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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the 2	011 cale	ndar year, or tax year begir	nning	January 1	, 2011, a	ınd endir	ng Decer	nber 31	, 20 11	
В	Check if ap	plicable.	C Name of organization Yellov	vstone to Y	ukon Conserva	ation Initiative)		D Employe	er identificatio	on number
	Address ct	nange	Doing Business As							81053530	3
	Name char	•	Number and street (or P O bo	x if mail is no	t delivered to stree	et address)	Room/su	ırte	E Telephor	ne number	
$\overline{\Box}$	Initial return) 7
\exists	Terminated	0									
Ħ			Bozeman, MT 59771-0157	W.O. Z.II					G Gross re	acusto ¢	2,249,554
Η.	Amended r			1 - 45 D	ob Buffler				G Gross re		
ш	Application	n pending	F Name and address of principa		-					for affiliates?	_
			1240 Railway Ave, Unit 200							ncluded?	
<u> </u>	Tax-exemp			01(c) () ◀ (insert no.)	4947(a)(1) or	<u> 527</u>			a list. (see instri	uctions)
J_	Website:		w.y2y.net					H(c) Group	exemption	number 🕨	
				ssociation _	Other ▶	L Yea	r of forma	tion: 2000	M State	of legal domic	ile MT
_P	art I	Summ									
	1 B	Briefly de	escribe the organization's	mission or	most significa	ant activities:	Peopl	e working to	gether to 1	maintain & r	estore the
•	L	ınique n	atural heritage of the Yellov	wstone to Y	ukon region. C	ombining sci	ence and	l stewardship	o, we seek	to ensure t	hat the
Activities & Governance	v	world rer	nowned wilderness, wildlife	, native pla	nts and natura	processes of	f the Y2Y	region conti	inue to fur	nction as an	,
Ē	i	nterconi	nected web of life supportin	g all its na	tural & human	communities	for now	& future gene	erations.		
Š	2 0	heck th	is box ▶ ☐ if the organiza	tion disco	ntinued its ope	erations or dis	sposed	of more than	1 25% of	its net asse	ets.
Ğ	L		of voting members of the		•				3		8
ಇರೆ ಬ			of independent voting me	•		•	line 1h				8
ŧ	1		mber of individuals employ			, ,	•		5		2
₹					•	i (Fait V, iiile	: Za) .		6		0
Ą			mber of volunteers (estima						-		
			related business revenue f						7a		0
	b N	let unre	lated business taxable inc	ome from	Form 990-1, II	ne 34	 ,		7b		0
					- 1	Prior Y		Currei	nt Year		
9	8 C	Contribu	tions and grants (Part VIII,	line 1h) .			[1,380,054		2,103,817
Ĕ	9 F	Program	service revenue (Part VIII,		0		145,615				
Revenue	10 Ir	nvestme	ent income (Part VIII, colun		165		122				
Œ	11 C	Other rev	venue (Part VIII, column (A), lines 5, 6	6d, 8c, 9c, 10d	, and 11e) .	[0		0
	12 T	otal reve	enue-add lines 8 through	ne 12)		1,380,219		2,249,554			
	13 0	arants a	nd similar amounts paid (F	Part-IXcol	umn (A), lines	1-3)	1		0		
	1		paid to or for members (P						0	-	
							5_10)		77,321		56,047
Expenses	16a F	rafacció	anal fundraising face (Part	pensation, employee benefits (Part IX, column (A), lines 5-10) ising fees (Part IX, Column (A), line 11e)							
퉏	l loa r	TOICSSIC	draising expenses (Part IX		1 (A), III (B) (B)	12 8			0		
滋	1		- ·	1.7.71		·			1 400 044	_	4.670.444
_	1		penses (Part IX, column (A				" 		1,109,344		1,678,114
			penses. Add lines 13-17 (r			nni(A), line 25	" ·		1,186,665		1,734,161
		levenue	less expenses. Subtract l	ine 18 hór	ntine 12 1	<u> </u>			193,554		515,393
Assets or	}						ļ	Beginning of Co		End o	of Year
198	20 T		sets (Part X, line 16)				[521,272		999,463
₹5	21 T	otal liab	oilities (Part X, line 26)				[61,542		24,340
₹.	22 N	let asse	ets or fund balances. Subti	ract line 21	from line 20		[459,730		975,123
P	art II	Signa	ture Block							•	
Ur	nder penalti	es of pe <u>nu</u>	ry, I declare that I have examined lete Declaration of preparer (other	d this return,	ncluding accompa	anying schedules	and state	ements, and to t	the best of r	my knowledge	and belief, it is
trı	ie, correct, a	and comp	lete Declaration of preparer (other	officer	s based on all in	formation of white	ch prepare	er has any know	ledge.	1 1	
		<u> </u>	West 1	001	0111	1			A	לנו	•
Sign		Sign	nature du ficer			•		Da	ate	 	
	ere	\ \ \ \ \ \ \	TRPUEN M.	. ME	ADOR	TREA	15/11	RER			
		Type	e or print name and title	1111-	,,,,,		<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>			
_		<u>, </u>	/pe preparer's name	Prena	rer's signature		תו	ate		PTIN	
_	aid						ا ا		Check [□ ч	
	eparer	<u> </u>				· -		Т	self-emp	pioyeu	
Us	se Only								n's EIN ▶		
	AL 150	*	address >					Pho	one no.		. =:-
			s this return with the prep			instructions)					Yes No
Fo	r Paperwo	ork Redu	iction Act Notice, see the se	eparate ins	tructions.		Cat I	No. 11282Y		Fo	ım 990 (2011)





