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Form **990** 

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

OMB No 1545-0047

			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (	Code (exc	ept private fo	undations	, 2014
Don	artment of th	e Treasuni	Do not optor popial acquirity numbers on this form of				Open to Public
Inter	artment of th nal Revenue	Service	► Information about Form 990 and its instructions is a	t www.irs	gov/form99	0.	Inspection
<u>A</u>	For the 2	014 cale		and endin	ng Decer	nber 31	, 20 14
В	Check if ap	plicable	C Name of organization Yellowstone to Yukon Conservation Initiative	е		D Employe	er identification number
	Address ch	nange	Doing business as				810535303
	Name char	nge	Number and street (or P O. box if mail is not delivered to street address)	Room/su	nte	E Telephor	ne number
	Initial retur	n	PO Box 157	1			403-678-7097
	Final return/	terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amended I	ceipts \$ 1,191,202					
	Application	roup return for s	subordinates? Yes Vo				
			200 - 1240 Railway Ave, Canmore AB T1W 1P4				s included? Yes No
<u></u>	Tax-exemp	t status	✓ 501(c)(3)	527	If "N	lo," attach a	list (see instructions)
<u>J</u>	Website:		w.y2y.net		H(c) Group	exemption	number >
				ear of format	tion 2000	M State	of legal domicile MT
. Ľ	art I	Summ			······································		
	I		escribe the organization's mission or most significant activities				
Governance	P	rograms	focus on connecting and protecting habitat from Yellowstone to	Yukon so	that togethe	r people a	and nature can thrive.
Ľ	-						
Ve			is box ▶ ☐ if the organization discontinued its operations or d			1 1	its net assets.
			of voting members of the governing body (Part VI, line 1a)			3	8
Activities &			of independent voting members of the governing body (Part V			4	8
ij	1		nber of individuals employed in calendar year 2014 (Part V, Im	e 2a) .		5	1
Ę	I		nber of volunteers (estimate if necessary)			6	0
⋖	i		elated business revenue from Part VIII, column (C), line 12 .			7a	0
_	b N	et unrei	ated business taxable income from Form 990-T, line 34	7b ear	C		
			Current Year				
ne	1		tions and grants (Part VIII, line 1h)	1,269,013	1,191,138		
Revenue			service revenue (Part VIII, line 2g)			0	0
Re	1		ent income (Part VIII, column (A), lines 3, 4, and 7d)	_		112	64
	i		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	-	<del></del>	0	0
			enue-add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)			1,269,125	1,191,202
	1		1	-	<del></del>	0	0
	1	-	paid to or for members (Part IX, column (A), line 4) other compensation, employee benefits (Part IX, column (A), lines	ļ		0	0
ses	1		onal fundraising fees (Part IX; column (A), fine 11e)	· 3=10)		73,701	79,164
Expenses			draising expenses (Part IX, column (D), line 25) ►	· · ·		0	0
Ä			penses (Part IX, column (A), lines 11a-11d, 11f-24e)			1112107	4 000 450
			penses. Add lines 13–17 (must equal Part IX, column (A), line 2	٠. ١		1,112,197	1,039,456
			less expenses. Subtract line 18 from line 12	<sup>3)</sup> ·  -		1,185,898	1,118,620
- 8			Toda aspended. Gastract mile to Tott mile 12		Beginning of Cu	83,227 Irrent Year	72,582 End of Year
Net Assets or Fund Balances	20 T	otal ass	ets (Part X, line 16)	F		644,361	
Ass	21 T		ulities (Part X, line 26)	·		38,901	701,373
žĚ	22 N		ts or fund balances. Subtract line 21 from line 20			605,460	23,331 678,042
_	art II		ture Block			003,400	070,042
		<del></del>	ry, I declare that I have examined this return, including accompanying schedule	es and state	ments and to t	he hest of n	ny knowledge and helief it is
			ete Declaration of preparer (other than officer) is based on all information of wh				ny kilowicogo and belief, it is
		1			٠	7 Jul	14 2015
Sign Here		Sign	ature of officer		Da		- 1 2015
		1	PHUID JOHNS TREASURED	<i>(</i> 1			
		Туре	or print name and title		<del></del>		
Pa		Print/Ty	pe preparer's name Preparer's signature	Da	ate	Chart. F	PTIN
_						Check L	
	eparer se Only	Firm's n	ame ▶		Firm	n's ElN ▶	- <del></del>
US	e Only		ddress ▶			one no	····
Ma	y the IRS		s this return with the preparer shown above? (see instructions)	)			· · Yes No
For	Paperwo	rk Redu	ction Act Notice, see the separate instructions.	Cat. N	lo 11282Y	-	Form <b>990</b> (2014)

.m 90	90 (2014) Page <b>2</b>
art	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  Connecting and protecting habitat from Yellowstone to Yukon so people and nature can thrive.
	Connecting and protecting natifaction renowstone to runon so people and nature can unive.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
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
3	services?
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 617,878 including grants of \$) (Revenue \$)
	In its Conservation program, Y2Y studies habitat needs of wildlife in the Rocky, Purcell & Mackenzie mountains to determine which
	configuration of habitats & linkages between them are needed for wildlife populations to survive over time. Y2Y has researched and designed for publication conservation strategies for specific species, such as grizzly bears and specific priority landscapes such as
	Cabinet Purcells Mountain Corridor. The organization collaborates with other organizations to address land use, transportation and
	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 \$ 288,083 including grants of \$ ) (Revenue \$ )
	In its Communications program, Y2Y works to educate the public about the importance of healthy coexistence of wildlife and human
	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 and participates in public events, maintains a website (www.y2y.net) and online news service for public education.  It communicates with and responds to enquiries from various audiences regarding wildlife needs of the region.
	it communicates with and responds to enquines from various addiences regarding whome needs of the region.
4c	(Code: ) (Expenses \$ 41,310 including grants of \$ ) (Revenue \$ )
	In its Policy program, Y2Y's goal is to influence key decision makers, opinion leaders and constituents to adopt and advance
	policies and practices that forward the Y2Y vision of large landscape conservation.
	·
4.1	Other program continue (December of Schooling C)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

947,271

4e Total program service expenses ▶

Part	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 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	2	1	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		/
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	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<b>-</b>	_	
	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	5	-	
	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, for escrow or custodial account liability, serve as a		-	İ
	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		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.	33 \	,	
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	r x	** •
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		<b>v</b> ✓
С		11c		<b>√</b>
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		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>√</b>
	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 and XII	12a	1	•
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>/</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>√</b>
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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<b>√</b>
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		<b>✓</b>
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			
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	19 20a		<u>√</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
•	·· — — — — — — — — — — — — — — — — — —		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 25a	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		<b>√</b>
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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):	/	, .	, F. v.
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓	1
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? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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? If "Yes," complete Schedule R.	33		
	Part VI	37	!	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	13/		<del>  *</del>
	19? Note. All Form 990 filers are required to complete Schedule O	38	<b>√</b>	
		_	rin/	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page
	Check if Schedule O contains a response or note to any line in this Part V			Г
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	7.	,	*
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	]	á	1 %
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	182	% ;	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	, , , ,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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" to line 3b, provide an explanation in Schedule O.	3b		ــــــ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		/
b	If "Yes," enter the name of the foreign country: ▶	4a	-	+-
J	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	. 331	•	* **
	(FBAR).		١.,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ئد. ، ا	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		Ť
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 as charitable contributions? .	6a		<b>/</b>
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	3 3		
	and services provided to the payor?	7a		1
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10	٠,	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>                                     </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		18 /
9	Sponsoring organizations maintaining donor advised funds.	-		<del> </del>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	╁
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		4 .	100
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		[ ;
11	Section 501(c)(12) organizations. Enter.		ļ	
	Gross income from members or shareholders	1,50% (1.44 1,00% (1.44 1,00% (1.44	S 28	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1.	200	
	against amounts due or received from them )	<u> </u>	- 3.	1.2
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ľ.	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		3 .	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		KÝ.	13
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	1

