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SCANNED AUG 2

Form **990**

Return of Organization Exempt From Income Tax

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

2010

benefit trust or private foundation) Open to Public Department of the Treasury Internal Revenue Service Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning January 1 2010, and ending 20 10 Deceber 31 C Name of organization Yellowstone to Yukon Conservation Initiative D Employer identification number Check if applicable: Doing Business As Yellowstone to Yukon Conservation Initiative Address change 81 0535303 Number and street (or P.O box if mail is not delivered to street address) Room/surte E Telephone number Name change Initial return P.O. Box 157 403-678-7097 City or town, state or country, and ZIP + 4 Terminated Bozeman, MT 59771-0157 G Gross receipts \$ 1,380,219 Amended return F Name and address of principal officer: H(a) Is this a group return for affiliates? Yes No Application pending Rob Buffler, 1240 Railway Ave, Unit 200, Canmore, AB T1W 1P4 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or If "No." attach a list, (see instructions) √ 501(c)(3) Tax-exempt status: Website: ▶ www.y2y.net H(c) Group exemption number ▶ Form of organization Corporation Trust ☐ Association ☐ Other ► L Year of formation: M State of legal domicile: Part I Briefly describe the organization's mission or most significant activities: People working together to maintain & restore the unique natural heritage of the Yellowstone to Yukon region. Combining science and stewardship, we seek to ensure that the Activities & Governance world renowned wilderness, wildlife, native plants and natural processes of the Y2Y region continue to function as an interconnected web of life supporting all its natural & human communities for now & future generations. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 2 Total number of volunteers (estimate if necessary) 0 6 Total unrelated business revenue from Part VIII, column (C), line 12 0 7a 7a Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h). 1,434,038 1.380.054 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,428 165 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,435,466 1.380,219 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 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) 91,202 77,321 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a RIG (1)=24f 17 1,240,232 1,109,344 18 Total expenses. Add lines 13-17 (must equal Part IX, colum 1,331,434 1,186,665 19 Revenue less expenses. Subtract line 1890m line 12 104.032 193,554 **Beginning of Current Year** End of Year 20 314,085 Total assets (Part X, line 16) 521,272 21 Total liabilities (Part X, line 26) . 47,909 61,542 22 Net assets or fund balances. Subtract line 21 from line 266,176 459,730 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ture of officer TREASURER Here TEPHEN Type or print name and title Print/Type preparer's name Preparer's signature **Paid** Check | f self-employed Preparer Firm's name Firm's EIN ▶ **Use Only**

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address >

Phone no.

	90 (2010)			Page (
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	√ ves	NO
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 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	2	1	1
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		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	9		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		<u> </u>
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		√
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		√
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		1
	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		\
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓	•
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, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
15	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	14b	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	15		<u>√</u>
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>·</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>√</u>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20h		

Part IV

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		√
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 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
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		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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? <i>If "Yes," complete Schedule R, Part I </i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	1	
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	_	✓
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	·

Form **990** (2010)

Part	Check if Schedule O contains a response to any question in this Part V			
	Oncor ii conocade o containo a response to any question in tino i art v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	Ì		
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ł		
	account)?	4a		1
h	If "Yes," enter the name of the foreign country: ▶	70		, ·
•	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		✓
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
7	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		•
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>√</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>✓</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			-
а	Did the organization make any taxable distributions under section 4966?	9a		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:		İ	
a	Gross income from members or shareholders		ſ	
b	Gross income from other sources (Do not net amounts due or paid to other sources		l	1
	against amounts due or received from them.)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			!
b	the organization is licensed to issue qualified health plans		1	1
С	Enter the amount of reserves on hand			!
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		<u> </u>

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			. 🗁
Sect	ion A. Governing Body and Management			<u> </u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		1
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			İ
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			١.
Sooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	-d- 1	 ✓
Secu	on B. Policies (This Section B requests information about policies not required by the internal Rever	iue C	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		/
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14		✓_
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a b	The organization's CEO, Executive Director, or top management official	15a 15b	✓_	/
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	130		Ť
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	_	✓
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Montana Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	s only) ava	ilable
19 20	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records		est p	olicy,
	organization: ► Jane Bewick, 1240 Railway Ave, Unit 200, Canmore Alberta, T1W 1P4 Canada	J. 1110		

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

Check if Schedule O contains a response to any question 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List 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.

