFENI S. FREESE, CPA STEFENI S. FREESE, C 06/26/20  Firm's address P.O. BOX 20435  BILLINGS, MT 59104-0435  Phone no.406-245-5136		14			0.	0.			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer	· ·	15			403,739.	742,979.			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer	156	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Signature of officer	þe	1	Total fundraising expenses (Part IX, column (D), line 25)   48,6	30.		,			
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12  7-74,619. 237,076.  8eginning of Current Year  10,044,501. 10,632,934.  435,565. 476,469.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type or print name and title  Print/Type preparer's name  STEFENI S. FREESE, CPA STEFENI S. FREESE, C 06/26/20  Firm's name ANDERSON ZURMUEHLEN & CO., P.C.  Firm's address P.O. BOX 20435  BILLINGS, MT 59104-0435  Phone no. 406-245-5136	ă	1	- · · · · · · · · · · · · · · · · · · ·		444,632.	835,600.			
19 Revenue less expenses. Subtract line 18 from line 12		4			848,371.	1,580,079.			
Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Total liabilities (Part X, line 26)  25 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  KIM OLSEN, PRESIDENT  Type or print name and title  Print/Type preparer's name  STEFENI S. FREESE, CPA STEFENI S. FREESE, C 06/26/20   Firm's name ANDERSON ZURMUEHLEN & CO., P.C.   Firm's EIN 81-0385940    Firm's address P.O. BOX 20435   Phone no. 406-245-5136		19			-74,619.	237,076.			
Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Total liabilities (Part X, line 26)  25 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  KIM OLSEN, PRESIDENT  Type or print name and title  Print/Type preparer's name  STEFENI S. FREESE, CPA STEFENI S. FREESE, C 06/26/20   Firm's name ANDERSON ZURMUEHLEN & CO., P.C.   Firm's EIN 81-0385940    Firm's address P.O. BOX 20435   Phone no. 406-245-5136	20.4			Ве	ginning of Current Year	End of Year			
21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 Net assets or fund balances. Subtract line 21 from line 20  25 Net assets or fund balances. Subtract line 21 from line 20  26 Net assets or fund balances. Subtract line 21 from line 20  27 Net assets or fund balances. Subtract line 21 from line 20  28 Net assets or fund balances. Subtract line 21 from line 20  29 , 608 , 936 . 10 , 156 , 465 or 70 or	sts in	20	Total assets (Part X, line 16)		10,044,501.	10,632,934.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    KIM OLSEN, PRESIDENT	A SS	21			435,565.	476,469.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Here    KIM OLSEN, PRESIDENT	볼	22	Net assets or fund balances. Subtract line 21 from line 20		9,608,936.	10,156,465.			
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  KIM OLSEN, PRESIDENT  Type or print name and title  Print/Type preparer's name STEFENI S. FREESE, CPA STEFENI S. FREESE, C 06/26/20   PTIN    Preparer  Firm's name ANDERSON ZURMUEHLEN & CO., P.C.  Firm's elif-employed Firm's elif-employed Firm's address P.O. BOX 20435 BILLINGS, MT 59104-0435  Phone no. 406-245-5136	Pa	art II							
Sign Here Signature of officer Check Type or print name and title  Print/Type preparer's name Preparer's signature STEFENI S. FREESE, CPA STEFENI S. FREESE, C 06/26/20 self-employed P00124115  Preparer Use Only Firm's name ANDERSON ZURMUEHLEN & CO., P.C. Firm's EIN 81-0385940  Firm's address P.O. BOX 20435  BILLINGS, MT 59104-0435 Phone no.406-245-5136	Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, and to the best of my	knowledge and belief, it is			
Here    KIM OLSEN, PRESIDENT     Type or print name and title    Print/Type preparer's name   Preparer's signature	true	, corre	ct, and complete. Declaration of <u>preparer (other than officer) is based on all information of w</u>	hich preparer	has any knowledge.				
Here    KIM OLSEN, PRESIDENT     Type or print name and title    Print/Type preparer's name   Preparer's signature									
Rim Olsen, President   Print/Type or print name and title	Sign	n	Signature of officer		'Date				
Print/Type preparer's name	_		KIM OLSEN, PRESIDENT						
Paid         STEFENI S. FREESE, CPA         STEFENI S. FREESE, C 06/26/20   self-employed   P00124115             Preparer         Firm's name         ANDERSON ZURMUEHLEN & CO., P.C.         Firm's EIN ▶ 81-0385940             Use Only         Firm's address         P.O. BOX 20435           Phone no.406-245-5136									
Preparer         Firm's name         ANDERSON ZURMUEHLEN & CO., P.C.         Firm's EIN         81-0385940           Use Only         Firm's address         P.O. BOX 20435         Phone no. 406-245-5136		_	Print/Type preparer's name Preparer's signature	[I	Date Check	PTIN			
Preparer         Firm's name         ANDERSON ZURMUEHLEN & CO., P.C.         Firm's EIN         81-0385940           Use Only         Firm's address         P.O. BOX 20435         Phone no. 406-245-5136	Paid	ı		SE, CO					
BILLINGS, MT 59104-0435 Phone no. 406-245-5136	Prep	arer							
BILLINGS, MT 59104-0435 Phone no. 406-245-5136	Use	Only	Firm's address ▶ P.O. BOX 20435						
					Phone no. <b>4</b> 0	6-245-5136			
	May	the	· · · · · · · · · · · · · · · · · · ·			X Yes No			