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 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	s ın Schedule O. S	ee ıns		ons.
Section	Check if Schedule O contains a response or note to any line in this Part VI		<u>· · · </u>	• •	<u> </u>
OCCLI	MA. dovorning body and management			Yes	No
1a	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		} ,
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	2		, :
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 9	•	4		1
5	Did the organization become aware during the year of a significant diversion of the organization		5	•••	1
6	Did the organization have members or stockholders?		6		1
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		1
b	Are any governance decisions of the organization reserved to (or subject to approva	by) members,			
	stockholders, or persons other than the governing body?		7b		<b>_</b>
8	Did the organization contemporaneously document the meetings held or written actions un	dertaken during	,		;
	the year by the following:		,	-	
а	The governing body?		8a_	✓	<u> </u>
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 appropriately marked and trustee. If "You " provide the games and addresses in Selection C.				
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		<b>✓</b>
Section	on B. Policies (This Section B requests information about policies not required by the	e internai Reven	ue C	oae.) Yes	No
100	Did the organization have local chapters, branches, or affiliates?		100	163	/
10a b	Did the organization have local chapters, branches, or affiliates?	f euch chantere	10a		<b>V</b>
	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	-	11a	✓	L
ь	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	<b>√</b>	<b>├</b> ─
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	✓_	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the   describe in Schedule O how this was done	oolicy? If "Yes,"	40-	,	
13	Did the organization have a written whistleblower policy?		12c	<b>√</b>	<del> </del>
4.4	Did the organization have a written document retention and destruction policy?		14	<b>V</b>	
14 15	Did the process for determining compensation of the following persons include a review a		14	<u> </u>	<del> </del>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	✓	,
b	Other officers or key employees of the organization		15b	·	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				Ť
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	lar arrangement			
	with a taxable entity during the year?		16a		<b>√</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	n to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps	o safeguard the			
	organization's exempt status with respect to such arrangements?		16b		<u> </u>
	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, a available for public inspection, Indicate how you made these available. Check all that each	nd 990-T (Section	1 501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.				
19	Own website Another's website Upon request Other (explain in Sc. Describe in Schedule O whether (and if so, how) the organization made its governing docume	nedule U)			
	financial statements available to the public during the tax year.	ens, conflict of int	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization	n'e booke and			
-	Jane Bewick, 200 - 1240 Railway Ave. Canmore, AB T1W 1P4 Canada 403.678.7007	m a books and re	Joius		

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Page 7

			9	
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	ployees	, and	j
	Independent Contractors			

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	atio	n c	ompe	nsa	ated any currer	it officer, director	r, or trustee.
				((	C)					
(A) Name and Title	(B) Average hours per week (list any	box,	Position (do not check more ti box, unless person is officer and a director,				an tee)	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Peter Aengst									:	
Director		1						0	0	0
(2) Deborah Carlson	ļ									
Director	ļ	1		ļ	ļ		ļ	0	0	0
(3) Jeremy Guth	ļ	_		١,						
Secretary	ļ	<b>/</b>		✓	_	ļ	<u> </u>	0	0	0
(4) Mark Hebblewhite	ļ									_
Director (C)		✓				<del> </del>		0	0	0
(5) David Johns		/		/		}				_
Vice Chairperson		-		•		-	$\vdash$	0	0	0
(6) Kent Nelson	<b>+</b>	1		/				0	0	o
Treasurer		<del>                                     </del>		<u> </u>		<del>                                     </del>		0	0	
(7) Bill Weber Chairperson	<b>†-</b>	1		1				0	0	o
(8) Josh Whetzel		<u> </u>		Ť			<del>                                     </del>	<del> </del>		
Director	†	1						0	o	O
(0) v u		<del> - `</del>		-				† <u>-</u>		
President	<b>†</b>	1		1				0	0	108,600
(10) Jane Bewick				-				<u>-</u>	<del>-</del>	
Business Director		1		✓				0	o	65,400
(11)										
(12)										
(13)										-
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
`	(A) Name and title	(do not check more than one												
		week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	of composition from organ and	her ensation in the nization related izations	
(15)					_		-							
(16)				-	-	_		-					<del></del>	
(17)					-									
(18)					-									
(19)			<del>                                     </del>		-			-	,		$\neg \dagger$			
(20)					-						1			
(21)					-						_			
(22)			-	-	-									
(23)			-			-								
(24)				-	_			-			1			
(25)						<u> </u>				<u> </u>				
1b c	Sub-total				· ·			<b>&gt;</b>	0		0			1,000 0
<u>d</u>	Total (add lines 1b and 1c)  Total number of individuals (including bu reportable compensation from the organ	t not limited	d to th					e) w	ho received m		00,000	) of	174	1,000
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	etor, o					emp	ployee, or high	nest compe	ensated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											e		<u> </u>
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	dividua 		-	·
Section	on B. Independent Contractors												· - ·	<u> </u>
1	Complete this table for your five highest compensation from the organization. Rej year.													×
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compens	ation	
	stone to Yukon Conservation Initiative Socie 240 Railway Ave, Canmore AB T1W 1P4 Car							$\overline{}$	search, educations,	on,			825	5,000
								_	ministration, fu	ndraising				
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab	ove) who				

Form 990 (2014)

