

Yellowstone Valley Animal Shelter

2021 Income Tax Return

Client Copy



Yellowstone Valley Animal Shelter 1735 Monad Rd Billings, MT 59104

Yellowstone Valley Animal Shelter:

Enclosed is the organization's 2021 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Best regards,

Larriel & Miller

Daniel S. Miller, CPA

Form 8879-TE		IRS e-file Signature Authorization for a Tax Exempt Entity		OMB No. 1545-0047		
Form OOTO IL	For calendar year 202	1, or fiscal year beginning, 2021, and ending	20	0004		
		Do not send to the IRS. Keep for your records.	, 20	2021		
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form8879TE for the latest information.				
Name of filer			EIN or SS	N		
YELLOV	STONE VAL	LEY ANIMAL SHELTER	26-1	389957		
Name and title of officer or p	erson subject to tax	TRINITI HALVERSON				
		DIRECTOR				
Part I Type of	Return and Re	turn Information				
Form 5330 filers may enter or 10a below, and the arr	er dollars and cents. nount on that line for	e using this Form 8879-TE and enter the applicable amount, if any For all other forms, enter whole dollars only. If you check the box r the return being filed with this form was blank, then leave line 1 D-). But, if you entered -0- on the return, then enter -0- on the appli	x on line 1a, 2a b, 2b, 3b, 4b, 5	, 3a, 4a, 5a, 6a, 7a, 8a, 9a b, 6b, 7b, 8b, 9b, or 10b,		
	here	b Total revenue, if any (Form 990, Part VIII, column (A), line 1	12)	њ 1.044.171.		
2a Form 990-EZ ch		b Total revenue, if any (Form 990-EZ, line 9)				
3a Form 1120-POL		b Total tax (Form 1120-POL, line 22)				
4a Form 990-PF ch		b Tax based on investment income (Form 990-PF, Part V, li				
5a Form 8868 chec		b Balance due (Form 8868, line 3c)				
6a Form 990-T che		b Total tax (Form 990-T, Part III, line 4)				
7a Form 4720 chec		b Total tax (Form 4720, Part III, line 1)				
8a Form 5227 chec		b FMV of assets at end of tax year (Form 5227, Item D)		8b		
9a Form 5330 chec	k here 🕨 🗌	b Tax due (Form 5330, Part II, line 19)		9b		
10a Form 8038-CP of		b Amount of credit payment requested (Form 8038-CP, Pa		10b		
Part II Declara	ntion and Signa	ture Authorization of Officer or Person Subject to	Тах			
Under penalties of perjury	y, I declare that 🛛 🗙] I am an officer of the above entity or 🚺 I am a person subjec	t to tax with res	pect to (name		
financial institution to det later than 2 business day payment of taxes to rece personal identification nu PIN: check one box only X I authorize A as my signatur with a state ag on the return's As an officer or return. If I have	bit the entry to this a s prior to the payme ive confidential infor imber (PIN) as my sign MDERSON ZUI e on the tax year 200 ency(ies) regulating disclosure consent person subject to t indicated within this	ated in the tax preparation software for payment of the federal tax account. To revoke a payment, I must contact the U.S. Treasury F ent (settlement) date. I also authorize the financial institutions invo mation necessary to answer inquiries and resolve issues related t gnature for the electronic return and, if applicable, the consent to RMUEHLEN & CO., P.C. ERO firm name 21 electronically filed return. If I have indicated within this return t charities as part of the IRS Fed/State program, I also authorize th screen. ax with respect to the entity, I will enter my PIN as my signature of s return that a copy of the return is being filed with a state agency my PIN on the return's disclosure consent screen.	<pre>inancial Agent a lved in the proc to the payment. electronic funds to enter my that a copy of th e aforementione on the tax year 2</pre>	at 1-888-353-4537 no essing of the electronic I have selected a s withdrawal. PIN <u>13524</u> Enter five numbers, but do not enter all zeros e return is being filed ed ERO to enter my PIN 2021 electronically filed		
Signature of officer or person subj			Dat	te 🕨		
	ation and Author	entication				
ERO's EFIN/PIN. Enter y number (EFIN) followed b	-	01060630				
		IN, which is my signature on the 2021 electronically filed return in requirements of Pub. 4163, Modernized e-File (MeF) Information				
ERO's signature 🕨		Date 🕨	11/14/22			
		ERO Must Retain This Form - See Instructions ubmit This Form to the IRS Unless Requested To	Do So			
LHA For Privacy act an		ction Act Notice, see instructions.		Form 8879-TE (2021)		
102521 01-11-22						