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

Check this box if neither the organization no		d org	aniz			ompe	nsa			
(A)	(B)	١			C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	_	Officer	k Key employee	Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Peter Aengst								0	0	0
Director		1	<u> </u>							
(2) Peter Bachman	_				1			i .	اه	0
Secretary		✓		✓	_		_			
(3) Charles Chester				i				o	o	o
Chairperson		1	ļ	✓						
(4) Jodi Hilty]			Ì				0	ا	0
Vice Chairperson		✓	<u></u>	✓		L	ļ			
(5) David Johns						ł		o	اه	0
Director	<u> </u>	✓			_					
(6) Steve Meador	1						Ì	۰ ا	o	0
Treasurer		✓	ļ	✓	_					
(7) Theodore Smith		_						۰ ا	ا	10,000
Director		✓			 		<u> </u>		ļ . .	
(8) Rob Buffler				١,				21,600	o	105,340
Executive Director				✓	$ldsymbol{f eta}$	✓	_			
(9) Jane Bewick				١,				l o	اه	63,500
Business Director			_	✓	_					
(10)									ļ	
(11)	-							:		
(12)										
(13)										· · · · · · · · · · · · · · · · · · ·
(14)										
(15)									-	
(16)									,	

Par	VII Section A. Officers, Directors, Trus	stees, Key	Empl	oye	8S, &	and	High	est	Compensated	Employees (con	tinued)	
	(A)	(B)			•	C)			(D)	(E)		(F)
	Name and title	Average hours per	<u> </u>			k all	that ap		Reportable compensation	Reportable compensation from		imated ount of
		week	or and by	Instr	Officer	Key employee	홟	Former	from	related	0	other
		(describe hours for	a di	탏	ĕ	3	Ş Ş	₫	the organization	organizations (W-2/1099-MISC)		ensation im the
		related	9 5	<u>\$</u>		ğ	° 8		(W-2/1099-MISC)	,,	orga	nization
		organizations in Schedule		Institutional trustee		*	Highest compensated employee					related nizations
		O)		8			藍					
(17)							_	\vdash			 	
			ļ	_		_		_	ļ			
(18)		_										
(19)												
(20)												
(21)				_								
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(23)		-	ļ									
(24)												
(25)			<u> </u>									<u> </u>
(26)												
								_				
(27)												
(28)												
1b	Sub-total			•	•		•	>	0	0	-	0
С	Total from continuation sheets to Part	VII, Sectio	n A					•	21,600	0		178,840
<u>d</u>	Total (add lines 1b and 1c)								21,600	0		178,840
2	Total number of individuals (including but reportable compensation from the organi			ose	list	ed a	above	e) w	ho received mo	ore than \$100,00)0 in	
	reportable dempendation from the organi	Zation P 0							· ,			Yes No
3	Did the organization list any former of							emp	loyee, or high	est compensate	ed	
	employee on line 1a? If "Yes," complete \$										3	✓
4	For any individual listed on line 1a, is the											
	organization and related organizations individual	greater tha	an Şi	ιου,	UUU	<i>(11</i>	76	S,	complete Sch	eaule J for su	cn 4	
5	Did any person listed on line 1a receive o	r accrue co	 omper	· nsat	ion	fror	n anv	· ·	related organiz	ation or individu		,
	for services rendered to the organization?											1
Section	on B. Independent Contractors											
1	Complete this table for your five highest of compensation from the organization.	compensate	ed inc	lepe	ende	ent (contr	acto	ors that receive	d more than \$1	00,000 of	ł
(A) (B) Name and business address Description of services							(C) Compens	ation				
Yellov	vstone to Yukon Conservation Initiative Socie							res	earch, educatio			1,044,522
	Railway Ave, Unit 200, Canmore, AB Canada							$\overline{}$	ter cooperation			
								adn	ninistration			
									·			
	Taket average of the least test and the	C1 -**		A	- A . **		- 4 4		19-4 - 4 - 4			
2	Total number of independent contracto	rs (ıncludir	ig bu	t no	ot li	mite	ed to) th	ose listed abo	ve) who		