Par	t VIII					
		Check if Schedule O contains a response or note t			<u> </u>	<u> </u>
,	100	*	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u>g</u> 0	1 <u>a</u>	Federated campaigns 1a 0		revenue		512-514
Grants	b		<b>-</b> [:		,	
۾ ۾	C	_	-{ \$}'		,`	
ifts ir A	d		1 ' , ′ ` **			
를 등	e	Helated organizations   1d   0   0   0   0   0   0   0   0   0	1 . 3.1			
Sir	f	All other contributions, gifts, grants,	4 . 🔅	Ì,		
ž je	-	and similar amounts not included above 1f 1,104,295	* * *			
草豆	g	Noncash contributions included in lines 1a-1f \$ 31,507	`\\			
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a–1f	1,191,138	الأولان أرابيس	j. J.	***
	<del>                                     </del>	Business Code	1,131,130	70.8 - 30 8.50	** ****	* cva-
Ē	2a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Re	b		0	0	0	
<u>8</u> .	c		0	0	0	<del></del> -
ē	d		0	0	<del></del>	<del></del>
Ë	е		0	0	· · · · · · · · · · · · · · · · · · ·	<del></del>
Program Service Revenue	f	All other program service revenue	0	0	0	<del></del>
۳	g	Total. Add lines 2a–2f ▶	0	<del>-</del> -	· · · · · · · · · · · · · · · · · · ·	<b>*</b> 2,538, *
	3	Investment income (including dividends, interest,				
		and other similar amounts)	64			64
	4	Income from investment of tax-exempt bond proceeds ▶	0	0	0	C
	5	Royalties	0	0	0	C
		(i) Real (ii) Personal	,	**		1. Q ii 7
	6a	Gross rents 0 0	, ,			***
	b	Less: rental expenses 0 0	*,	\ .:. \	~	,\$, 34, °
	C	Rental income or (loss) 0 0		٠ •	* . * . * . * . * . * . * . * . * . * .	, as it
	_ d	Net rental income or (loss)	0	0	0	0
	7a	Gross amount from sales of (i) Securities (ii) Other	8			
		assets other than inventory 0 0			444 11 111	A 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ь	Less cost or other basis and sales expenses	*	4 4.5 4.0	, 34	
	_			2 721.4		
	C	Gain or (loss) . 0 0		Çes _	* * * * * *	
	d	Net gain or (loss)	0	0	0	0
e	8a	Gross income from fundraising	, ,		, ,	, sie'
ē	- Cu	events (not including \$	(4, 6 h)	, , ,	\$ 1 man	
ě		of contributions reported on line 1c)				
7		See Part IV, line 18 a	Î`	* * .	2	
Other Reve	b	Less: direct expenses b 0		\$47		
O	С	Net income or (loss) from fundraising events . ▶	` o	~ **	]	,
	9a	Gross income from gaming activities.				3 20%
		See Part IV, line 19 a	*, *,		,	
	ь	Less. direct expenses b 0	\$4 *	, , ;		
	С	Net income or (loss) from gaming activities >	^ o	0	0	0
	10a	Gross sales of inventory, less	. *	: 7 % .,	31%	****
		returns and allowances . a 0	. * * * * * * * * * * * * * * * * * * *	* ****	in the state of th	
	b	Less cost of goods sold . b 0	, ,	* *	, 3 1	
	С	Net income or (loss) from sales of inventory	o	O	Ö	0
		Miscellaneous Revenue Business Code			***	*****
	11a					
	b					
	С					
	d	All other revenue				
	е	Total. Add lines 11a-11d	0			»
	12	<b>Total revenue.</b> See instructions ▶	1.191.202	n	<u> </u>	64

# Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete coll	umn (A).
	Check if Schedule O contains a respon				
Do no 3b, 9b	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 domestic organizations and domestic governments. See Part IV, line 21	0	0		;
2	Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	0 68,907	68,907	0	0
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 8	Other salaries and wages	0	0	0	0
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	4,275	4,275	0	0
10	Payroll taxes	5,982	5,982	0	0
11 a	Fees for services (non-employees):  Management  Local	89,163	36,616	9,745	42,802
b	Legal	7.000		7.000	
c d	Accounting	7,000	0	7,000	0
e	Lobbying				
f	Investment management fees				<del>,,,</del>
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O) .	96,748	94,422	1,006	1,320
12	Advertising and promotion	0	0 .,	0	0
13	Office expenses	8,116	1,826	15	6,275
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	9,967	8,243	1,724	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .		<del> </del>		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,695	_	1,695	<del></del>
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.)				
a	bank charges	1,767	0	1,767	0
р	contract services	825,000	727,000	15,000	83,000
C					
d	All alban annual				
9	All other expenses  Total functional expenses. Add lines 1 through 24e				
25 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	1,118,620	947,271	37,952	133,397
	from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)				

33

34

Total net assets or fund balances .

Total liabilities and net assets/fund balances .

Р	art X				, Page 1
		Check if Schedule O contains a response or note to any line in this Pa		<del></del>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	397,129	1	349,90
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	247,232	3	351,470
	4	Accounts receivable, net	0	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
its	6	Loans and other 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) Complete Part II of Schedule L	0	**, * * * 6	
Assets	7	Notes and loans receivable, net	0	7	
Ä	8	Inventories for sale or use	0	8	-
	9	Prepaid expenses and deferred charges	0	9	(
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		,, >^	
	b	Less. accumulated depreciation 10b 0	0	10c	, , , , , , , , , , , , , , , , , , ,
	11	Investments—publicly traded securities	0	11	(
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments – program-related. See Part IV, line 11	0	13	(
	14	Intangible assets	0	14	
	15	Other assets. See Part IV, line 11	0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	644,361		701,373
	17	Accounts payable and accrued expenses	38,901	17	23,331
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .	0	21	(
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and		3 3	
Ĕ.	-	disqualified persons Complete Part II of Schedule L	0	22	(
-	23	Secured mortgages and notes payable to unrelated third parties	0	23	
	24	Unsecured notes and loans payable to unrelated third parties	0	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
	00	· · · · · · · · · · · · · · · · · · ·	0		
$\dashv$	26	Total liabilities. Add lines 17 through 25	38,901	26	23,331
sesi		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.		, 2°×.	
2	27	Unrestricted net assets	448,392	27	457,342
ם מ	28	Temporarily restricted net assets	157,068	28	220,700
2	29	Permanently restricted net assets	0	29	
Assets of rulid balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.		, v. 15, v. 1	
2	30	Capital stock or trust principal, or current funds		30	, respectively and an
20	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds		32	

678,042

605,460

644,361 34

33

Form 99	90 (2014)		Pa	ge <b>12</b>
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	· · ·		
1	Total revenue (must equal Part VIII, column (A), line 12)		1,19	1,202
2	Total expenses (must equal Part IX, column (A), line 25)		1,1	8,620
3	Revenue less expenses. Subtract line 2 from line 1		7	<u> 2,582</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		60	)5 <u>,460</u>
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior penod adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		67	8,042
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
			Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Cash  Other			* * 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			, ,
	Schedule O.	1.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	1		. * . {
	reviewed on a separate basis, consolidated basis, or both.	1		*
	Separate basis Consolidated basis Both consolidated and separate basis	1		1 1 2 1
b	Were the organization's financial statements audited by an independent accountant?	2b	<b>✓</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	, "		3 1
	separate basis, consolidated basis, or both		Ì	<u> </u>
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Ì		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	Ì		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	<b>/</b>	
	If the organization changed either its oversight process or selection process during the tax year, explain in		^	
	Schedule O.		ļ	* ;
3a	, , , , , , , , , , , , , , , , , , , ,		""	
	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 undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2014)

### 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.

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection Employer identification number