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



AF	or the	2021 calendar year, or tax year beginning and	enaing							
B c	heck if pplicable:	C Name of organization		D Employer identification number						
	Address									
	Name change	Doing business as	26-13899	57						
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number						
	Final return/	1735 MONAD RD		406-294-'						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,057,320.					
	Amende return	BILLINGS, MI 59104		H(a) Is this a group re	eturn					
	Applica	F Name and address of principal officer: ININIII IIALVERSON		for subordinates	? Yes X No					
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No					
<u> 1</u>	ax-exe	mpt status: 🚺 501(c)(3) 🔄 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	lf "No," attach a	list. See instructions					
		e:▶ WWW.YVAS.ORG		H(c) Group exemption	n number 🕨					
KF	orm of o	organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 2007 N	State of legal domicile: MT					
Pa		Summary								
	1 E	Briefly describe the organization's mission or most significant activities: \underline{YELLC}	OWSTON	E VALLEY AND	IMAL					
nce		SHELTER IS DEDICATED TO STRENGTHENING THE	HUMAN	-ANIMAL BON	D BY					
Governance	2 0	Check this box 🕨 🥅 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.					
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	6					
ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	6						
80 00		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		27						
/itie		Total number of volunteers (estimate if necessary)		240						
Activities &	7a⊺	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
ø	8 0	Contributions and grants (Part VIII, line 1h)		707,521.	649,951.					
Revenue	9 F	Program service revenue (Part VIII, line 2g)		257,331.	341,492.					
eve	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,663.	4,203.					
£		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-5,221.	48,525.					
	12 T	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		961,294.	1,044,171.					
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
s	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		512,750.	619,757.					
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
be	ьт	Total fundraising expenses (Part IX, column (D), line 25) 55, 37	71.							
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		266,865.	330,886.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		779,615.	950,643.					
		Revenue less expenses. Subtract line 18 from line 12		181,679.	93,528.					
or		· · · · · · · · · · · · · · · · · · ·		ginning of Current Year	End of Year					
sets lanc	20 T	Fotal assets (Part X, line 16)		652,467.	746,390.					
Ass	21 T	Fotal liabilities (Part X, line 26)		10,591.	10,990.					
Net Assets Fund Balanc	22 1	Net assets or fund balances. Subtract line 21 from line 20		641,876.	735,400.					
	art II	Signature Block			•					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signatu	ire of c	officer						Date	
Here		TRI	NIT	I HALVER	SON, D	IRECTOR	2				
		Type or	r print	name and title							
	Prin	nt/Type pr	eparer	's name		Prepare	's signatu	е	Date	Check	PTIN
Paid	DAI	NIEL	s.	MILLER,	CPA	DANI	EL S.	MILLER,	CP 11/14	/22 self-employed	P00031554
Preparer	Firn	n's name		ANDERSON	ZURMU	EHLEN a	2 CO.	, P.C.		Firm's EIN 🕨 81	-0385940
Use Only	Firn	n's addres	SS 🕨	P.O. BOX	20435						
				BILLINGS			135			Phone no. 406 -	245-5136
May the IRS discuss this return with the preparer shown above? See instructions											
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2021) YELLOWSTONE VALLEY ANIMAL SHELTER 26-1389957 Page
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: YELLOWSTONE VALLEY ANIMAL SHELTER IS A NONPROFIT CORPORATION ORGANIZED
	TO PROVIDE SHELTER FOR ANIMALS IN TRANSITION, SERVE AS ADVOCATES FOR
	ANIMALS AND THEIR PEOPLE, AND BE A LEADER IN ENHANCING THE
	HUMAN-ANIMAL BOND.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$783,041. including grants of \$) (Revenue \$341,492.
	THE YELLOWSTONE VALLEY ANIMAL SHELTER (YVAS) HAS GROWN TO BECOME THE
	LARGEST-VOLUME SHELTER IN MONTANA; INTAKING ARQUND 5,000 ANIMALS
	ANNUALLY. THE ORGANIZATION MAINTAINS A CONTRACT WITH THE CITY OF
	BILLINGS ANIMAL CONTROL AND YELLOWSTONE COUNTY SHERRIFF'S DEPARTMENT TO
	PROVIDE CARE FOR LOST AND TRANSITIONING ANIMALS OF OUR COMMUNITY. OUR
	MAIN GOALS ARE TO QUICKLY REUNITE LOST PETS WITH THEIR OWNERS AND TO
	FIND NEW, LOVING HOMES FOR ANY UNCLAIMED OR SURRENDERED PETS. YVAS
	ALSO HAS A FOSTER PROGRAM THAT CARES FOR ANIMALS WHO ARE UNDERAGE,
	SICK, OR INJURED BEFORE BEING MEDICALLY CLEARED FOR ADOPTION. ALL OF
	THE DOGS AND CATS IN OUR ADOPTION PROGRAM ARE GIVEN THEIR
	AGE-APPROPRIATE VACCINATIONS, SPAYED/NEUTERED, AND MICROCHIPPED BEFORE
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses > 783,041.
4e	
4e	Form 990 (202

Form	990	(2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			77
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 13	
D		11b		х
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
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		X
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		X
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		X
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	X	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	0000	X
32003	3 12-09-21	Form	990	(2021)

132003 12-09-21

3 2021.05000 YELLOWSTONE VALLEY ANIMAL 135242.1

Form	990	(2021)
FUIII	330	(2021)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	05h		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes." complete Schedule L. Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
132004	12-09-21	Form	990	(2021)
	4			

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2021.05000 YELLOWSTONE VALLEY ANIMAL 135242.1

021)		WSTONE V				
Sta	atements Regarding	J Other IRS F	Filings and	Tax Com	pliance	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	27			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	s				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Av		. ,	Ea		х
5a ⊾				5a 5b		X
 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 						- 11
	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
u	any contributions that were not tax deductible as charitable contributions?					
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						<u> </u>
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					X X
f						
g						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
sponsoring organization have excess business holdings at any time during the year?						
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		
h	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 the					
b	organization is licensed to issue qualified health plans	13b	1			
c	Enter the amount of reserves on hand	13c		•		
	Did the entry institution of the entry of the institution of the data of the d	·	1	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		<u> </u>
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16						
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			_	000	(2021)
	10 00 01 5			Eorm	3990	11001