received more than \$100,000 in compensation from the organization ▶

Par	t VIII	Statement of Revenue					· · · · · · · · · · · · · · · · · · ·
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
क्ष क	1a	Federated campaigns 1a	0				
Contributions, gifts, grants and other similar amounts	Ь	Membership dues 1b	0				
B S E	С	Fundraising events 1c	0				
a g	d	Related organizations 1d	0				
ē, <u>Ē</u>	е	Government grants (contributions) 1e	0				
er e	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1					
출돌		<u> </u>	,380,054				
ğ	9	Noncash contributions included in lines 1a-1f: \$	5,071	1 300 054			
	h	Total. Add lines 1a-1f	. D	1,380,054			
Program Service Revenue	2a		-	0	0	0	
Æ	Ь			0	0	0	- 0
8	C			0	0	0	
Ş	d			0	0	0	0
E	е			Ö	0	0	0
E	f	All other program service revenue .		0	0	0	O
_ <u>¥</u> _	g	Total. Add lines 2a-2f	. ▶	0			
	3	Investment income (including dividends, in					
		and other similar amounts)		165	0	0	165
	4	Income from investment of tax-exempt bond proce	eds ►	0	0	0	0
	5	Royalties	•	0	0	0	0
		<u> </u>	sonai				
	6a	Gross Rents 0	- 0				
	b	Less: rental expenses 0 Rental income or (loss) 0	0	İ			
	d	Tiorital indomic of (1000)	_	0	0	0	0
	7a	Gross amount from sales of (i) Securities (ii) O	ther				
	~~	assets other than inventory 0	0				
	Ь	Less: cost or other basis					
	ļ	and sales expenses . 0	0				
	С	Gain or (loss) 0	0	1			
	d	Net gain or (loss)	. ▶	0	0	0	0
Other Revenue	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18					
重	١.		0		ļ		
δ	b	Less: direct expenses b Net income or (loss) from fundraising events	. •	0		0	0
	C 9a	Gross income from gaming activities.	•			<u>-</u>	
		See Part IV, line 19 a	o				
	ь	Less: direct expenses b	0	j			
	c	Net income or (loss) from gaming activities .	. ▶	0	o	0	0
	10a	Gross sales of inventory, less					
		returns and allowances a	o				
	ь	Less: cost of goods sold b	0				
	c	Net income or (loss) from sales of inventory .	. ▶	0	0	0	0
		Miscellaneous Revenue Busines	s Code				
	11a			0	0	0	0
	b	0		0	0	0	0
į	С			0	0	0	0
;	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d	. ▶	0			
	12	Total revenue. See instructions	. ▶	1,380,219			165

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete co	(A) Dut are not (A) Total expenses	(B) Program service	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	,			
_	organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members	0	0		
4 5	Compensation of current officers, directors, trustees, and key employees	21,600	15,565	2,294	3,741
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	50,941	24,906	0	26,035
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	2,080	0	0	2,080
9	Other employee benefits	2,700	0	0	2,700
10	Payroll taxes				
11	Fees for services (non-employees):				_
а	Management	86,022	58,259	14,410	13,353
b	Legal	0	0	0	0
C	Accounting	5,350	0	5,350	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	0			0
T -	Investment management fees	0	0	0	0
g	Other	17,309	16,790	0	519
12	Advertising and promotion	446 24,224	12 201	0	446
13 14	Office expenses	24,224	12,201	1,640	10,383
15	Royalties	0	0	0	0
16	Occupancy	0	0	0	0
17	Travel	15,276	5,631	1,880	7,765
18	Payments of travel or entertainment expenses		3,03.	1,000	7,700
••	for any federal, state, or local public officials	اه	o	0	0
19	Conferences, conventions, and meetings	0	Ö	0	
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	500	325	0	175
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	bank charges	1,717	0	1,717	0
b	contract services	958,500	822,500	16,000	120,000
C					
d e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,186,665	956,177	43,291	187,197
26	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				5 990 (0010)