	0. 0.0 0. 90						
	wstone to Yukon Conservation Initiat					81053	
Pai							ons.
The o	organization is not a private founda		•				
1	A church, convention of church	•		ibed in <b>se</b>	ection 17	0(b)(1)(A)(i).	
2	A school described in section		•				
3	A hospital or a cooperative hos						
4	A medical research organization	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and state						
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6	☐ A federal, state, or local govern	ment or govern	mental unit described	ın sectio	n 170(b)	(1)(A)(v).	
7	An organization that normally						the general public
	described in section 170(b)(1)			•	Ū		•
8	A community trust described in			Part II.)			
9	An organization that normally i				rom con	tributions, members	hip fees, and gross
•	receipts from activities related						
	support from gross investmen						
	acquired by the organization at						,
10	☐ An organization organized and						
11	An organization organized and						out the purposes of
••	one or more publicly supported						
	the box in lines 11a through 11c	-					
а			**	-			=
~	the supported organization(s)						
	organization. You must com			0. ua,u	,	J 4 001010 01 11 10101	o or and capporting
b		•		nection w	ith ite eiii	nnorted organization	n(e) by having
	control or management of the	•				•	
	organization(s). You must co			io ourrio p	.0.00110 11	iat control of manag	go tilo dapportod
c				ted in cor	nection	with, and functionall	v integrated with
·	its supported organization(s)						y mogratos man
d		•	•				red organization(s)
4	that is not functionally integra						
	requirement (see instructions						an anominonous
е		•	•				I. Type III
·	functionally integrated, or Typ						., .,po
f	Enter the number of supported of		,		•		
g	<b>—</b> • • • • • • • • • • • • • • • • • • •		orted organization(s).	, , ,			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-9		ır governing	support (see	other support (see
			above or IRC section (see instructions))	docur	nentr	instructions)	instructions)
	J		(366 (13(140(10)13))	Yes	No	1	 
						<del> </del>	
(A)	}		п	l			
(B)							
(C)							
				ļ			
(D)	ļ						
(E)	}	Į					
				I	l	1	

Parl		ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	170(b)(1)(A)(v	i)
	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to au	alify under
Cook	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	(-) 0040	#3.0044	4 ) 0040	1 1 2 2 2	<del></del>	
Caler 1	ndar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
ı	Gifts, grants, contributions, and membership fees received (Do not					1	
	include any "unusual grants.")	1 200 000		4 000 000			
2	Tax revenues levied for the	1,380,028	2,103,817	1,909,635	1,269,013	1,134,759	7,797,252
_	organization's benefit and either paid						
	to or expended on its behalf .						
3	The value of services or facilities						
	furnished by a governmental unit to the					İ	
	organization without charge						
4	Total. Add lines 1 through 3	1,380,028	2,103,817	1,909,635	1,269,013	1,134,759	7,797,252
5	The portion of total contributions by			9	3 ()	ece fr	
	each person (other than a				*		
	governmental unit or publicly		<i>"</i>		3.0		
	supported organization) included on	, ,	»» »	, * ,	#% 4	37%	
	line 1 that exceeds 2% of the amount	, ,	, ,*	, , , s <sup>2</sup>	*		
_	shown on line 11, column (f)	<u> </u>		* **		7 8 6 78	3,594,565
6 Section	Public support. Subtract line 5 from line 4.	, ,	4. 19. 29 Jane	/ ×× ½,	* * * * * * * * * * * * * * * * * * *	3 398 200	4,202,687
	idar year (or fiscal year beginning in)	(a) 2010	(h) 0011	(a) 0010	(-1) 0040	<b>4-3 0044</b>	(0.T.)
7	Amounts from line 4	1,380,028	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
8	Gross income from interest, dividends,	1,380,028	2,103,817	1,909,635	1,269,013	1,134,759	7,797,252
Ü	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	190	122	207	112	64	695
9	Net income from unrelated business					<u> </u>	
	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 VI.)	, , , , ,	0	0	. 0	0	0
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	*****	*	NA.	87	**,1	7,797,947
13	First five years. If the Form 990 is for the			· · · · · · · · · · · · · · · · · · ·		12	0
	organization, check this box and stop he					ear as a secuo	n 501(c)(3)
Secti	on C. Computation of Public Suppor			<del></del>	· · · ·	· · · · ·	· · · ·
14	Public support percentage for 2014 (line 6			1 column (f)	· · ·	14	53.9 %
15	Public support percentage from 2013 Sch					15	53.9 %
16a	331/3% support test-2014. If the organiz						heck this
	box and stop here. The organization qua	lifies as a publi	cly supported	organization			. ▶ ☑
b	331/3% support test-2013. If the organ	nzation did no	t check a box	on line 13 or	16a, and line	15 is 33 <sup>1</sup> /3%	or more,
	check this box and stop here. The organ			_			. ▶ 🗆
17a	10%-facts-and-circumstances test — 20	D14. If the orga	nization did no	t check a box	on line 13, 16	a, or 16b, and	line 14 is
	10% or more, and if the organization me						
	Part VI how the organization meets the "f	acts-and-circu	mstances" tes	t. The organiza	ation qualifies	as a publicly si	upported
_	organization				• • • •		. ▶ 🗆
b	10%-facts-and-circumstances test—20	D13. If the orga	nization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization	ion meets the	"tacts-and-cir	rcumstances"	test, check th	is box and ste	op here.
	Explain in Part VI how the organization m supported organization				ne organizatioi	n qualifies as a	publicly
18	Private foundation. If the organization de			 16a 16b 17a	or 17h shad	thic boy sad	. 🗾
	instructions						. <b>▶</b> □

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

(Complete only i	if you checked the box o	on line 9 of Part I or if	the organization fa	ailed to qualify under Part I	۱.
If the organization	on fails to qualify under	the tests listed below.	please complete	Part II.)	

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						_
2	Gross receipts from admissions, merchandise		<u> </u>				
	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	_				i	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		1	ĺ			
	or 1% of the amount on line 13 for the year		L				
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)		<u> </u>	L			L
	on B. Total Support				<del></del>		
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a							
	payments received on securities loans, rents,		İ				
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975	ļ	<b> </b>			<del></del>	
_	Add lines 10a and 10b	ļ <u>.</u>	ļ	<del>                                     </del>			<b> </b>
11	Net income from unrelated business						
	activities not included in line 10b, whether	}	1		}	1	}
	or not the business is regularly carried on			ļ			
12	Other income. Do not include gain or	Ì	Í			  -	
	loss from the sale of capital assets						
40	(Explain in Part VI.)		<del></del>	<b></b>			
13	Total support. (Add lines 9, 10c, 11,		1				
	and 12.)	L	1		660		F04( )(5)
14	First five years. If the Form 990 is for the	•			•		
S = -4.	organization, check this box and stop he			· · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>		
_	on C. Computation of Public Suppor			01 (0)		145	
15	Public support percentage for 2014 (line to		=			15	%
16	Public support percentage from 2013 Sci			<del></del>	· <u>·</u> ···	16	%
	on D. Computation of Investment In			when 40		147	
17	Investment income percentage for 2014 (			-		17	%
18	Investment income percentage from 2013					18	% and too
19a	331/3% support tests – 2014. If the organ						
	17 is not more than 331/3%, check this box		_			-	
b	331/3% support tests - 2013. If the organiz						
	line 18 is not more than 3312%, check this						
20	Private foundation. If the organization di	a not check a	pox on line 14	, 19a, or 19b, (	CHECK THIS DOX	and see instru	ctions >