01111 33	50 (2011)	age Z							
Part	·								
	Check if Schedule O contains a response to any question in this Part III								
1	Briefly describe the organization's mission:								
	People working together to maintain and restore the unique natural heritage of the Yellowstone to Yukon region. Combining science	nce							
	and stewardship, we seek to ensure that the world-renowned wilderness, wildlife, native plants and natural processes of the								
	Yellowstone to Yukon region continue to function as an interconnected web of life capable of supporting all of its natural and								
2	human communities, for now and for future generations. Did the organization undertake any significant program services during the year which were not listed on the								
2	-4. 5	NI.							
		No							
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program								
•		No							
	If "Yes," describe these changes on Schedule O.	NO							
A	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ad by							
7	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount								
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	0.							
	g								
4a	(Code:) (Expenses \$ 1,087,051 including grants of \$) (Revenue \$)								
	In its Conservation program, Y2Y studies habitat needs of wildlife in the Rocky, Purcell & Mackenzie mountains to determine whi	ich							
	configuration of habitats & linkages between them are needed for wildlife populations to survive over time. Y2Y has researched								
	designed for publication conservation strategies for specific species, such as grizzly bears and specific priority landscapes such								
	Cabinet Purcells Mountain Corridor. The organization collaborates with other organizations to address land use, transportation a								
	wildlife conflict issues through education, community engagement and research. Y2Y is also collaborating on the issue of								
	climate change and the role of landscape connectivity in climate change adaptation. Y2Y produces & disseminates maps &								
	narratives on an ongoing basis describing wildlife & human needs. The organization makes Y2Y science products available for land								
	management decisions and conservation work of partners. It provides networking services (website, listserve, electronic news,								
	workshops), organizes meetings and science workshops.								
4b	(Code:) (Expenses \$381,443 including grants of \$) (Revenue \$145,615)								
	In its Communications program, Y2Y works to ensure healthy coexistence of wildlife and communities within the Y2Y region.								
	Y2Y develops tools and messages to effectively communicate with foundations, businesses, governments, and members of the								
	general public. The organization produces publications, makes visual presentations, attends & participates in public events,								
	collaborates on producing museum exhibits, maintains a website (www.y2y.net) and online news service for public education.	t							
	communicates and responds to enquiries from various audiences regarding wildlife needs of the region.								
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)								
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)								
4d	Other program services (Describe in Schedule O.)								
	(Expenses \$ 1,468,494 including grants of \$) (Revenue \$ 145,615)								
4e									

Part	V 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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
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		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		/
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		√
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		1
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
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		/
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	✓	
15	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	15		1
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	16		1
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		1
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		→
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		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part	Checklist of Required Schedules (continued)			
04	Data and the constant of the c		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
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		1
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		1
	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		√
	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		1
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
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		1
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		1
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		1
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		√
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	•
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	1
b	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		1
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	-	1
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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	1	-
			n 990	(2011

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		. 🗆
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	<u>'</u>		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>'</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1
0-	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	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	20	✓	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	i —	√
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	30	\vdash	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	-	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	-	-
U	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		V
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		† li	
	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		ļ <u>.</u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	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 . [10b]	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ъ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1,22,0		
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		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	1	1

Part							
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S						
Cooki	Check if Schedule O contains a response to any question in this Part VI	<u></u>	<u> </u>	<u> </u>			
Secu	on A. Governing Body and Management		Yes	No			
10	Enter the number of voting members of the reversing back at the and of the tay year.	-	195	1			
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a 8 If there are material differences in voting rights among members of the governing body, or	1 1	i l				
	if the governing body delegated broad authority to an executive committee or similar						
	committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 8			1 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1 1	i				
_	any other officer, director, trustee, or key employee?	2		/			
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	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5							
6	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,			1			
	stockholders, or persons other than the governing body?	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:						
a	The governing body?	8a	✓				
b	Each committee with authority to act on behalf of the governing body?	8b	✓	<u> </u>			
9	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 in Schedule O			,			
Sooti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	000	✓			
Secu	on b. Policies (This Section B requests information about policies not required by the internal Never	ue C	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		1			
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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1				
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	1				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"						
	describe in Schedule O how this was done	12c	✓				
13	Did the organization have a written whistleblower policy?	13	✓				
14	Did the organization have a written document retention and destruction policy?	14	✓	L,			
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?			اــــا			
a	The organization's CEO, Executive Director, or top management official	15a	✓	 , 			
b	Other officers or key employees of the organization	15b	\vdash	✓			
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1					
.00	with a taxable entity during the year?	16a	\vdash				
ь		134		 •			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b	 	 			
Secti	on C. Disclosure	,					
17	List the states with which a copy of this Form 990 is required to be filed ▶ Montana						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio	n 501(c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.						
	✓ Own website ☐ Another's website ☐ Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inter	rest p	olicy,			
	and financial statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	;				
	organization: ► Jane Bewick, 1240 Railway Ave. Unit 200, Canmore AB Canada T1W 2P4, 403-678-7097						