Balance Sheet Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 306,913 1 508,143 2 2 0 0 0 3 3 0 4.998 4 4 13.129 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of ol 5 0 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 0 0 6 0 7 0 Notes and loans receivable, net 0 8 0 8 2,174 9 0 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 0 10c Less: accumulated depreciation 10b 0 b 0 11 0 11 Investments—publicly traded securities Investments—other securities. See Part IV, line 11 . . . 0 12 0 12 13 13 Investments—program-related. See Part IV, line 11. 0 0 0 14 0 14 15 Other assets. See Part IV, line 11 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 314,085 16 521,272 47.909 17 61,542 17 18 18 nΙ 0 0 19 0 19 0 20 0 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. 22 0 0 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 23 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 24 0 25 Other liabilities. Complete Part X of Schedule D 25 0 Total liabilities. Add lines 17 through 25 26 47,909 26 61,542 Organizations that follow SFAS 117, check here ▶ 🗸 and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 52,176 27 204,730 27 214,000 28 255,000 28 0 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 0 30 Assets 30 0 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 31 0 31 0 32 32 Retained earnings, endowment, accumulated income, or other funds. 0 Net 33 266,176 33 459,730 Total liabilities and net assets/fund balances 314.085 34 521,272

Form **990** (2010)

Form 9	90 (2010)		Pa	ige 12		
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)		1,38	0,219		
2	Total expenses (must equal Part IX, column (A), line 25)		1,18	6,665		
3	Revenue less expenses. Subtract line 2 from line 1	193,554				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		26	6,176		
5	Other changes in net assets or fund balances (explain in Schedule O)					
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,					
	column (B))		45	9,730		
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes	No		
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a 2b	√	✓		
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	\			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:					
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		√		
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 in Schedule O and describe any steps taken to undergo such audits	3ь		<u> </u>		

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

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.

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Name	of t	ne organization							Employer i	dentification	unmpe	H.	
Yello	wsi	one to Yukon C	Conservation Initia	ative						81 05	35303		
Pai	t <u>1</u>	Reason 1	ior Public Cha	rity Status (All orga	nization	s must c	omplete	e this pa	rt.) See	instructio	ns.		
The d	orga	ınization is not	a private founda	ation because it is: (Fo	or lines 1	through 1	1, check	only one	e box.)				
1		A church, con	vention of churc	hes, or association of	churche	s describ	ed in se c	tion 170	(b)(1)(A)(ī).			
2		A school desc	cribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3		A hospital or a	a cooperative ho	spital service organiza	ation des	cribed in	section	170(b)(1)	(A)(iii).				
4		A medical res	earch organization	on operated in conjun	ction with	n a hospit	al descri	bed in se	ection 17	O(b)(1)(A)	(iii). Er	iter the	
		hospital's nan	ne, city, and stat	e:									
5			on operated for b)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or un	iversity o	wned or	operated	by a go	overnment	al unit	descr	bed ir
6 7		An organization	on that normally	nment or govemment receives a substantia (A)(vi). (Complete Pai	al part of					nit or fron	n the g	jeneral	public
8													
9				receives: (1) more that				om contr	ihitione	members	hin fe	e anc	aross
	_	receipts from support from	activities related gross investme	to its exempt functent income and unre- fter June 30, 1975. Se	tions—su lated but	bject to o siness ta	certain e xable ind	xception: come (le	s, and (2 ss sectio) no more	than	331/3%	of its
10		An organization	on organized and	operated exclusively	to test fo	or public :	safety. Se	ee secti o	n 509(a)	(4).			
11		An organization	on organized ar	nd operated exclusive	ely for th	ne benefi	t of, to	perform	the func	tions of, (
				describes the type of									
		a ☐ Type		Type II c		e III-Fun		-		d [_	oe III-C	Whor
_	\Box	• • •		that the organization									
•	u		indation manage	ers and other than one									
				weitten determinetie		the IDC i	hat it ia	o Turo	I Tuna	0 au Tum	- 10 -		!
f		_	check this box .	written determination	on Ironi i	ine ino i	mat it is	a Type	i, Type	ir, or typ	e III S	upport	ing
g		Since August	17, 2006, has the	he organization accep	oted any	gift or co	ontributio	on from a	any of the	· · ·	• •		. П
		following pers											- ,
				ndirectly controls, eitl							id	Yes	No
		(iii) below,	the governing bo	ody of the supported of	organizat	ion?					110	J (1)	
		(ii) A family m	ember of a perso	on described in (i) abo	ve?						119	(ii)	
		(iii) A 35% cor	ntrolled entity of	a person described in	ı (i) or (ii) a	above?.					11g	(ii)	
h		Provide the fo	llowing informati	on about the support	ed organi	zation(s).							
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organiza	Is the tion in col ized in the S ?) Amount support	of
				,	Yes	No	Yes	No	Yes	No			
A)											•		
B)		***		-									
C)													
 D)							_						
-, E)								1					 -
-j		-											
-4-1								1		j l			

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.)