Form 990 (2021)

Part V

5 Form **990** (2021) 2021.05000 YELLOWSTONE VALLEY ANIMAL 135242.1

11a	Has the o
b	Describe

Form 990 (2021) Part V

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officer, director, trustee, or key employee?

persons other than the governing body?

organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe on Schedule O how this was done Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official а Other officers or key employees of the organization b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE 17

Х 12a Х 12b Х 12c Х 13 х 14 Х 15a Х 15b Х 16a 16b List the states with which a copy of this Form 990 is required to be filed 🕨 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request ___ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 406-657-8226 1735 MONAD RD, BILLINGS, MT 59104 Form **990** (2021) 132006 12-09-21 6

Governance, Management, and Disclosure.	For each	"Yes'	response t	to lines 2	2 through	7b below,	and for a	"No"	response
to line 8a, 8b, or 10b below, describe the circumstances, p	processes.	or ch	anges on S	chedule	O. See ir	nstructions	5.		

Section A. Governing Body and Management	
Check if Schedule O contains a response or note to any line in this Part VI	

YELLOWSTONE VALLEY ANIMAL SHELTER

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

10a Did the organization have local chapters, branches, or affiliates?

and branches to ensure their operations are consistent with the organization's exempt purposes?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,

Did the organization delegate control over management duties customarily performed by or under the direct supervision

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

Did the organization become aware during the year of a significant diversion of the organization's assets?

Did the organization have members or stockholders?

more members of the governing body?

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.

b Enter the number of voting members included on line 1a, above, who are independent

of officers, directors, trustees, or key employees to a management company or other person?

b Each committee with authority to act on behalf of the governing body?

organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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7a

7b

8a

8b

9

10a

10b

11a

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Yes

Х

1a

1h

.....

X

No Yes

х

Х

Х

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х

х

Х

х

No

Х

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Form 990 (2021) YELLOWSTONE VALLEY ANIMAL SHELTER	26-1389957	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	npensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending w	vith or within the organization?	s tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), rega	ardless of amount of compens	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) TRINITI HALVERSON	40.00								
EXECUTIVE DIRECTOR				Х			73,395.	0.	3,348.
(2) STEVEN DURRETT	2.00								
TREASURER		Х		Х			0.	0.	0.
(3) KATIE HUSO	2.00								
PRESIDENT		Х		X			0.	0.	0.
(4) SHELLEY PIERCE	2.00			ľ –					
DIRECTOR		Х					0.	0.	0.
(5) MIKE PIGG	2.00								
DIRECTOR		х					0.	0.	0.
(6) STACEY FROST	2.00								
DIRECTOR		Х					0.	0.	0.
(7) JANI MCCALL	2.00								
DIRECTOR		X					0.	0.	0.
			<u> </u>						
		1							
		1							
		1							
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Form 990 (2021)

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	990 (2021) YELLOWSTC	ONE VALI	ΓEA	A	NI	MA	L	SH	IELTER	26-13	8899	957	Pa	ige 8
Par	VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do box		(C Posi heck r ss per	C) ition more rson is	l than c s both	one 1 an	(D) Reportable compensation from	(E) Reportable compensatio from related		am	(F) timate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	s	comp fro orga and	oensat om the anizati I relate nizatio	e on ed
			-											
			-											
			-											
			-											
			-											
									72 205		0.		<u> </u>	10
1b	Subtotal Total from continuation sheets to Part VII	Section A							73,395.		0.	-	3,34	<u>±0.</u> 0.
	Total (add lines 1b and 1c)								73,395.		0.	3	3,34	
2	Total number of individuals (including but no compensation from the organization) wh	o re	eceived more than \$100,	000 of reportable			Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si			•	•	•		Ŭ	• •			3	103	X
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
5	rendered to the organization? If "Yes," com											5		Х
	ion B. Independent Contractors													
1	Complete this table for your five highest con the organization. Report compensation for t	-									ensat	ion tro	m	
	(A) Name and business			ONE					(B) Description of s		Co	(C ompen		ı
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lir	nitec	l to t	thos C		ted	above) who received mo	ore than				
											I	Form S	990 (2	2021)