Form	രഹ	(2011)	

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	ar	10
	Independent Contractors	, u.	-

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	r any relate	d org	anız	atic	n c	ompe	ensa	ated any curren	it officer, director	, or trustee.
				(6	C)					<u> </u>
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than d is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (describe	욕泵	Ę	Ş	\$	육포	7	from the	related organizations	other compensation
	hours for	<u> </u>	🛱	Officer	y e	P G	Former	organization	(W-2/1099-MISC)	from the
	related organizations	용률	§	_	Key employee	88	٦	(W-2/1099-MISC)		organization
	in Schedule	Individual trustee or director	Institutional trustee) y	Highest compensated employee	i	İ		and related organizations
	O)	8	iste) NS				· ·
			•			<u> </u>				
(4) Dates Assess						İ				
(1) Peter Aengst	ł	,						_	_	_
Director (O) Pater Package		✓	_	_	_		<u> </u>	0	0	0
(2) Peter Bachman	-	١,		١,				_	_	_
Secretary (2) Charles Charles		✓	_	✓	_			0	0	0
(3) Charles Chester	-	١,		١,					_	_
Chairperson		/	<u> </u>	✓		<u> </u>	_	0	0	0
(4) Jodi Hilty	-	١,		١,				_	_ ;	
Vice Chairperson		✓	_	1		<u> </u>		0	0	0
(5) David Johns	-	١,						_	_	_
Director (C) Stave Manda		/		<u> </u>	<u> </u>		_	0	0	0
(6) Steve Meador Treasurer	-	,		,				_	_	_
		✓		✓			<u> </u>	0	0	0
(7) Theodore Smith		,					İ	_		_
Director (O) Pill Moham		✓		ļ.—			<u> </u>	0	0	0
(8) Bill Weber		,			l			_	_	_
Director (O) Park Buffler	ļ <u> </u>	✓	-	<u> </u>			_	0	0	0
(9) Rob Buffler Executive Director				١,						
(10) Jane Bewick	<u> </u>			✓	\vdash		-	21,600	0	118,000
Business Director	-			١,	ŀ					
	 			✓	<u> </u>		\vdash	0	0	66,700
(11)	1									
(12)							-			<u> </u>
(13)										
(14)										
	I	1	I I		ı	1 :	1	1	I I	

raitt	Part VII Section A. Officers, Directors, Trus (A) Name and title		(C) Position (do not check more than of box, unless person is both officer and a director/trust						(D) Reportable	(E) Reportable compensation from		(F) Estimated		
		hours per week (describe hours for related organizations in Schedule O)	Individua or directo	institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	ot compe fron organ and r	tent of ther ensation in the eization related izations	
(15)						-								
(16)								T						
(17)														
(18)			-		_									
(19)					_	-								
			<u> </u>					-						
(21)								-						
(22)								-	<u> </u>					
				_		<u> </u>								
]						ļ			-			
(25)		1						-						
	Sub-total	·						Ļ	21,600		0		10	4 700
1b C	Total from continuation sheets to Part	VII, Sectio												4,700
d 2	Total (add lines 1b and 1c)							e) w	/ho received m	ore than \$1	00.000	of	184	4,700
	reportable compensation from the organi											, O.	1	
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee,	key e	emp	oloyee, or high	est compe	nsated	, , , , ,	Yes	No
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual	•				3		/
4	For any individual listed on line 1a, is the organization and related organizations													
	individual	_										4		1
5	Did any person listed on line 1a receive of											<u> </u>		
Section	for services rendered to the organization on B. Independent Contractors	r ir "res," c	отрі	ete	SCI	ieal	ile J	or s	such person	· · · ·	• •	5	·	✓
1	Complete this table for your five highest	compensat	ed inc	dep	end	ent	contr	act	ors that receive	ed more tha	n \$100	0,000 of		
	compensation from the organization. Repyear.	oort compe	nsatio	on fo	or th	ne c	alend	lar y	year ending wit	h or within	the org	janizatio	n's ta	ax
	(A) Name and business add	tress							(B) Description of s	ervices		(C) Compens	ation	
	vstone to Yukon Conservation Initiative Soci							res	search, education	n,			1,33	1,500
1240 I	Railway Ave, Unit 200, Canmore AB Canada	Γ1W 1P4						_	mmunications,					
								iur	ndraising, admii	1				
								Ľ						
2	Total number of independent contractor received more than \$100,000 of compensations.							o th	nose listed ab	ove) who				