Sect	on A. Public Support					-	
Caler	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,264,619	2,236,498	1,326,480	1,429,388	1,370,649	7,627,634
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	O	0
4	Total. Add lines 1 through 3	1,264,619	2,236,498	1,326,480	1,429,388	1,370,649	7,627,634
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)						4,70 9 ,123
6	Public support. Subtract line 5 from line 4.						2,918,511
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1,264,619	2,236,498	1,326,480	1,429,388	1,370,649	7,627,634
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	237	454	482	1,428	190	2,791
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						7,630,435
12	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	_		d, third, fourth,	-		
Secti	on C. Computation of Public Suppor						
14				1, column (f))		14	38.2 %
15	Public support percentage from 2009 Sch					15	33.7 %
16a	331/3% support test-2010. If the organiz						
	box and stop here. The organization qual	•	• • •	•			
Ь	331/a% support test—2009. If the organicheck this box and stop here. The organi					15 is 33½%	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che t. The organiza	ck this box an	d stop here. E	xplain in
b	,,	ion meets the eets the "facts	"facts-and-cii -and-circumst	rcumstances" ances" test. Th	test, check th	is box and ston qualifies as a	publicly .
18	Private foundation. If the organization did instructions						
							

Part							rage C
	(Complete only if you checked the						nder Part II.
	If the organization fails to qualify	under the te	sts listed be	ow, please co	omplete Part	11.)	
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	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			ļ			
	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					1	İ
4	Tax revenues levied for the						
	organization's benefit and either paid		1				
	to or expended on its behalf]		
5	The value of services or facilities						<u> </u>
	furnished by a governmental unit to the						
	organization without charge					ĺ	
6	Total. Add lines 1 through 5	-		* -			-
7a							
	received from disqualified persons .						1
b	Amounts included on lines 2 and 3			 	-		
J	received from other than disqualified						
	persons that exceed the greater of \$5,000			ļ			
	or 1% of the amount on line 13 for the year						
^	Add lines 7a and 7b	-					
8	Public support (Subtract line 7c from						
·	line 6.)						į
Secti	ion B. Total Support			<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	(4) 2000	(0) =001	(0, 2000	(4) 1000	(0) 10:0	(1) 1012.
10a	Gross income from interest, dividends,					 -	
104	payments received on securities loans, rents,						
	royalties and income from similar sources .			İ			
	Unrelated business taxable income (less						
þ	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	` '						
C	Add lines 10a and 10b			ļ			
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
4.0							
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			<u> </u>			
14	First five years. If the Form 990 is for the	-			•		, ,, ,
	organization, check this box and stop her						<u> ▶ [</u>
	on C. Computation of Public Suppor						
15	Public support percentage for 2010 (line 8						%
16	Public support percentage from 2009 Sch				<u></u>	16	%
	on D. Computation of Investment Inc					, - ,	
17	Investment income percentage for 2010 (I						%
18	Investment income percentage from 2009						%
19a	331/a% support tests—2010. If the organi						
	17 is not more than 331/3%, check this box a					_	
b	331/3% support tests—2009. If the organization						
	line 18 is not more than 331/3%, check this b	oox and stop h	ere. The organ	ization qualifies	as a publicly su	upported orga	anization 🕨 🗌

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (F	Form 990 or 990-EZ) 2010 ·	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
-		
,		
		
.,		
.,		
		-
_,		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** Yellowstone to Yukon Conservation Initiative 810535303 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year). 3 Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements . . . 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of

b Assets included in Form 990, Part X

public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D	(Form 990	2010
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Page 2