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Pa	rτv	/111						
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
6 6	-1	_	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	'							
5 O			Membership dues 1b Fundraising events 1c	45,786.				
fts, LAi			Related organizations 1d	10,7000				
nila			Government grants (contributions) 1e					
Sin			All other contributions, gifts, grants, and					
nti Der		•	similar amounts not included above 1f	604,165.				
0 G		a	Noncash contributions included in lines 1a-1f	43,200.				
Con		-	Total. Add lines 1a-1f		649,951.			
<u> </u>				Business Code				
Ð	2	а	ADOPTION REVENUE	900099	186,018.	186,018.		
Program Service Revenue	-		LICENSE SALES	900099	65,741.	65,741.		
Ser			BOARDING	900099	38,238.	38,238.		
		d	IMPOUND FEES	900099	14,834.	14,834.		
Be		е	RELEASE FEES	900099	10,825.	10,825.		
Prc		f	All other program service revenue	900099	25,836.	25,836.		
			Total. Add lines 2a-2f	►	341,492.			
	3		Investment income (including dividends, intere					
			other similar amounts)	►	4,203.			4,203.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	►				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	🕨				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
anc			and sales expenses 7b					
Revenue			Gain or (loss)					
			Net gain or (loss)	▶				
Other	8	а	Gross income from fundraising events (not					
Ò			including \$ 45,786. of					
			contributions reported on line 1c). See	FD 061				
			Part IV, line 18					
			Less: direct expenses 8b	5,962.	16 200			46 200
	~		Net income or (loss) from fundraising events	▶	46,299.			46,299.
	9	а	Gross income from gaming activities. See					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities	L				
	10		Gross sales of inventory, less returns					
	10	a	and allowances <u>10</u>	9,413.				
		h	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory	-	2,226.	2,226.		
		-		Business Code	,,	, = = • •		
snc	11	а						
nec	2	b						
ella		с						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		1,044,171.	343,718.	0.	50,502.
13200	9 12	-09-	21					Form 990 (2021)

YELLOWSTONE VALLEY ANIMAL SHELTER

Form 990 (2021)

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YELLOWSTONE VALLEY ANIMAL SHELTER

	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
,	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
t	trustees, and key employees				
6	Compensation not included above to disqualified				
I	persons (as defined under section 4958(f)(1)) and				
I	persons described in section 4958(c)(3)(B)	73,395. 454,322.	<u>14,679.</u> 386,196.	<u>44,037.</u> 36,822.	<u>14,679</u> 31,304
7	Other salaries and wages	454,322.	386,196.	36,822.	31,304
8	Pension plan accruals and contributions (include				
:	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	47,419.	44,026.	1,903.	<u>1,490</u> 3,860
10	Payroll taxes	44,621.	34,058.	6,703.	3,860
	Fees for services (nonemployees):				
а	Management				
b	Legal	945.		945.	
с	Accounting	16,558.		16,558.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	5,263.		5,263.	
	Advertising and promotion	5,263. 2,422.	2,422.		
	Office expenses	93,564.	89,526.		4,038
	Information technology				
	Royalties				
	Occupancy	29,114.	29,114.		
	Travel	61.	61.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	30,982.	30,982.		
	Insurance	29,435.	29,435.		
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	67,804.	67,804.		
	OTHER	33,886.	33,886.		
	MISCELLANEOUS	12,962.	12,962.		
	VETERINARIAN	6,239.	6,239.		
		1,651.	1,651.		
	All other expenses			112 221	EE 271
	Total functional expenses. Add lines 1 through 24e	950,643.	783,041.	112,231.	55,371
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
(Check here 🕨 if following SOP 98-2 (ASC 958-720)				Form 990 (202

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YELLOWSTONE VALLEY ANIMAL SHELTER

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Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			276,057.	1	377,513
	2	Savings and temporary cash investments			181,758.	2	181,831
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			26,311.	4	30,015
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied per				
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	394,845.			
	b	Less: accumulated depreciation		237,814.	168,341.	10c	157,031
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			652,467.	16	746,390
	17	Accounts payable and accrued expenses			10,591.	17	10,990
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ŝ	22	Loans and other payables to any current or form	ner offic	er, director,			
Ē		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D		·····		25	
	26	Total liabilities. Add lines 17 through 25			10,591.	26	10,990
		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
Sec		and complete lines 27, 28, 32, and 33.			<i></i>		
lan	27				641,876.	27	725,400
ñ	28	Net assets with donor restrictions				28	10,000
nn		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 🛄			
Ē		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Re	32	Total net assets or fund balances			641,876.	32	735,400
	33	Total liabilities and net assets/fund balances .			652,467.	33	746,390

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

_	1990 (2021) YELLOWSTONE VALLEY ANIMAL SHELTER	<u>26-13</u>	89957	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,044	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,643.
3	Revenue less expenses. Subtract line 2 from line 1	3		,528.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	641	,876.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		-4.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	735	,400.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		1	<u> </u>
				res No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule			
2a			2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2 b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•		
	Act and OMB Circular A-133?		<u>3a</u>	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			90 (2021)
				MI (0001)

Form **990** (2021)

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SCH	EDL	JLE	Α

Department of the Treasury Internal Revenue Service

(Form 990)

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.

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

OMB NO. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Nar	ne of t	the organization							identification number
_				LLEY ANIMAL ;					6-1389957
Pa	art I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only (one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization						(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	-					e deneral r	ublic described in
•		section 170(b)(1)(A)(vi). (C			onna gove			ie general p	
8		A community trust describe		1)(A)(vi) (Complete Par	них				
9	\square	An agricultural research org			-	nd in coniu	nction with a	land grant	collogo
3		or university or a non-land-g	-					-	-
		• •	grant college of agrici			lame, city	, and state of	the college	
10		university:	lly reacives (1) more	than 22 1/20/ of its sum	out from a	ontributior	a mambarab	in face and	d areas ressints from
10		An organization that norma					*		
		activities related to its exem							
		income and unrelated busin		(less section 511 tax) fro	m pusines	ses acqui	rea by the org	anization a	inter June 30, 1975.
		See section 509(a)(2). (Con							
11		An organization organized a							
12		An organization organized a							
		more publicly supported or							neck the box on
		lines 12a through 12d that							
а		Type I. A supporting orga							
		the supported organization			majority o	of the direc	tors or truste	es of the su	ipporting
		organization. You must c							
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ring
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported
	_	_ organization(s). You mus	t complete Part IV,	Sections A and C.					
C		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	d with,
	_	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
c		Type III non-functionally	<pre>/ integrated. A supp</pre>	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
e		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	I, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported c	organizations						
<u>c</u>		vide the following information			(iv) to the error	nization listed			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
_									
Tota	al								