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A	. All	Supporting	<b>Organizations</b>
-----------	-------	------------	----------------------

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	': "**** 1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	,	ky ,
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		<u></u>
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b	, ,	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	. 3	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	****	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	* ******	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	,	
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document? <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5b 5c		أنْدَ .
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	, ,	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	n	5mm. 3mm.v3.3
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	*****	
ь	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	9b		
10a	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	9c		
.va	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			
	and the following page 20		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ľ	1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a	}	
L	below, the governing body of a supported organization?  A family member of a person described in (a) above?	11b	<del>  -</del>	<del>  -</del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1		L
	on on type to appointing or games across		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			Ì
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1	<u> </u>	ļ
2	Did the organization operate for the benefit of any supported organization other than the supported		İ	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	[		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	1	<u> </u>	<u></u> _
<u> </u>	on o. Type ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		1	,
	or management of the supporting organization was vested in the same persons that controlled or managed	*		
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		`	2 // ,,
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			,
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del>-</del>	<del>                                     </del>	<u> </u>
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			, ;
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	~	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1	_	
	significant voice in the organization's investment policies and in directing the use of the organization's	1	ŀ	,
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			_
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see ins	structi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	110
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined	1		İ
	that these activities constituted substantially all of its activities.	2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b	<u> </u>	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			]
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3-	1	}
b	•	3a		<u> </u>
Ų	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b	[	[

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1	g trus	st on Nov 20, 1970. See in	structions. All
other Type III non-functionally integrated supporting organizations must co	mple	te Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	·	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	$\Box$		
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		• -
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	1		- 7 J. T.
instructions for short tax year or assets held for part of year).		8	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	· · · · · · · · · · · · · · · · · · ·	(
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	<del>  '</del>	53.	' 3 '
factors (explain in detail in Part VI).	1	•	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		V V
8 Minimum Asset Amount (add line 7 to line 6)	8	-	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	^	· <del>-</del> ··
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	70 ( 20)	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	-	
7 Check here if the current year is the organization's first as a non-functional	ly-ıntı	egrated Type III supporting	organization (see
instructions)			,

Part	1 ype III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	· <u>-</u> ·
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			_
2	Underdistributions, if any, for years prior to 2014		•••	
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а	Maria San Caracter Control of the Caracter Control of			
b	to rick the second second			
С	The Marian Control of the Marian	· .		***
<u>d</u>	1 STATE OF THE STA	. ```	#AUM-0, 11 JULIU	+ € <
е	From 2013	>>		
f	Total of lines 3a through e			,
g	Applied to underdistributions of prior years			*
h	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)	^		. *
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$	,	,	
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			,
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			·
	and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
d				
е	Excess from 2014			
		·		

	form 990 or 990-EZ) 2014	•	F	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 12. Also complete this part for any additional information. (See instructions.)	17а о	r 17b;∢	and
	······································			
	······································			
	······································			
	······			

## **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047 2014

Open to Public Inspection

Department of the Treasury

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tay) (see senarate instructions), then

*Section 501(c)(d), (5), or (6) organizations' Complete Part III.  Name of organization  Yellowstone to Yukon Conservation Inititative  **Part I-A*** Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.  2 Political expenditures		ee separate insulucions, u										
Veilowstone to Yukon Conservation Inititative    Part I-A  Complete if the organization is exempt under section 501(c) or is a section 527 organization.    Provide a description of the organization's direct and indirect political campaign activities in Part IV.   Political expenditures   Volunteer hours   Volunteer h	Name	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.		Employeride	entification number						
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.  Provide a description of the organization's direct and indirect political campaign activities in Part IV.  Political expenditures		ŭ			Linployer ide							
Provide a description of the organization's direct and indirect political campaign activities in Part IV.  Political expenditures \$ 0  Volunteer hours 0  Tenter the amount of any excise tax incurred by the organization under section 4955 \$ \$ 0  Enter the amount of any excise tax incurred by organization managers under section 4955 \$ \$ 0  Enter the amount of any excise tax incurred by organization managers under section 4955 \$ \$ 0  If the organization incurred a section 4955 tax, did it file Form 4720 for this year? \$ 0  Was a correction made? \$ 0  If Yes No  If Yes No  Tenter the amount directly expended by the filing organization for section 501(c), except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ \$ \$  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ \$ \$  Total exempt function activities \$ \$ \$  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ \$  Did the filing organization file Form 1120-POL for this year? \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				or coation 501/	a) or is a section F27							
Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955 .						organization.						
Part I=B   Complete if the organization is exempt under section 501(c)(3).   Enter the amount of any excise tax incurred by the organization under section 4955			<u> </u>		_	\$						
Part I-B   Complete if the organization is exempt under section 501(c)(3).    Enter the amount of any excise tax incurred by the organization under section 4955   \$   \$   \$		•										
Enter the amount of any excise tax incurred by the organization under section 4955   S   C	•	volumeer negret in the										
Enter the amount of any excise tax incurred by the organization under section 4955   S   C	Part	I-B Complete if the	e organization is exempt und	er section 501(	c)(3).	· · · · · · · · · · · · · · · · · ·						
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   Yes   No   Yes   No   No   If "Yes," describe in Part IV.    Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).    Enter the amount directly expended by the filing organization for section 527 exempt function activities   \$   Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities   \$   Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b   \$   Did the filing organization file Form 1120-POL for this year?   Yes   No     Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.    (a) Name   (b) Address   (c) EIN   (d) Amount paid from the filing organization's funds. If none, enter -0-   (e) Amount of political organization if none, enter -0-   (f) (e) Amount of political organization if none, enter -0-   (f) (f) Amount of political organization if none, enter -0-   (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)						\$ (						
4a Was a correction made?	2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶	\$ (						
b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	3	•				🗌 Yes 📗 No						
Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)[3].  Enter the amount directly expended by the filing organization for section 527 exempt function activities	4a	Was a correction made?				🗌 Yes 🔲 No						
Enter the amount directly expended by the filing organization for section 527 exempt function activities				<del></del>		<del> </del>						
activities .						1(c)(3).						
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	1					•						
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	_					<b>5</b>						
Inne 17b	2					•						
Inne 17b	•	527 exempt function activities										
Did the filing organization file Form 1120-POL for this year?	3	•	•		OII FOITH T120-FOL,	•						
Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filling organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filling organization's funds if none, enter -0-  (e) Amount of political contributions received and directly delivered to a separate political organization if none, enter -0-  (1)  (2)  (3)  (4)  (5)	4					Φ						
organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds if none, enter -0-  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-  (1)  (2)  (3)  (4)  (5)		<del>-</del> -				<del></del>						
the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds it none, enter -0-  (b) Address (c) EIN (d) Amount paid from filing organization's funds it none, enter -0-  (c) EIN (e) Amount of political contributions received and promptly and directly delivered to a separate political in none, enter -0-  (1) (2) (3) (4) (5)	5											
as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0- (in onic, enter												
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds if none, enter -0- (1) (2) (3) (4) (5)												
filing organization's funds if none, enter -0- filing organization's funds if none, enter -0- filing organization's funds if none, enter -0- funds			Γ	T	1	T						
delivered to a separate political organization if none, enter -0-  (1)		(a) Name	(b) Address	(C) EIN								
political organization   f   none, enter -0-					funds If none, enter -0-							
(1)       (2)       (3)       (4)       (5)												
(2)						none, enter -0-						
(2)	(1)											
(3) ————————————————————————————————————						<u> </u>						
(3)	(2)		 	ļ	}							
(4)		<del></del>										
(5)	(3)		ļ	(								
(5)					<del> </del>	<del> </del>						
	(4)											
			<b></b>	<del> </del>		<del> </del>						
(6)	(5)		<u> </u>	1								
(6)				<del>                                     </del>	<del> </del>	<del>                                     </del>						
	(6)		}	İ								