990 (201	Statement of Reve	2010					Page \$
	Statement of Neve	ille		Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a b c d e f	Federated campaigns Membership dues . Fundraising events .	1b	0				
d	Related organizations		1				
e	Government grants (con		50,000	}			
f	All other contributions, gi		<u> </u>				
	and similar amounts not inc	cluded above 1f	2,053,817]		
g	Noncash contributions include		16,734				
h	Total. Add lines 1a-1	f		2,103,817			
1			Business Code				
2a	Exhibition sales		712110	145,615	145,615	0	
b				0	0	0	
c			<u> </u>	0	0	0	(
d				0	0	0	
e	All other program sen	vico revenue		0	0	0	
'g	Total. Add lines 2a-2		•	145,615	<u> </u>	<u></u>	· · · · · · · · · · · · · · · · · · ·
3	Investment income			140,010		1	
	and other similar amo			122	اه	اه	12:
4	Income from investment	t of tax-exempt b	ond proceeds	0	0	0	
5	Royalties	•		O	0	0	(
		(i) Real	(ii) Personal				
6a	Gross rents	C	0				
b	Less: rental expenses	C	0				
C	Rental income or (loss)	C	0				
d	Net rental income or (▶	0	0	0	(
7a	assets other than inventory	(i) Securities	(ii) Other 0				
þ	Less: cost or other basis	_					
	and sales expenses .		<u> </u>				
d	Gain or (loss) Net gain or (loss) .			0	0	0	
8a	Gross income from fu events (not including \$						
	of contributions reported See Part IV, line 18	a					
þ	Less: direct expenses						
C	Net income or (loss) for Gross income from ga		events . ►	0		0	
34	See Part IV, line 19 .		ا				
h	Less: direct expenses						
c	Net income or (loss) fi		′	0	0	0	
	Gross sales of in				-		
	returns and allowance	es a	0				
Ь	Less: cost of goods s	old t	0				
С	Net income or (loss) fi		entory ►	0	0	0	
	Miscellaneous R	levenue	Business Code				
11a				0	0	0	
b				0	0	0	
С				0	0	0	
d	All other revenue .			0	0	0	
e	Total. Add lines 11a-			0			
12	Total revenue. See in	nstructions	<u></u> ▶]	2,249,554	145,615	0	12:

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).

Check if Schedule O contains a response to any question in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	21,600	0 15,826	2,285	3,489					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	0	0	0					
7 8	Other salaries and wages	28,885	28,885	0	0					
9 10	Other employee benefits	1,700 3,862	1,513 3,862	0	187 0					
11 a b	Fees for services (non-employees): Management	68,853 0	34,972 0	4,410 0	29,471 0					
c d	Accounting	5,400 0	0	5,400 0	0					
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees	0 0 233,486	0 231,080	0	0 0 2,406					
12 13	Advertising and promotion	454 14,483	454 8,944	0 786	0 4,753					
14 15 16	Information technology	0	0	0	0					
17 18	Travel	20,381	15,816	3,226	1,339					
19 20	for any federal, state, or local public officials Conferences, conventions, and meetings Interest	0 642 0	642 0	0	0					
21 22	Payments to affiliates	0	0	0	0					
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	1,704	0	1,704	0					
a b c	bank charges contract services	1,211 1,331,500	0 1,126,500	1,211 105,000	100,000					
d e 25 26	All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,734,161	1,468,494	124,022	141,645					
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)									

Balance Sheet Part X (A) (B) Beginning of year End of year 508,143 1 451,713 2 Savings and temporary cash investments 0 2 3 13.129 547.750 3 0 0 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 n 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 6 0 Assets 0 7 0 0 8 0 0 9 0 Prepaid expenses and deferred charges . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation 10b 0 10c 0 11 Investments—publicly traded securities 0 11 ō 12 Investments—other securities. See Part IV, line 11 . 0 12 0 13 Investments—program-related. See Part IV, line 11 . . . 13 0 14 ol 14 0 Other assets. See Part IV, line 11 15 0 15 0 521,272 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 999.463 24,340 61,452 17 17 18 0 18 0 19 0 0 19 Tax-exempt bond liabilities 20 0 20 0 21 0 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 Payables to current and former officers, directors, trustees, key 22 iabilities employees, highest compensated employees, and disqualified persons. 22 ol 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X ol 0 25 26 Total liabilities. Add lines 17 through 25 61,452 **26** 24,340 Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 204.730 **27** 244.123 28 255,000 28 731.000 29 0 29 0 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 0 30 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 31 0 32 Retained earnings, endowment, accumulated income, or other funds . 0 32 0 33 459,730 33 975,123 Total liabilities and net assets/fund balances 521,272 34 999,463

Form 9	90 (2011)			Pa	ge 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,24	9,554
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,73	4,161
3	Revenue less expenses. Subtract line 2 from line 1	3		51	5,393
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		45	9,730
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			•	
	column (B))	6		97	5,123
Part	XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII				
		·		Yes	No
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," exp Schedule O.	lain ın			ei H H
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		7
b	Were the organization's financial statements audited by an independent accountant?		2b	1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight		<u> </u>	
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, exp Schedule O.	olain ın			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	r were			
				1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth in		Ï	
	the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go the	<u> </u>		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		
			For	m 99 0	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