Part	Organizations Maintaining	Collections of A	\rt, Hist	orica	al Treasures,	or Other Similar	Assets (continu	ued)
3	Using the organization's acquisition, a collection items (check all that apply):							
a	Public exhibition		d [Loan or exchar			
b	☐ Scholarly research		e [□ '	Other			
C	☐ Preservation for future generation							
4	Provide a description of the organizati XIV.	ion's collections a	nd explai	in ho	w they further	the organization's e	xempt purpose in	ı Part
5	During the year, did the organization assets to be sold to raise funds rather							∃No
Pari	line 9, or reported an amount	t on Form 990, P	art X, lir	ne 21			·	IV,
1a	Is the organization an agent, trustee, included on Form 990, Part X?			•				□No
b	If "Yes," explain the arrangement in Pa	art XIV and comple	te the fol	lowin	g table:			
							Amount	
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun		rt X, line	217			. 🗌 Yes 🗆	_l No
	If "Yes," explain the arrangement in Pa					200 5 . 11/		
Par	V Endowment Funds. Comple							
		(a) Current year	(b) Pno	r year	(c) Two years	s back (d) Three years	back (e) Four years I	back
1a	Beginning of year balance							
Ь	Contributions						<u>-</u>	
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the			s:				
а	Board designated or quasi-endowmen	t >	%					
b	Permanent endowment	%						
C	Term endowment ▶%							
3a	Are there endowment funds not in the	possession of the	e organiza	ation	that are held a	and administered for	r the	
	organization by:						Yes	No
	(i) unrelated organizations						. [3a(i)	
	• • • • • • • • • • • • • • • • • • • •			-			. 3a(ii)	
b	If "Yes" to 3a(ii), are the related organize						. 3b	
4	Describe in Part XIV the intended uses							
Part	VI Land, Buildings, and Equip	ment. See Form	990, Pa	rt X,	line 10.			
_	Description of investment	(a) Cost or oth (investme		(b) Co	est or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land							
b	Buildings				Ī		1	
C	Leasehold improvements					····		
d	Equipment						T	
e	Other				<u> </u>			—
	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	0. Part X	colu	mn (B), line 10:	(c).) .	 	

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
((a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
(1) Financia	al derivatives			
	-held equity interests			
(3) Other	•			<u></u>
(A)				
(B)				
(C) (D)			-	
(E)			-	
(F)				
(G)				
(H)				
(1)	45 000 0 11 10 10 10 10 10 10 10 10 10 10			<u></u>
	(b) must equal Form 990, Part X, col. (B) line 12.)		<u>L</u>	
Part VIII	Investments – Program Related			
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
<u>(1)</u>				
(2)				
(3)			 	
(5)			-	
(6)				
(7)		· · · · · · · · · · · · · · · · · · ·		
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)	134 11 4 5		
Part IX	Other Assets. See Form 990, Pa	Ift X, line 15. i) Description		(h) Paak value
(1)	(8	y Description		(b) Book value
(1)			-	
(3)				·
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	umn (b) must equal Form 990, Part X, co	ol (R) line 15)	>	
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Amount		
(1) Federal	l income taxes	: ·		
(2)				
(3)				,
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
(11)				
·	(b) must equal Form 990, Part X, col. (B) line 25.) ▶			
	SC 740) Footnote. In Part XIV, provide	the text of the footnote to t	he organization's financial statem	ents that reports the
organization	n's liability for uncertain tax positions ur	nder FIN 48 (ASC 740).		