	dule C (Form 990 or 990-EZ) 2014					Page 2
	t II-A Complete if the organiza section 501(h)).				•	
A (	Check ► ☐ If the filing organization name, address, EIN, ex	belongs to an aff penses, and shar	iliated group (ar e of excess lobb	nd list in Part IV o Dying expenditur	each affiliated gro	oup member's
<b>B</b> (	Check 🕨 🗌 if the filing organization	checked box A a	nd "limited cont	rol" provisions a	apply.	
		obbying Expenditu			(a) Filing	(b) Affiliated
	(The term "expenditures"	" means amounts	paid or incurred.	)	organization's totals	group totals
18	<ul> <li>Total lobbying expenditures to influe</li> </ul>	nce public opinion	grass roots lobby	ing)	0	
t	<ul> <li>Total lobbying expenditures to influe</li> </ul>	nce a legislative bo	dy (direct lobbying	3)	0	
(	<ul> <li>Total lobbying expenditures (add line</li> </ul>	es 1a and 1b)			0	
C					947,271	
•	The second secon	(add lines 1c and 1d	d)		947,271	
f	Lobbying nontaxable amount Ent	er the amount fro	om the following	table in both		
	columns.				167,091	
	If the amount on line 1e, column (a) or (b)	) is: The lobbying	nontaxable amount	t is:		
	Not over \$500,000	20% of the am	ount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000	P .	
	Over \$1,500,000 but not over \$17,000,000	0 \$225,000 plus	5% of the excess or	ver \$1,500,000.	-*	٠,
	Over \$17,000,000	\$1,000,000				ζ, ,
ç	Grassroots nontaxable amount (ente	r 25% of line 1f)			41,773	
ŀ					0	
i	Subtract line 1f from line 1c. If zero of				0	
j	If there is an amount other than ze		1h or line 1i, did	the organization	file Form 4720	
	reporting section 4911 tax for this ye	ear?				Yes No
		-Year Averaging F				
	(Some organizations that made a	section 5טז(ח) eie the separate instn			of the five column	is below.
	333	and departure mon		La unougn Zi.,		
	Lobby	ring Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount	221,849	256,204	176,808	167,091	821,953
b	Lobbying ceiling amount (150% of line 2a, column (e))			٠٠٠ ٠٠٠ ٠٠٠ ٠٠٠ ٠٠٠ ٠٠٠ ٠٠٠ ٠٠٠ ٠٠٠ ٠٠		1 222 020

	Lobbyi	ng Expenditures D	uring 4-Year Ave	eraging Period		· -
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount	221,849	256,204	176,808	167,091	821,953
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,232,930
c	Total lobbying expenditures	0	0	0	0	0
d	Grassroots nontaxable amount	55,462	64,501	44,202	41,773	205,938
е	Grassroots ceiling amount (150% of line 2d, column (e))					308,907
f	Grassroots lobbying expenditures	0	0	0	0	0

Schedule C (Form 990 or 990-EZ) 2014

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT 1 (election under section 501(h)).	iled	Form	5768	
For (	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a	3)		(b)
desci	ription of the lobbying activity.	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				***
a b	Volunteers?				
C	Media advertisements?				
d e	Mailings to members, legislators, or the public?				
f	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?		_		
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
i	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			-	
b	If "Yes," enter the amount of any tax incurred under section 4912				
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		-		
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), c	or se	ction	
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Organization answered "Yes."  Dues, assessments and similar amounts from members				ine 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	1		
а	Current year	.	2a		
b	Carryover from last year	. [	2b		
C	Total	. [	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	the ring			
	and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)	. [	5		
Par Provid 2 (see	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list	t); Par	t II-A, lır	nes 1 and
				•••••	
		•••••			·
					•••••
				•	

Schedule C (For	m 990 or 990-EZ) 2014	Page 4
Part IV	m 990 or 990-EZ) 2014 Supplemental Information (continued)	· ·
		·
	······································	
	······································	····
	······································	

# **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► 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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

_	stone to Yukon Conservation Initiative		810535303
Par			
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		<del></del>
5	Did the organization inform all donors and donor	advisors in writing that the assets h	held in donor advised
	funds are the organization's property, subject to the	e organization's exclusive legal contr	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	
	only for charitable purposes and not for the benef		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the	<del></del>	<del></del>
•	Preservation of land for public use (e.g., recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Freservation C	or a certified historic structure
2	Complete lines 2a through 2d if the organization he	ald a qualified conservation contribute	on in the form of a conseniation
-	easement on the last day of the tax year.	sia a quaimea conservation continuati	Held at the End of the Tax Year
_			<del> </del>
a			
b	Total acreage restricted by conservation easement		
C	Number of conservation easements on a certified to		
d	Number of conservation easements included in historic structure listed in the National Register .		
_	5		
3	Number of conservation easements modified, trans	sterred, released, extinguished, or ter	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy required and organization and		
_	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation	easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easi	ements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easeme		
Part			
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
þ	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its	revenue statement and balance shee
	works of art, historical treasures, or other similar		ducation, or research in furtherance o
	public service, provide the following amounts relati		
	(i) Revenue included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,	, historical treasures, or other simila	ir assets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these i	items:
а	Revenue included in Form 990, Part VIII, line 1 .		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Cat No 52283D