Yello	owstone to Yukon (conservation initia	ative						81053	15303		
			rity Status (All orga						nstructio	ns.		
he	organization is not A church, con A school desc A hospital or a A medical res hospital's nan An organizati	a private foundate foundate to the control of the c	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunct e:	r lines 1 t churches ch Schedu tion desc ction with	through 1 describe ule E.) cribed in s a hospit	1, check ed in sec section 1 al descril	only one tion 170 170(b)(1)(bed in se	box.) (b)(1)(A)(i (A)(iii). ection 17(). D(b)(1)(A)(îii). Ente		ped ir
6 7	An organization	on that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					nit or from	n the ger	neral p	oublic
8			n section 170(b)(1)(A)	•	nolete Pa	art II.)						
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt function income and unrelater June 30, 1975. See	an 331/3% ions—sul ated bus	of its su oject to d siness ta	upport fro certain ex xable inc	xceptions come (les	s, and (2) ss sectio	no more	than 30	31/3%	of its
10 11	☐ An organization ☐ An organization ☐ An organization	on organized and on organized ar one or more pub	I operated exclusively and operated exclusive olicly supported organ describes the type of	to test for ely for th nizations	r public s e benefit described	safety. Set t of, to p d in sect	ee sectio perform ion 509(a	n 509(a)(the funct a)(1) or se	ions of, o	9(a)(2). S		
f	other than for or section 509 If the organiz organization,	this box, I certify undation manage (a)(2). cation received a check this box	that the organization ers and other than one a written determination	on from t	ntrolled depublicly the IRS to	lirectly or supportent that it is	r indirecti ed organ a Type	izations o	or more of described	in section	ed pe on 509	rsons 9(a)(1
8	following pers	sons?	he organization accep	-	-			-			Vac	l Na
			ndirectly controls, eithody of the supported of					describe	o in (ii) an		Yes	No
			on described in (1) abo	•						11g(i) 11g(ii)	_	-
		•	a person described in							11g(iii	_	
h		-	ion about the supporte							1.04	<u>!</u>	
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis governing	rganization sted in your document?	the organ col (i) supp	rou notify nization in of your port?	organizat (i) organi U	s the con in col zed in the S.?		mount ipport	of
				Yes	No	Yes	No	Yes	No			
A)												
B)												
C)												
D)												
E)												

Total

Schedule A (Form 990 or 990-EZ) 2011 Page 2 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.) Section A. Public Support (a) 2007 Calendar year (or fiscal year beginning in) ▶ **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2,236,498 1,326,480 1,434,038 1,380,028 2,103,817 8,480,861 revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 2,236,498 1,326,480 1,434,038 1,380,028 2,103,817 8,480,861 The portion of total contributions by than a each person (other governmental publicly unıt or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 4,499,576 6 Public support. Subtract line 5 from line 4. 3,981,285 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 2,236,498 1,326,480 1,434,038 1.380.028 2.103.817 Amounts from line 4 8.480.861 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 454 1,428 122 2,676 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 8,483,537 145,615 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 46.9 % Public support percentage from 2010 Schedule A, Part II, line 14 15 16a 331/2% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/2% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization \square b 331/s% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/s% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part	Support Schedule for Organiza	tions Doser	ibad in Casti	on 500/a\/2\			Page 3
rail	(Complete only if you checked th					to qualify ur	nder Part II
	If the organization fails to qualify						idei i aitii.
Secti	on A. Public Support	<u> </u>	0.0 1.0.00 20.0	, picaso es			
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	on B. Total Support			···	Ţ	,	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	_	n's first, secon		•		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8						%
16	Public support percentage from 2010 Sch			<u></u>		16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2011 (<u>%</u>
18	Investment income percentage from 2010						% and line
19a	331/3% support tests – 2011. If the organ 17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organiz	ation . 🕨 🗌
b	331/3% support tests—2010. If the organiz	zation did not o	cneck a box on	line 14 or line	19a, and line 1	o is more than	אינצי ו 331/3%, and

line 18 is not more than 33½%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

C leggine A (r	-om 990 or 990-EZ) 2011	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).	
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SCHEDULE D (Form 990)

Supplemental Financial Statements

Employer identification number

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

ellov	stone to Yukon Conservation Initiative		.]	810535303
Par		r Advised Funds or Other Similar Fu	nds or	Accounts. Complete if the
	organization answered "Yes" to Fo			
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year) .			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and			
_	funds are the organization's property, subject	-		
6	Did the organization inform all grantees, do			
	only for charitable purposes and not for the	benefit of the donor or donor advisor, or	for any	other purpose
	conferring impermissible private benefit? .			Yes No
Par		lete if the organization answered "Yes"	" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held I			
	Preservation of land for public use (e.g.,			
	Protection of natural habitat	☐ Preservation	of a cert	ified historic structure
2	Preservation of open space	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج		
_	Complete lines 2a through 2d if the organiza easement on the last day of the tax year.	tion held a qualified conservation contribut	ion in th	e form of a conservation
	casement on the last day of the tax year.		9	Held at the End of the Tax Year
а	Total number of conservation easements .			
b	Total acreage restricted by conservation eas			2a 2b
C	Number of conservation easements on a cer			2c
ď	Number of conservation easements includ			20
_	historic structure listed in the National Regis			2d
3	Number of conservation easements modified			
	tax year ▶	-,		o, and enganization coming the
4	Number of states where property subject to	conservation easement is located ▶		
5	Does the organization have a written pol	icy regarding the periodic monitoring, in	spection	n, handling of
	violations, and enforcement of the conservat	ion easements it holds?		· · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservatio	n easem	ents during the year
	>			• •
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	sements	during the year
	\$			
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of secti	on 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?			· · · · · 🗌 Yes 🗌 No
9	In Part XIV, describe how the organization re			
	balance sheet, and include, if applicable, the		inancial :	statements that describes the
) o rd	organization's accounting for conservation e		- 041-	O'
all	Organizations Maintaining Colle	ered "Yes" to Form 990, Part IV, line 8		r Similar Assets.
10				
ıa	If the organization elected, as permitted und works of art, historical treasures, or other	similar assets held for public exhibition of	is reveni	ue statement and balance sneet
	public service, provide, in Part XIV, the text of	of the footnote to its financial statements the	at descr	ribes these items
b	If the organization elected, as permitted ur			
•	works of art, historical treasures, or other			
	public service, provide the following amount	s relating to these items:	Jacobilo	ii, or research in faither ance of
	(i) Revenues included in Form 990, Part VIII,			▶ \$
	(ii) Assets included in Form 990, Part X			• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works			
-	following amounts required to be reported up			manna gam, provide the
а	Revenues included in Form 990, Part VIII, lin			. ▶ \$
	Assets included in Form 990, Part X			. > \$