Par	Reconciliation of Change in Net Assets from Form 990 to Audited F	inancial Statemen	ts
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,380,219
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,186,665
3	Excess or (deficit) for the year. Subtract line 2 from line 1		193,554
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses		0
7	Prior period adjustments		0
8	Other (Describe in Part XIV.)		0
9	Total adjustments (net). Add lines 4 through 8		0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9 10	193,554
Part	XII Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue per R	eturn
1	Total revenue, gains, and other support per audited financial statements		1 1,380,219
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	0	
b	Donated services and use of facilities	0	
C	Recoveries of prior year grants	0	
d	Other (Describe in Part XIV.)	0	
e	Add lines 2a through 2d		2e 0
3	Subtract line 2e from line 1		3 1,380,219
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 4a	0	
Ь	Other (Describe in Part XIV.)	0	
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 1,380,219
Part	Reconciliation of Expenses per Audited Financial Statements W		
1	Total expenses and losses per audited financial statements		1 1,186,665
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	0	
Þ	Prior year adjustments	<u>0</u>	
C	Other losses	0	
d	Other (Describe in Part XIV.)	0	
e	Add lines 2a through 2d	_	2e 0
3	Subtract line 2e from line 1		3 1,186,665
4	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 4a Other (Describe in Part XIV.)	0	
b			
5	Add lines 4a and 4b		1c 0 5 1,186,665
	XIV Supplemental Information	· · · · · · · · · · · · · · · · · · ·	5 1,160,003
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d additional information.	and 4b. Also comple	ete this part to provide

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. 2010

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization
Yellowstone to Yukon Conservation Initiative

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to

	Form 990, Part IV, line 14	lb.			-	
1	For grantmakers. Does the assistance, the grantees' eligi					
	grants or assistance?					· Yes No
2	For grantmakers. Describe i United States.	n Part V the org	ganization's prod	cedures for monitorin	g the use of grant fu	nds outside the
3	Activities per Region. (The following	owing Part I, line	3 table can be	duplicated if additiona	l space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Canada	0	1	program services	conservation	654,000
(2)	Canada	0	1	program services	communications	168,000
(3)	Canada	0	1	fundraising		120,000
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)	<u> </u>					
(13)						
(14)				•		
(15)						
(16)			_			
(17)						
	Sub-total				***********	942,500
D	Total from continuation sheets to Part I	0				0
С	Totals (add lines 3a and 3b)	0				942,500

Schedule F (F	Schedule F (Form 990) 2010
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ □
	Part II can be duplicated if additional space is needed.

f (a) Name of organization	(b) IRS code	(c) Region	tegion (d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(f) Method of valuation
	(if applicable)		gram	cash grant	disbursement	assistance	of non-cash assistance	(book, FMV, appraisal, other)
(1)								
(2)								
(6)								
(4)								
(5)								:
(6)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

Enter total number of other organizations or entities

Schedule F (Form 990) 2010

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2010
Part III Grants an

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(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							3
6							
(8)							
(6)							
(10)							
(11)							
(12)				,			
(13)							
(14)							
(15)							
(16)							
(17)							
(18)			ų.				

Schedule F (Form 990) 2010

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Page 4

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	1	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)		☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)		 ✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)		☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		☑ No

Schedule F (Form 990) 2010

Part V	Supplemental Information
	Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part III, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Line 3 colu	ımn (f) - accounting principles generally accepted in the United States ("GAAP")

SCHEDULE O (Form 990 or 990-EZ)

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.

990-EZ or to provide any additional information.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Yellowstone to Yukon Conservation Initiative

Employer identification number 810535303

OMB No. 1545-0047

2010

Part VI line 11A: The Form 990 was prepared by the Business Director and reviewed by the Executive of the Board, specifically by the
Board Treasurer before being submitted to the IRS.
Part VI line 12c: The Governance Committee of the Board of Directors distributes a disclosure form annually to all 'Responsible Persons'.
A 'Responsible Person' is any person serving as an officer, employee or member of the Board of Directors of the Yellowstone to Yukon
Conservation Initiative (Y2Y). The Responsible Persons are asked to identify any relationships, positions or circumstances in which the
Responsible Person is involved that he or she believes could contribute to a conflict of interest arising.
Prior to board or committee action on a contract or transaction involving a conflict of interest, a director or committee member having a
conflict of interest and who s in attendance at the meeting discloses all facts material to the conflict of interest. A person who has a conflict
of interest will not participate in or be permitted to hear the board's or committee's discussion of the matter except to disclose material
facts and to respond to questions. A member of the Board of Directors of Y2Y has a Conflict of Interest when he or she stands for election
as an officer or for re-election as a member of the Board of Directors.
Responsible Persons who are not members of the Board of Directors of Y2Y or who have a conflict of interest with respect to a contract or
transaction that is not the subject of Board or committee action, shall disclose to the Chair any conflict of interest he or she has with
with respect to a contract or transaction.
Part VI line 15a: Executive Director compensation is determined by the Executive Committee of Y2Y's Board of Directors by reviewing
the results of the organization's annual performance evaluation for the Executive Director and similar organizations' salary levels for other
Executive Directors along with factors such as local and national cost of living impacts, budgetary constraints, and the existing salary
salary level for the Executive Director.
·
Part VI line 19: Yellowstone to Yukon Conservation Initiative provides copies of governing documents, conflict of interest policy and
financial statements to the public upon request.