Schedule D (Form 990) 2014

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

Pari	III Organizations Maintaining	Collections	of Art, His	torical T	reasures,	or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		other reco	rds, chec	k any of the	follov	ving that are a s	ignificant use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	e progi	rams	
b	☐ Scholarly research		e Other					
С	☐ Preservation for future generations	S						
4	Provide a description of the organiza XIII.	tion's collection	s and expl	ain how t	hey further t	he org	anızatıon's exen	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							ır
Parl								□ les □ llo
	Complete if the organization 990, Part X, line 21.	answered "Yo					•	
1a	Is the organization an agent, trustee included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in P	art XIII and com	plete the fo	ollowing to	able:	_	T	
_	Danier de Latera					-	<del></del>	mount
Ç	Beginning balance					1c		
d	Additions during the year					1d	<del></del>	
e	Distributions during the year					1e		
f a-	Ending balance					1f		
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in P  Endowment Funds.	art Alli. Check h	ere ii the e	xpianatio	n nas been p	orovide	ed in Part XIII .	<u>· · ·                                  </u>
r ai	Complete if the organization	annuorod "V	os" to Ear	~ 000 E	ort IV lina	10		
	Complete if the organization	(a) Current year		or year	(c) Two years		(d) Three years back	(e) Four years back
40	Paginning of year balance	(a) Current year	(0) (1)	- year	(c) Two years	Dack	(u) Three years back	(e) Four years back
1a	Beginning of year balance	<u> </u>	<del></del>	<del></del>				+
c	Net investment earnings, gains, and losses							
d	Grants or scholarships		<u> </u>	-				<del> </del>
e	Other expenditures for facilities and programs		_					
f	Administrative expenses			<del></del>				
g	End of year balance				<u> </u>			<del>                                     </del>
2	Provide the estimated percentage of t	the current year	end baland	e (line 1a	column (a)	held a		<del></del>
a	Board designated or quasi-endowme	-	%		,, 00, (4),	,		
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶		, )					
	The percentages in lines 2a, 2b, and 2							
3а	Are there endowment funds not in th organization by:			zation tha	at are held a	ınd adı	ministered for th	e Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(II), are the related organ							3b
4	Describe in Part XIII the intended uses							L37.1 1
Part	VI Land, Buildings, and Equip	ment.	-				<del></del>	
	Complete if the organization		es" to For	m 990, P	art IV, line	11a. S	See Form 990,	Part X, line 10.
	Description of property	(a) Cost of	r other basis stment)	(b) Cost o	or other basis ther)	(c) /	Accumulated epreciation	(d) Book value
	Land			†	*		, ,	
b	Buildings							
c	Leasehold improvements							
d	Equipment	. –		<del> </del>		_		
e	Other							
	Add lines 1a through 1e (Column (d) r	nust equal Form	990 Part	X column	(R) line 10	~ )	<b>•</b>	

Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" to I		<del></del>	
	(a) Description of security or category (including name of security)	(b) Book va		(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives			
, ,	neld equity interests	•		
(3) Other				
(A)				
(B)				
(C)	•••••••••••••••••••••••••••••••••••••••	···- <del> </del>	<del></del>	
(D) (E)				
(F)			<del></del>	
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) ▶	<del> </del> -	<del>-   -</del> -	
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" to	Form 990. Part	IV. line 11c. Se	ee Form 990. Part X. line 13.
	(a) Description of investment	(b) Book v	alue	(c) Method of valuation Cost or end-of-year market value
(1)		<del></del> -		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13 ) ▶			3
Part IX	Other Assets.			5 000 5 VV II 45
	Complete if the organization answered "Yes" to	Form 990, Part	IV, line 11d. Se	
	(a) Description		<del></del>	(b) Book value
(1)				
(2)		<del></del>	<del></del>	
(3)				
<u>(4)</u>			<del></del>	
(5)	<del></del>	<del></del>		
(6)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<del></del>		▶
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" to	Form 990, Part	IV, line 11e or	11f. See Form 990, Part X,
	line 25.			
1.	(a) Description of liability (b) Book val	ue		
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 25.)			····
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the following tax positions under FIN 48 (ASC 740)	ootnote to the orga	anization's financia	al statements that reports the
organization	s liability for uncertain tax positions under FIN 48 (ASC 740).	Uneck here if the	text of the foothot	e nas been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" to Form 990		•	n.
1	Total revenue, gains, and other support per audited financial statemen			1 101 202
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1,191,202
a	Net unrealized gains (losses) on investments	.   2a		
b	Donated services and use of facilities	2b	0	
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)		<del>-</del>	
	Add lines 2a through 2d	. [20]	· 2e	0
3	Subtract line 2e from line 1		3	4 101 202
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1,191,202
-		. 4a		
a b	Other (Describe in Part XIII.)	. 4a	0	
	Add lines 4a and 4b	· ———	<del></del> 4 .**\	•
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, In			0
Part				1,191,202
rait	Complete if the organization answered "Yes" to Form 990			uiii.
1	Total expenses and losses per audited financial statements		1	4 440 000
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:		· · · · <del>  - ·  </del>	1,118,620
2	Donated services and use of facilities	1201		
a	Prior year adjustments		0	
b	Other losses		<del></del>	
۲ 0		. 2c	<u>_</u>	
d	Other (Describe in Part XIII.)			
e	<del> ~ ~</del>		2e	0
3				1,118,620
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b.  Other (Describe in Part XIII.)	4a 4b	<u>o</u>	
b	Add lines 4a and 4b	. 40	<del></del>	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	lino 19 \	4c	0
	Supplemental Information.	<i>III le 10 j</i>	3	1,118,620
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	art to provide any	additional informat	ion.
	•			
			,	

Schedule D (Fon	m 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	
-	<del></del>	
	***************************************	,
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	***************************************	
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· <b>··</b> ···	***************************************	
·		
	***************************************	
	•••••••••••••••••••••••••••••••••••••••	

### **SCHEDULE F** (Form 990)

# **Statement of Activities Outside the United States**

OMB No 1545-0047

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury internal Revenue Service Name of the organization

Employer identification number

	wstone to Yukon Conservation I	nitiative	- Outside	the Heiter Chance O		810535303
Pa	General Information Form 990, Part IV, line		es Outside	the United States. Com	piete if the organization	answered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eli grants or assistance?					
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for moni	toring the use of its g	rants and other
3	Activities per Region. (The fo	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	can be duplicated if additio  (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	nal space is needed.)  (e) If activity listed in (d) is a program service, describe specific type of service(s) in region	expenditures for
(1)	Canada	0_	0	program services	conservation	435,500
(2)	Canada	0	0	program services	communications	268,500
(3)	Canada	0	0	program services	policy	23,000
(4)	Canada	0	00	administration		15,000
(5)	Canada	0	0	fundraising		83,000
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)	<del></del>					
(14)	<del></del>					
(15)						
(16)						
(17)						
3a 1		<u> </u>				825,000
	sheets to Part I	0 .	0		_	

c Totals (add lines 3a and 3b)

825,000

	Part IV, line 15, for al	ny recipient wno i	received more than	\$5,000 Part II car	be duplicated if a	additional space is	s needed	
	ame of nization (b) IRS code section and EIN (if applicable)	(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	(i) Method of valuation (book, FMV, appraisal, other)
1) <	, .							
2)								
)	÷							
).	, ,							
)								
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2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exemple.	ıpt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	<b>-</b>
3	Enter total number of other organizations or entities	

Schedule F (Form 990) 2014

Page 3

Part III

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

(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)
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art	<u> </u>	Foreign Forms		
1	the d	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	☐ Yes	☑ No
2	may Rece	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	<b>√</b> No
3	the c	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to ain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	qual Infor	the organization a direct or indirect shareholder of a passive foreign investment company or a lifted electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing d (see Instructions for Form 8621).	☐ Yes	<b></b> ✓ No
5	the o	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain eign Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No
6	"Yes	the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions form 5713; do not file with Form 990)	☐ Yes	<b></b> ✓ No