	•							_
chedu Pari	e D (Form 990) 2011 Organizations Maintaining	Callactions of	Art Wistoriaal 7	[#000UF00 0F O	ther Cimilar Acc	oto (oc	Page	
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot						
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams			
b	☐ Scholarly research							
C	☐ Preservation for future generations							
4	Provide a description of the organizat XIV.	tion's collections a	and explain how t	hey further the or	ganization's exemp	ot purpo	se in P	art
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta	ained as part of the	e organization's c	ollection?	☐ Ye	s 🗌 N	
Part	line 9, or reported an amoun	it on Form 990, I	Part X, line 21.			_	Part IV	' ,
1a	included on Form 990, Part X?						s 🗌 N	- 10
b	If "Yes," explain the arrangement in P	art XIV and compl	ete the following t	able:	Am	ount		—
С	Beginning balance			10		ount		
ď	•			10				—
e				1				—
f	Ending balance							_
2a	Did the organization include an amoun				·	□ Ye	s 🗆 N	40
b	If "Yes," explain the arrangement in P							
Par			zation answered	"Yes" to Form 9	90, Part IV, line	10.	_	_
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four	years bac	;k
1a	Beginning of year balance				1			
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
e	Other expenditures for facilities and							
	programs							
f	Administrative expenses					,		
g	End of year balance		<u> </u>	<u> </u>				
2	Provide the estimated percentage of t			g, column (a)) held	as:			
а	Board designated or quasi-endowmen		%					
b	Permanent endowment ▶	%						
С	remporarily restricted endowment	<u> </u>	2004					
20	The percentages in lines 2a, 2b, and 2			at are bold as il si	desiniatored for the			
Jä	Are there endowment funds not in the organization by:	e possession of tr	ie organization th	at are nelo ano ao	ammistered for the		V **	
	•						Yes N	<u>o</u>
	(i) unrelated organizations					3a(i)		

(ii) related organizations .					. Sa(II)
b If "Yes" to 3a(ii), are the re					
4 Describe in Part XIV the in	itended uses of th	ne organization's endo	owment funds.		<u> </u>
Part VI Land, Buildings,	and Equipmen	t. See Form 990, P	art X, line 10.		
Description of pro	operty	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings	[
c Leasehold improvements					
d Equipment					
e Other					
Total, Add lines 1a through 1e. (C	Column (d) must e	qual Form 990. Part	K. column (B), line 10	(c).)	

Post VIII Investments Other Counities	Coo Form 000 Dort V	line 10	rage J
Part VII Investments—Other Securities	T		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial derivatives	<u> </u>		
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			. ,
Part VIII Investments—Program Relate	d. See Form 990, Part	K, line 13.	. <u> </u>
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets. See Form 990, P			(h) Dook vehic
	(a) Description		(b) Book value
(1)	=		
(2)			
(3)		-	
(4)		-	
(5)			
(6)			
<u>(7)</u> (8)			
<u>(9)</u> (10)			
Total. (Column (b) must equal Form 990, Part X, o	col. (B) line 15.)	.	
Part X Other Liabilities. See Form 990			·
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes		7	
(2)		7	
(3)		7	
(4)		7	
(5)		7	
(6)		7	
(7)		7	
(8)		7	
(9)		7	
(10)		7	
(11)		7	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	•	7	
2 FIN 49 (ASC 740) Footpote In Part VIV provide		a the argenization's financial states	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedu	e D (Form 990) 2011		Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ent	s
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,249,554
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,734,161
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	515,393
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	515,393
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	2,249,554
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	
С	Recoveries of prior year grants	0	
d	Other (Describe in Part XIV.)	Ö	
е	Add lines 2a through 2d	2	e 0
3	Subtract line 2e from line 1	3	3 2,249,554
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	
b	Other (Describe in Part XIV.)	0	
С	Add lines 4a and 4b	4	c 0
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,249,554
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er F	?eturn
1	Total expenses and losses per audited financial statements	_1	1,734,161
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	0	
b	Prior year adjustments	0	
C	Other losses	D	
d	Other (Describe in Part XIV.)	0	
е	Add lines 2a through 2d	2	e 0
3	Subtract line 2e from line 1	_3	1,734,161
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	;	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0	
b	Other (Describe in Part XIV.)	0	
C	Add lines 4a and 4b	4	<u>c</u> 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		1,734,161
Part	XIV Supplemental Information		
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con Iditional information.		
any ac	Milonal Information.		