Schedule A (Form 990) 2021 Part II Support Sch

YELLOWSTONE VALLEY ANIMAL SHELTER

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	436,342.	429,543.	671,346.	707,521.	604,165.	2848917.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	426 242	400 540	671 246	707 501	604 16F	2040017
	Total. Add lines 1 through 3	436,342.	429,543.	671,346.	707,521.	604,165.	2848917.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						365,231.
6	Public support. Subtract line 5 from line 4.						2483686.
	ction B. Total Support						24050000
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	436,342.	429,543.	671,346.	707,521.	604,165.	2848917.
	Gross income from interest,				,		
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	200.	245.	153.	1,663.	4,203.	6,464.
9	Net income from unrelated business						· · ·
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	38,555.	43,533.	60,402.	31,233.	98,147.	271,870.
11	Total support. Add lines 7 through 10						3127251.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	<u>,353,952.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Per	centage			I I	
	Public support percentage for 2021 (I		-			14	79.42 %
	Public support percentage from 2020					15	79.47 %
16a	33 1/3% support test - 2021. If the c				14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c						
47-	and stop here. The organization qual					and line 14 is 100/	
1/8	10% -facts-and-circumstances test	0					
	and if the organization meets the fact			-	-	-	
L	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-		• • • •		7a and line 15 is 1	
C		0					070 01
	more, and if the organization meets the organization meets the facts-and-circu						
18	Private foundation. If the organization				• •		
10				a, 100, 17a, 01 170	, oncor this box a		(Form 990) 2021

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YELLOWSTONE VALLEY ANIMAL SHELTER Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
L	formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				, 		
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				1	1	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regulative actriced ap						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			1			
	First 5 years. If the Form 990 is for th	e organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	i01(c)(3) organizat	tion.
	check this box and stop here	•			•		·
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					3 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	upported organiza	ition	
b	33 1/3% support tests - 2020. If the	organization did n	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	
13202	23 01-04-22		4 -			Schedule	A (Form 990) 2021
			15)			

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1

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

16

132024 01-04-21

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

YELLOWSTONE VALLEY ANIMAL SHELTER Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u>

Section B. Type I Supporting Organizations

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			103	110
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	
------------	--	---	--	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

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

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2021

132025 01-04-22

17011114 792194 135242.0

11c

2

Yes No

Ves No

17

Sche	dule A (Form 990) 2021 YELLOWSTONE VALLEY ANIMA			26-1389957 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (<i>explain</i>)	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting or	ganization (see

YELLOWSTONE VALLEY ANIMAL SHELTER

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

		ALLEY ANIMAL SH			6-1389957	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)		
Secti	on D - Distributions				Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	s	(iii) Distributab Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

	(Form 990) 2021	YELLOWS	TONE VALLE	Y ANIMAL	SHELTER	26-1389957 Page 8
Part VI	Part IV, Section A, line 1; Part IV, Sec	, lines 1, 2, 3b, 3c, 4b, 4 tion D, lines 2 and 3; Pa 6, and 8; and Part V, Se	c, 5a, 6, 9a, 9b, 9c, art IV, Section E, line	11a, 11b, and 1 es 1c, 2a, 2b, 3a	1c; Part IV, Section B , and 3b; Part V, line ⁻	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, I; Part V, Section B, line 1e; Part V,
132028 01-04-2	2			20		Schedule A (Form 990) 202 ⁻

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

26-1389957

2021

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
PHILLIPS PET FOOD AND SUPPLIES	313,821.	251,276
DOROTHY WATSON ESTATE	147,435.	84,890
BETH WAGGONER	91,610.	29,065
otal Excess Contributions to Schedule A, Part II, Line 5		365,231

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202⁻

Employer identification number

	YELLOWSTONE VALLEY ANIMAL SHELTER	26-1389957
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	

Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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114	792194	135242.0	

Schedule B (Form 990) (2021) Name of organization

Employer identification number

26-1389957

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PHILLIPS PET FOOD AND SUPPLIES 7225 ENTRYWAY DRIVE BILLINGS, MT 59101	\$43,200.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 MARY ALICE FORTIN FOUNDATION 201 CHILEAN AVE PALM BEACH, FL 33480	s <u>15,000.</u>	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BENTLEY FOUNDATION 3319 JACK BURKE LN BILLINGS, MT 59106	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CLUMP FAMILY TRUST 1868 GOLDEN BLVD BILLINGS, MT 59102	\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	WAYNE WAGGONER 2531 SOLOMON AVE #127 BILLINGS, MT 59102	\$17,650.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123452 11-1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