Schedule F (Form 990) 2014

Part V	Supplemental Information  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 to provide any additional information (see instructions).
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### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

**Employer identification number** 

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Yellowstone to Yukon Conservation Initiative 810535303 Part I Types of Property (c) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art . . . . 2 Art - Historical treasures . . . 3 Art-Fractional interests . . . Δ Books and publications . . 5 Clothing and household goods . . . . . . . . Cars and other vehicles . . . 6 Boats and planes . . . . . 7 Intellectual property . . . . 8 9 Securities-Publicly traded . . 4 31,507.16 net selling price 10 Securities-Closely held stock . 11 Securities-Partnership, LLC, or trust interests . . . . Securities-Miscellaneous . . 12 13 Qualified conservation contribution-Historic structures . . . . . . . . Qualified conservation 14 contribution-Other . . Real estate-Residential . . . 15 Real estate - Commercial . . 16 17 Real estate-Other . . . . 18 Collectibles . . . . . . 19 Food inventory . . . . . . 20 Drugs and medical supplies . . 21 Taxidermy . . . . . . . 22 Historical artifacts . . . . . 23 Scientific specimens . . . . 24 Archeological artifacts . . . 25 Other ► (\_\_\_\_\_) 26 Other ► (\_\_\_\_\_) 27 Other ► (\_\_\_\_\_) Other ► ( 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II.

### 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.

2014

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Yellowstone to Yukon Conservation Initiative	810535303
Part VI 11b: The Form 990 was prepared by the Business Director and reviewed by the Executive of the	Board, specifically by the
Board Treasurer before submitting to the IRS.	
Part VI Line 12c: The Governance Committee of the Board of Directors distributes a disclosure form an	nnually to all 'Responsible Persons'.
A 'Responsible Person' is any person serving as an officer, employee or member of the Board of Direct	tors of the Yellowstone to Yukon
Conservation Initiative (Y2Y). The Responsible Persons are asked to identify any relationships, positro	ns or circumstances in which the
Responsible Person is involved that he or she believes could contribute to a conflict of interest arising	ŀ
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	f 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 m	natter 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 conflic	ct of interest he or she has with
respect to a contract or transaction.	
Part VI 15a: President compensation is determined by the Executive Committee of Y2Y's Board of Direction	ctors by reviewing the results of
the organization's annual performance review for the President and similar organizations' salary levels	for this position.
······	
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. Financial statements are also available on the Y2Y we	bsite.

Schedule O (Form 990 or 990-EZ) (2014)	<i></i>	Page 2
Name of the organization	Employer identification number	, -
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### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Related Organizations and Unrelated Partnerships**

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No 1545-0047

2014

fellowstone to Yukon Conservation Initia

ployer identification number

	Identification of Disregarded Entities Complete	te if the organization	answered "Yes" o	on Form 990, Par	t IV, line 33.				
	(a) Name, address, and EIN (if applicable) of disregarded entity	Pro		(c) Legal domicile (state or foreign country)	(d) Total income E	(e) End-of-year assets	(f) Direct con entit	ntrolling	
_(1)									
(2)									
(3)									
(4)									
(5)									
(6)					<u> </u>				
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations d	ations Complete if turing the tax year	he organization an	swered "Yes" or	Form 990, Part I	V, line 34 beca	use it ha	ıd	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Public charity status (if section 501(c)(3))	Direct controllin entity	_ conf	(g) on 512(b)(1 controlled entity?	
(1) Yellow	Stone to Yukon Conservation Initiative Society		-			<del> </del>	Yes	No	
00 - 1240 I	Railway Ave, Canmore Alberta T1W 1P4 Canada	conservation, policy	Canada	}	Alberta Societies	s n/a		1	
(2)		& communications							
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(6)						<u> </u>	+	<b>†</b>	

Part III Identification of I because it had on	Related Organizations e or more related orga	s Taxable	as a Partners treated as a pa	ship Complete if irtnership during	the organiza	tion answere	d "Ye	es" o	n Form 990, P	art IV	, line	34
(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets			(i) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	(i) eral or aging tner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(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	(h) Percentage ownership	Section 5 contr enti	) 12(b)(13) plied ty?
								Yes	No
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(3)							L <u>-</u>		
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Schedule R (Form 990) 2014

Part	Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line 34	4, 35b, or 36	_		
Note	. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			-		Yes	No
	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	nizations listed in Part	s IHV?			-
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	J			1a		1
b	Gift, grant, or capital contribution to related organization(s)				1b		7
C	Gift, grant, or capital contribution from related organization(s)				1c	_	1
d	Loans or loan guarantees to or for related organization(s)				1d		7
е	Loans or loan guarantees by related organization(s)				1e		1
			•			ļ	<u> </u>
f	Dividends from related organization(s)				1f		1
g	Sale of assets to related organization(s)				1g		7
h	Purchase of assets from related organization(s)				1h		7
- 1	Exchange of assets with related organization(s)				11		7
j	Lease of facilities, equipment, or other assets to related organization(s)				1,		7
	•						,
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		1
	Performance of services or membership or fundraising solicitations for related organization(s)	)			11		7
	Performance of services or membership or fundraising solicitations by related organization(s)				1m		7
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	7	<b>-</b> -
	Sharing of paid employees with related organization(s)				10	<b>-</b>	-
	3 · F · · · F · · · · · · · · · · · ·				- <del>`</del>	-	$\vdash$
р	Reimbursement paid to related organization(s) for expenses				1p		7
-	Reimbursement paid by related organization(s) for expenses				1a		<del>-</del>
•	Tomos of the by Total of Digaritation (b) for onposition				14		<b>-</b>
r	Other transfer of cash or property to related organization(s)				 1r		'
	Other transfer of cash or property from related organization(s)				18	-	
	If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, incli	iding covered relation	schine and transport		ochol	do.
	(a)				on un	621101	<u>us</u>
	Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determinin	n amou	nt invol	wed
	• .	type (a-s)		mounds or dolonially	,		
		-					
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(1) 161	towastone to 1 taxon conservation initiative Society	0	89,163	time allocation			
(2) Val	lauratana ta Videa Garaanistan Industria Canata	1					
(2) 101	lowstone to Yukon Conservation Initiative Society	r	825,000	project agreements			
(2)							
_(3)		<del> </del>		<del> </del>			
(4)							
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_(5)							
(C)			ľ				
(6)		<u> </u>		0-1			
				Schedule F	₹ (Forr	ກ 990)	2014

Part VI Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on 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

(a) Name, address, and EIN of entity	(b) Primary activity	 income (related, unrelated, excluded from tax under	Are all p sec 501	e) partners tion (c)(3) tations?	total income	(g) Share of end-of-year assets	Disproportionate Code V—UBI allocations? amount in box 2	allocations? a		amount in box 20 of Schedule K-1	General or managing partner?		General or managing		managing		General or managing		(k) Percentage ownership														
		 sections 512-514)	Yes	No				No	<u> </u>	Yes	No	<u> </u>																					
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Schedule R (Form 990) 2014

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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
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