Schedule D (Fo	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
		
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\$CHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
Yellowstone to Yukon Conservation Initiative

Employer identification number 810535303

Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organization ans	swered "Yes" to
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	organization	e grants or as		•	
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for moni	toring the use of its gran	ts and other
3	Activities per Region. (The fo	ollowing Part I	, line 3 table o	can be duplicated if additio	nal 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	890,000
(2)	Canada	0	1	program services	communications	236,500
(3)	Canada	0	1	fundraising		100,000
(4)	Canada	0	1	administration		105,000
(5)						
(6)						
(7)					1	
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)	-					
(17)						
3a	Sub-total					1,331,500
b	Total from continuation sheets to Part I					0
C	Totals (add lines 3a and 3b)					1,331,500

Page '2

Schedule F (Form 990) 2011

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. Part II

ı		-							
1 (a) Name of organization	e of (b) IRS code trion section and EIN (f applicable)	ode able)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(2)									
(9)									
(2)									
(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 Enter total number of other organizations or entities က

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

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. Part III

Schedule F (Form 990) 2011 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Ξ ₹ (10) (11) (12) (13) £ (15) (16) 5 (18) ල 9 ε 8 6

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Page	4

cneau	e F (Form 990) 2011		Page 4
Part	V 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)	☐ Yes	☑ 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)	☐ Yes	☑ 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)	Yes	✓ 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)		-
	Fund. (see Instructions for Form 8621)	Yes	✓ 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)	Yes	✓ 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)	Yes	✓ No

Schedule F (I	Form 990) 2011 F	Page 🤄
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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part provide any additional information (see instructions).	l
Line 3 col	umn (f) - accounting principles generally accepted in the United States ("GAAP")	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	······································	
	<i>.</i>	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization
Yellowstone to Yukon Conservation Initiative

Employer identification number
810535303

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 submitting 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 committee action on a contract or transaction involving a conflict of interest , a director or committee member having a `
conflict of interest and who is 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
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 review 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
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 (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Vame of the organization **Yellowstone to Yukon Conservation Initiative**

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, 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.)

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OMB No 1545-0047

Open to Public

Inspection

Employer identification number 810535303

(g) Section 512(b)(13) controlled entry? (f)
Direct controlling
entity Schedule R (Form 990) 2011 Yes No 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.) (f)
Direct controlling
entity (e) End-of-year assets Alberta Societies N/A (e)
Public charity 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) (b) Pnmary activity Canada (b) Primary activity communications 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 Canada T1W 1P4 (1) Yellowstone to Yukon Conservation Initiative Society (a) Name, address, and EIN of related organization Е (9) Part II Ø € 9 Ξ ල ₹ 0 2 ල <u>છ</u>

					S	i / (m)	,		בספתפסים ורומים פורס כו וווסים יוסיות כם פורסים ביים ביים ביים ביים ביים היים היים הי		
(a) Name, address, and EIN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign	(d) Direct confrolling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		<u> </u>	(g) Share of end-of- year assets	(h) Desproportionate allocations?	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or of managing partner?	(k) Percentage ownership
								Yes No		Yes No	
(1)											· - · -
(2)											
(6)											
(4)											
(5)											
(9)											
(a)											
Part IV Identification Inc. 34 both	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.)	zations Ta	axable as a Co	irporation or eated as a co	r Trust (Comportion or t	plete if th trust duri	te organiza	tion answ year.)	ered "Yes" to	Form 990, Pa	ar I≷,
Name, addres:	(a) Name, address, and EIN of related organization		(b) Primary activity	wity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year assets	Percentage ownership
(1)											
(2)											
(6)						-					
(4)											
(5)											
(9)											
ω											

Note Complete line 1 if	Complete line 1 if any entity is listed in Parts II III or IV of this schedule			Yes No	٥
1 During the tax yea	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?	organizations listed	in Parts II–IV?		
a Receipt of (i) intere	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			- 1a	
b Gift, grant, or capi	Gift, grant, or capital contribution to related organization(s)			٠ •	
c Gift, grant, or capi	Gift, grant, or capital contribution from related organization(s)			. 1c	
d Loans or loan quar	Loans or loan guarantees to or for related organization(s)			1d	
	Loans or loan quarantees by related organization(s)			- 19 	L
				· · · · · ·	
f Sale of assets to r	Sale of assets to related organization(s)			1	L
a Purchase of asset	Purchase of assets from related organization(s)			. 1g	L
	Exchange of assets with related organization(s)	•		+	L
	Lease of facilities, equipment, or other assets to related organization(s)	•		-	L
				· · · · · ·	
i Lease of facilities.	Lease of facilities, equipment, or other assets from related organization(s)			-	L
k Performance of se	Performance of services or membership or fundraising solicitations for related organization(s)	•		+ +	L
l Performance of se	Performance of services or membership or fundraising solicitations by related organization(s)	•		=	L
m Sharing of facilities	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			- mt	
n Sharing of paid en	Sharing of paid employees with related organization(s)			- tn	
 Reimbursement pa 	Reimbursement paid to related organization(s) for expenses				
p Reimbursement page	Reimbursement paid by related organization(s) for expenses			. 1p .	
q Other transfer of c	Other transfer of cash or property to related organization(s)			> 5].
r Other transfer of c	Other transfer of cash or property from related organization(s)			. 1r	
2 If the answer to ar	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.	, including covered	relationships and trans	saction thresholds.	
	(B)	(a)	(c)	(b)	
	Name of other organization	type (a-r)	Device in color	amount involved	.
Yellowstone to Yukon (1)	Yellowstone to Yukon Conservation Initiative Society	n	68,853	68,853 time allocation	1 1
Yellowstone to Yukon (2)	Yellowstone to Yukon Conservation Initiative Society	Ь	1,331,500	1,331,500 project agreemnt	- 1
(3)					1
(4)					1
(5)					1
9					
			School	dule D (Form 000) 2011	1