2021.05000 YELLOWSTONE VALLEY ANIMAL 135242.1

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YELLO	WSTONE VALLEY ANIMAL SHELTER	26-1389957			
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		(d) Date received	
	ANIMAL FOOD	\$43,20	00. 12/	31/21	
(a) No. from Part I	(b) FMV (or es Description of noncash property given (See instru			(d) received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		(d) received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		(d) received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		(d) received	
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		(d) received	
		\$			

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Schedule B (Form 990) (2021)

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2021.05000 YELLOWSTONE VALLEY ANIMAL 135242.1

Employer identification number

Schedule B (Form 990) (2021) Name of organization

	B (Form 990) (2021)		Page 4					
Name of o	rganization		Employer identification number					
YELLO	WSTONE VALLEY ANIMAL SH	ELTER	26-1389957					
Part III		ions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.) 🕨 \$					
(a) No.	Use duplicate copies of Part III if additional							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
			14					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Parti								
-		(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	((-)	(,					
·	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(a) Transform of with						
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
123454 11-11	1-21		Schedule B (Form 990) (2021)					

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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 L **Open to Public** Inspection

Nam	e of the organization	E	Employer identification number		
Dee	YELLOWSTONE VALLEY			26-1389957	
Pa			s or Acco	unts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lir		())=		
		(a) Donor advised funds	- (d)	unds 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				
5	Did the organization inform all donors and donor advisors in	-			
_	are the organization's property, subject to the organization's			Yes No	
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of		v		
Pa					
			Part IV, line		
1	Purpose(s) of conservation easements held by the organizati				
	Preservation of land for public use (for example, recrea			ally important land area	
	Protection of natural habitat	Preservation of	of a certified	historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conser		
	day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements				
b					
С	Number of conservation easements on a certified historic str			C	
d	Number of conservation easements included in (c) acquired a		ure		
	listed in the National Register				
3	Number of conservation easements modified, transferred, re-	eased, extinguished, or terminated by th	e organizatio	on during the tax	
	year				
4	Number of states where property subject to conservation east	sement is located	-		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements in	t holds?		Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation ea	asements during the year	
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva-	ation easem	ents during the year	
	►\$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170)(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No	
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement	and	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents that de	escribes the	
_	organization's accounting for conservation easements.				
Pa			ther Simi	lar Assets.	
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance	e sheet works	
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in f	urtherance of	of public	
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance she	eet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	therance of p	public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		🕨	▶ \$	
				► \$	
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia			
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1		🕨	▶ \$	
<u>b</u>	Assets included in Form 990, Part X			► \$	
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2021	
	10-28-21				
		26			

2021.05000 YELLOWSTONE VALLEY ANIMAL 135242.1

Sche		TONE VALLEY					1389957	
Par	t III Organizations Maintaining C	ollections of Art	t, Historical	Treasures, o	r Other S	Similar Ass	sets _{(contin}	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of	the following tha	t make sigr	nificant use of	its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan o	r exchange progr	am			
b	Scholarly research	е	Other_					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they furth	ner the organization	on's exemp	ot purpose in I	Part XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma						Yes	No.
Par	t IV Escrow and Custodial Arran		ete if the organi	zation answered	"Yes" on F	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa							
1 a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X?						Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:				Amount	
	Designing holes of					4.	Amount	
с А	Beginning balance					1c 1d		
d e	Additions during the year					10 1e		
f	Distributions during the year Ending balance					1f		
	Did the organization include an amount on Fe						Yes	No
	If "Yes," explain the arrangement in Part XIII.				-	• • • • • • • • • • • • • • • • • • • •		
Par								
	• · ·	(a) Current year	(b) Prior yea			i) Three years b	ack (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, colun	nn (a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С		%						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are he	eld and administe	red for the	organization	Г	
	by:							Yes No
	(i) Unrelated organizations							
	(ii) Related organizations						3a(ii)	
D				ек?			3b	
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment lunds.					
	Complete if the organization answere		. Part IV. line 1	1a. See Form 990). Part X. lir	ne 10.		
	Description of property	(a) Cost or o		Cost or other	1	umulated	(d) Book	value
	Description of property	basis (investm	• •	asis (other)		eciation	(0) 0001	value
1 a	Land	· · · · ·		. ,				
	Buildings			11,887.		1,964.	9	9,923
	Leasehold improvements			47,601.		20,073.		7,528
	Equipment			335,357.		15,777.		9,580
	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part 2	X, column (B). I	ine 10c.)			157	7,031.
	· · · ·							