Schedule O (FOITH 990 OF 990-122) (2010)		rage Z
Name of the organization	Employer identification number	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 38, or 37. ▶ See separate Instructions. ▶ Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Yellowstone to Yukon Conservation Initiative

Part I

Department of the Treasury Internal Revenue Service Name of the organization

1

Open to Public Employer identification number Inspection

810535303

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2010 (f)
Direct controlling . entrty ŝ Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Yes (f)
Direct controlling
entity (e) End-of-year assets Š Alberta Societies (e)
Public chanty status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Cat. No 50135Y (c)
Legal domicile (state
or foreign country) Canada (b) Pnmary activity communications and (b) Pnmary activity conservation For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN of disregarded entity 1240 Railway Ave, Unit 200, Canmore, AB T1W 1P4 Canada (1) Yellowstone to Yukon Conservation Initiative Society (a) Name, address, and EIN of related organization E Part 1 8 ල € 8 € 9 0 9 **6** E 9

Percentage ownership Percentage ownership Ξ B Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) General or managing partner? ž end-of-year assets Yes (g) Share of (f)
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065) (f) Share of total income (h)
Disproportionate
allocations? Yes No Type of entity (C corp, S corp, or trust) (g) Share of end-of-year assets (d)
(Direct controlling entity (f) Share of total income (c) Legal domicile (state or foreign country) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (b) Primary activity (d)
Direct controlling entity (c) Legal domicile (state or foreign country) Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN related organization ŏ Part III Part IV E 8 <u></u> E 8 <u></u> € (5) 9 Ξ **£** Ð 9 Ε

Schedule R (Form 990) 2010

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II III or IV of this school lie				Yes No	1
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ed organizations listed i	in Parts II-IV?			Γ
		· · · •	q		٦.
•			2 ;	• `	L
			Q.	>	- 1
c Gift, grant, or capital contribution from other organization(s)			2	<u> </u>	
d Loans or loan quarantees to or for other organization(s)			Ę	>	I.
e Loans or loan guarantees by other organization(s)	•	· · · · ·	3 5	· `	I.
			2	<u>}</u>	ſ
f Sale of assets to other organization(s)			+	+	
					١.
			Br.	>	1.
n Exchange of assets		•	£	>	١
i Lease of facilities, equipment, or other assets to other organization(s)			=	>	. 1
					_
j Lease of facilities, equipment, or other assets from other organization(s)			7	>	٦.
k Performance of services or membership or fundraising solicitations for other organization(s)			7	>	l.
Performance of services or membership or fundraising solicitations by other organization(s)	• •	· ·	=	· >	1.
m Sharing of facilities, equipment, mailing lists, or other assets			٤		1
n Sharing of paid employees			5	.,	1
•	•	· · · · ·		_	Г
• Reimbursement paid to other organization for expenses	•		•	<u> </u>	
p Reimbursement paid by other organization for expenses			5	>	I.
_			5	>	1
			7	>	. 1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ine, including covered r	relationships and transo	action thres	spolds.	
(e) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	termining olved	
	(m) and (-1
Yellowstone to Yukon Conservation Initiative Society (1)	u	86,022 ti	time allocation	Ľ	
Yellowstone to Yukon Conservation Initiative Society (2)	ъ	958,500 p	project agreemnt	mut	
(2)					
(6)					1
(5)					ı
(9)					
		Schedu	Schedule R (Form 990) 2010	990) 201(12

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(4)	- 1			9]		
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	Share of end-of-year assets	Disproportionate	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	ral or ral or ral or 'Ser',
			Yes No		Yes No		Yes	ş
(1)								.
(2)								
(6)								
(4)								
(5)								
(9)								
(a)								
(8)								Į
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
								1

Schedule R (Form 990) 2010