Form	990 (2019) YELLOWSTONE ART MUSEUM	81-6014902 Page 2					
	rt III 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:						
	THE YELLOWSTONE ART MUSEUM EXHIBITS, INTERPRETS, COLLECT	'S, AND					
	PRESERVES ART, FOR THE ENRICHMENT, EDUCATION, INSPIRATIO						
	ENJOYMENT OF ALL.						
2	Did the organization undertake any significant program services during the year which were not listed on the	_					
	prior Form 990 or 990-EZ?	Yes X No					
	If "Yes," describe these new services on Schedule O.	e e					
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No					
	If "Yes," describe thesé changes on Schedule O.						
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.					
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, and					
	revenue, if any, for each program service reported.						
4a	(Code: ) (Expenses \$ 770,825. including grants of \$ 1,000.) (Rever	nues 147,153.					
	THE CURATORIAL FUNCTION OVERSEES THE CARE AND DOCUMENTAT						
	PERMANENT COLLECTION, RESEARCHES AND COORDINATES TEMPORA	RY AND					
	PERMANENT EXHIBITIONS, RESEARCHES AND WRITES ART-RELATED	PUBLICATIONS,					
	AND COORDINATES AN ANNUAL SERIES OF ADULT PROGRAMS.						
	$\frac{1}{2}$						
		**					
4b	(Code:) (Expenses \$ 215, 255. including grants of \$ 500.						
	THE EDUCATION FUNCTION PREPARES AND PRESENTS CURRICULUM-						
ENRICHMENT PROGRAMS TO CHILDREN PRE-K THROUGH HIGH SCHOOL, BOTH ONSITE							
	AND THROUGH OUTREACH PROGRAMMING. THE EDUCATION PROGRAM HAS PROGRAMS						
	FOR ALL AGES, INCLUDING SUMMER CAMPS AND PROGRAMS FOR AD	ULTS, ADULTS					
	WITH ALZHEIMER'S, AND THE MONTANA WOMEN'S PRISON.						
	<u> </u>						
		. <u>-</u>					
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)					
		<del></del> _					
		<del></del>					
4d	Other program services (Describe on Schedule O.)						
	(Expenses \$ including grants of \$ ) (Revenue \$	)					
<u>4e</u>	Total program service expenses ► 986,080.						
		Form <b>990</b> (2019)					

Form 990 (2019) YELLOWSTONE
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	rganization 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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		х	
_	Schedule D, Part III	8		
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?	اما		х
	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10		10	х	
	or in quasi endowments? ## "Yes," complete Schedule D, Part V	IV		_
11				
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
а		11a	х	
h	Part VI  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	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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	X	
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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
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	ا ا		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4.		Х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		х
17	or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		<del></del>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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>		<del></del> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"		_	
,,,	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):		:	l
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			
	"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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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		X
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			
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			ĺ
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			┸
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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	990 (2019) YELLOWSTONE ART MUSEUM 81-6014  TV Statements Regarding Other IRS Filings and Tax Compliance (continued)	902	· P	age 5
_	J J J J J J J J J J J J J J J J J J J		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	1,40
	filed for the calendar year ending with or within the year covered by this return 2a 19			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			$\vdash$
40	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If "Yes," enter the name of the foreign country	74	<u> </u>	<del></del>
ь	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			İ
<b>E</b> ^		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
ба		6a		x
	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	0a		
D		er.		
_	were not tax deductible?	6b		<del>                                     </del>
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 services provided to the payor?	7-	х	İ
a		7a	X	$\vdash$
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	^	_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<b>-</b> -		
	to file Form 8282?	7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	_	l	~
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			
· a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		_
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			l
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			_
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	b Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			'
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X
b	, , , , , , , , , , , , , , , , , , , ,			<u> </u>
15				
	excess parachute payment(s) during the year?			X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		000	<u> </u>
		Earm	uuki	/2010\

81-6014902 Page 6 YELLOWSTONE ART MUSEUM 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 23 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 23 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? Did the organization délegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 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 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? Х Each committee with authority to act on behalf of the governing body? 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? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done ..... X Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? Х 14 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? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 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? 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 Another's website X Upon request 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.

Form **990** (2019)

401 N.

09510702 792194 136073.400

THE ORGANIZATION - 406-256-6804

27TH STREET, BILLINGS, MT

59101

State the name, address, and telephone number of the person who possesses the organization's books and records