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D) (Form 990) 2021	YELLOWSTONE	VALLEY A	NIMAL	SHELTER	26–1389957 Page 3
Part VII	Investments -	Other Securities.				
		ganization answered "Yes"				
		egory (including name of security)	(b) Book val	ue	(c) Method of Vall	uation: Cost or end-of-year market value
.,		-				
	held equity interest	s				
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E) (F)						
(G)						
(H)						
	h) must equal Form 90	90, Part X, col. (B) line 12.) 🕨				
	Investments -	Program Related. ganization answered "Yes"	on Form 990. Part	t IV. line 1	1c. See Form 990. Pa	rt X line 13
	(a) Description of	-	(b) Book val			uation: Cost or end-of-year market value
(1)	(,		(, 200		(-,	
(2)						
<u>(2)</u> (3)						
(4)						
(1)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 99	90, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.		•	<u> </u>		
	Complete if the or	ganization answered "Yes"	on Form 990, Part	t IV, line 1	1d. See Form 990, Pa	rt X, line 15.
		(a)	Description			(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	ımn (b) must equal F	Form 990, Part X, col. (B) line	e 15.)			
Part X	Other Liabiliti					
		ganization answered "Yes"	on Form 990, Part	t IV, line 1	1e or 11f. See Form 9	90, Part X, line 25.
1.	(a) [Description of liability				(b) Book value
(1) Feo	deral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
		<u>Form 990, Part X, col. (B) line</u>				
						ncial statements that reports the
organiz	ation's liability for ur	ncertain tax positions under	FASB ASC 740. C	Check her	e if the text of the foo	tnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 YELLOWSTONE VALLEY ANIM		26-1389957 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Expense	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	rt XIII Supplemental Information.		

Part XIII Supplemental Information.

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

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SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990)	Complete if the	or if the						
Department of the Treesury	U		Open to Public					
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for instr				on.		Inspection
Name of the organization		TONE VALLEY ANIMAL	SHI	SLTI	ER		Employer id 26-138	lentification number 9957
	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-E	Z filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	es 🗌 No
(i) Name and addres or entity (fund		(ii) Activity		Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	tò (e	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from	registration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z.		Schedu	le G (Form 990) 2021

YELLOWSTONE VALLEY ANIMAL SHELTER

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro			vents with gross receipt	s greater triair \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPAY &			
			NEUTER CLINI		2	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ine						
Revenue		Cross ressints	34,967.		63,080.	98,047.
В	ין	Gross receipts	54,907.		05,000.	90,047.
					15 706	15 706
	2	Less: Contributions			45,786.	45,786.
			24.067		17 004	F0 0C1
	3	Gross income (line 1 minus line 2)	34,967.		17,294.	52,261.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
Sen	6	Rent/facility costs				
Ä						
ect	7	Food and beverages				
٦						
	8	Entertainment				
	9	Other direct expenses	120.		5,842.	5,962.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	5,962.
		Net income summary. Subtract line 10 from li	ne 3, column (d)		►	46,299.
Pa	art I	II Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
					opented mere man	
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
enue			(a) Bingo		(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
evenue				(b) Pull tabs/instant		
Revenue	1			(b) Pull tabs/instant		
Revenue	1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
	1	\$15,000 on Form 990-EZ, line 6a. Gross revenue		(b) Pull tabs/instant		
Expenses	1	\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		
Expenses	2	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes		(b) Pull tabs/instant		
	2	\$15,000 on Form 990-EZ, line 6a. Gross revenue		(b) Pull tabs/instant		
Expenses	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs		(b) Pull tabs/instant		
Expenses	1 2 3 4	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Expenses	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Expenses	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Expenses	1 2 3 4 5 6	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Expenses	1 2 3 4 5	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Expenses	1 2 3 4 5 6 7	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 	
Expenses	1 2 3 4 5 6 7	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 	
Direct Expenses	1 2 3 4 5 6 7 8	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming 	
6 Direct Expenses	1 2 3 4 5 6 7 8 En	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduction	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
birect Expenses	1 2 3 4 5 6 7 8 En ⁻	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
birect Expenses	1 2 3 4 5 6 7 8 En ⁻	\$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conduction	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
birect Expenses	1 2 3 4 5 6 7 8 En ⁻	\$15,000 on Form 990-EZ, line 6a. Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

No

Schedule G (Form 990) 2021	YELLOWSTONE VALLEY ANIMAL SHELTER	26-1389957 Page 3
11 Does the organization conduct	t gaming activities with nonmembers?	
	eneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming	g?	Yes No
13 Indicate the percentage of gam		
a The organization's facility		
	f the person who prepares the organization's gaming/special events books and reco	
Name 🕨		
Address 🕨		
15a Does the organization have a c	contract with a third party from whom the organization receives gaming revenue? \dots	Yes No
b If "Yes " enter the amount of a	aming revenue received by the organization ▶ \$ and the am	ount
	the third party \triangleright \$	loant
c If "Yes," enter name and addre		
Name 🕨		
Address 🕨		
16 Gaming manager information:		
Name		
Gaming manager compensatio	on ▶ \$	
Description of services provide	ed ►	
Director/officer	Employee Independent contractor	
17 Mandatory distributions:		
•	der state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license		Yes No
	ns required under state law to be distributed to other exempt organizations or spent	
	ivities during the tax year 🕨 \$	
Part IV Supplemental Inf	ormation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b,	, as applicable. Also provide any additional information. See instructions.	
132083 10-21-21		Schedule G (Form 990) 2021
102000 10-21-21	32	

Part IV Supplemental Information (continued)	
	Schedule G (Form 990)

YELLOWSTONE VALLEY ANIMAL SHELTER

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Schedule G (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2021

Open to Public

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.