Part VI Unrelat

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

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.

Gatisti of Toriging Information (eather) Section Country Information (eather) Section Country Information (eather) Info	(a) (b) (c) (d) (d) (d) (e) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile	(d) Predominant		(f) Share of	(g) Share of	(h) Disproportionate	(i) te Code V—UBI	
Team tooks Tea			(state or foreign country)	income (related, unrelated, excluded	section 501(c)(3)		end-of-year assets	allocations?	of Schedule K-1	
					Ves No			Yes		
	(1)									
	(6)									
	(4)									
	(6)									
	(9)									
	<u>ل</u>									
	(8)									
	(6)									
	(10)									
	(11)									
(13) (14) (15) (16)										
(15)	(13)									
(15)	(14)									
(91)	(15)									
	(16)									,

schedule H (F	-orm 990) 2011	Page 3
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
	······································	
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(Rev. January 2012)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

internal nevi						
	re filing for an Automatic 3-Month Extension, o				▶ ☑	
	re filing for an Additional (Not Automatic) 3-Mo omplete Part II unless you have already been g				n 8868.	
Electron a corpora 8868 to Return fo	ic filing (e-file). You can electronically file Form ation required to file Form 990-T), or an additionarequest an extension of time to file any of the for Transfers Associated With Certain Personal ins). For more details on the electronic filing of the	8868 if yo al (not auto orms listed Benefit C	u need a 3-month autor omatic) 3-month extensi d in Part I or Part II with Contracts, which must	matic extension of time to file (for of time. You can electronical the exception of Form 8870, be sent to the IRS in paper	6 months for ally file Form Information format (see	
Part I						
A corpo	ration required to file Form 990-T and requesty	sting an a	utomatic 6-month exte	ension-check this box and o	complete	
	corporations (including 1120-C filers), partnersh ome tax returns.	ıps, REMIC		·		
	Name of exempt organization or other filer, see in	etn etione	En	ter filer's identifying number, see		
Type or	Yellowstone to Yukon Conservation Initiative	istructions.		Employer identification numbe 810535303	r (EIN) Of	
print	Number, street, and room or suite no. If a P.O. bo	ov see instri	uctions	Social security number (SSN)		
File by the due date fo	due date for PO Box 157					
filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
instructions	Bozeman, MT 59771-0157					
Enter the	Return code for the return that this application is	s for (file a	separate application for	r each return)	. 0 1	
Applica	tion	Return	Application		Return	
Is For		Code	Is For		Code	
Form 99		01	Form 990-T (corporati	on)	07	
Form 99		02	Form 1041-A		08	
Form 99		01	Form 4720		09	
Form 99		04	Form 5227		10	
	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 98	0-T (trust other than above)	06	Form 8870		12	
Telephe If the o If this is for the w a list with	oks are in the care of ► Jane Bewick one No. ► 403-678-7097 rganization does not have an office or place of best for a Group Return, enter the organization's found hole group, check this box ► □ . If in the names and EINs of all members the extensions.	usiness in ir digit Gro it is for par ion is for.	the United States, chec up Exemption Number (t of the group, check th	GEN) If the state of t		
	request an automatic 3-month (6 months for a co	•	•	· ·		
	ntil <u>August 15</u> , 20, 12, to file the exer or the organization's return for:	npt organi	zation return for the orga	anization named above. The ex	tension is	
•	✓ calendar year 20 11 or					
•	☐ tax year beginning	, 20	, and ending	, 20		
	the tax year beginning the tax year entered in line 1 is for less than 12 r Change in accounting period	nonths, ch	eck reason: Initial re	turn Final return		
3a If	this application is for Form 990-BL, 990-PF, 990 porrefundable credits. See instructions.	D-T, 4720,	or 6069, enter the tenta	tive tax, less any	•	
b If	this application is for Form 990-PF, 990-T,			able credits and		
c B	stimated tax payments made. Include any prior y alance due. Subtract line 3b from line 3a. Include	le your pay	ment with this form, if re	equired, by using		
	FTPS (Electronic Federal Tax Payment System).			3c \$	uneta ietiona	
Caudon.	f you are going to make an electronic fund withdrawal	WILL THIS FO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.∪ and romi ob/9-EU for payment	IIISUUCUONS.	