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

Name of the organization

Inspection Employer identification number 26-1389957

YELLOWSTONE	VALLEY	ANIMAL	SHELTER	

Pa	τI	Types of Property							
			(a)	(b)	(c)	(d)			
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	c
			applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribu	uona	nount	,
1	Art -	Works of art							
2	Art -	Historical treasures							
3	Art -	Fractional interests							
4	Boo	ks and publications							
5	Clot	hing and household goods							
6	Cars	and other vehicles							
7		s and planes							
8		lectual property							
9	Sec	urities - Publicly traded			A.				
10	Sec	urities - Closely held stock							
11	Sec	urities - Partnership, LLC, or							
	trus	interests							
12		urities - Miscellaneous							
13		lified conservation contribution -							
	Hist	oric structures							
14	Qua	lified conservation contribution - Other							
15	Rea	estate - Residential							
16	Rea	estate - Commercial							
17	Rea	estate - Other							
18	Coll	ectibles							
19	Foo	d inventory							
20	Drug	s and medical supplies							
21	Taxi	dermy							
22	Hist	orical artifacts							
23		ntific specimens							
24		eological artifacts							
25	Othe	er \blacktriangleright (<u>PET FOOD</u>)	Х	1	43,200.	FAIR MARKET	VAI	LUE	
26	Othe	er 🕨 ()							
27	Othe	er 🕨 ()							
28		er 🕨 ()							
29		ber of Forms 8283 received by the organiz	-	•					
	for v	which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
	_							Yes	No
30a		ng the year, did the organization receive by							
		t hold for at least three years from the date		,	•				v
		npt purposes for the entire holding period?					30a		X
		es," describe the arrangement in Part II.		auticos the residence	f on a nonoton development	ional			v
31		s the organization have a gift acceptance p				UIIS?	31		<u> </u>
32a		s the organization hire or use third parties of		-			00-		v
		ributions?					32a		X
		es," describe in Part II.	aluman (-) f-		for which columns (s) is start	lead			
33		e organization didn't report an amount in co cribe in Part II	Jumm (C) 101	a type of property	nor which column (a) is chec	NEU,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

Schedule M	(Form 990) 2021	YELLOWSTONE	VALLEY	ANIMAL	SHELTER	26-1389957	Page 2
Part II	Supplementa	al Information. Provi rt I, column (b), the numb additional information.	de the information of contribu	ation required tions, the num	by Part I, lines 30b hber of items receiv	, 32b, and 33, and whether the organiza red, or a combination of both. Also comp	tion olete
				\bigcirc			
32142 11-17-2	1					Schedule M (Form	990) 202
				<u> </u>			

35 2021.05000 YELLOWSTONE VALLEY ANIMAL 135242.1 SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



26-1389957

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

YELLOWSTONE VALLEY ANIMAL SHELTER

PROVIDING COMPASSIONATE AND HIGH-QUALITY CARE, EDUCATION, AND RESOURCES

TO THE COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LEAVING THE SHELTER.

IN ADDITION TO CARING FOR LOST AND TRANSITIONING ANIMALS IN YELLOWSTONE

COUNTY, YVAS IS ALSO COMMITTED TO SERVE OWNED ANIMALS IN NEED OF

MEDICAL CARE AS WELL AS PROVIDING FAMILIES WITH THE SUPPORT AND

EDUCATION TO BE RESPONSIBLE PET OWNERS. THE SHELTER WORKS TOWARD THIS

GOAL BY PROVIDING LOW-COST SPAY AND NEUTER, VACCINATION, AND MICROCHIP

CLINICS TO THE COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE 990 WAS PRESENTED TO THE BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ANNUALLY REVIEWS THE CONFLICT ON INTEREST POLICY FOR

COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15A:

BOARD OF DIRECTORS SETS COMPENSATION UPON INITIAL HIRING OF EMPLOYEES AT

OPENING DATE. FOR ANY EMPLOYEES HIRED SINCE THAT DATE, WAGES ARE COMPARED

WITH SIMILAR ORGANIZATIONS IN THE STATE OF MONTANA. RAISES ARE SUGGESTED

BY THE EXECUTIVE DIRECTOR AND REVIEWED AND APPROVED BY THE BOARD OF

DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION MAKES FORM 1023 AND 990 AVAILABLE TO THE PUBLIC UPON
REQUEST.
$\mathbf{E} = \mathbf{D} \mathbf{M} \mathbf{A} \mathbf{D} \mathbf{A} \mathbf{D} \mathbf{M} \mathbf{M} \mathbf{A} \mathbf{C} \mathbf{E} \mathbf{C} \mathbf{M} \mathbf{C} \mathbf{C} \mathbf{I} \mathbf{T} \mathbf{M} \mathbf{E} \mathbf{A} \mathbf{C} \mathbf{C} \mathbf{C} \mathbf{A} \mathbf{C} \mathbf{A} \mathbf{C} \mathbf{C} \mathbf{C} \mathbf{C} \mathbf{C} \mathbf{C} \mathbf{C} C$
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
132212 11-11-21 Schedule O (Form 990) 2021 37

YELLOWSTONE VALLEY ANIMAL SHELTER

Schedule O (Form 990) 2021

Name of the organization

Employer identification number

26-1389957

Statement for Revenue Procedure 2021-48

Taxpayer's NameYELLOWSTONEVALLEYANIMALSHELTERTaxpayer's Address1735MONADRDBILLINGS,MT59104Taxpayer's SSN/EIN26-1389957

The taxpayer is applying the following sections of Revenue Procedure 2021-48 of tax year 2020 :

Year of Loan			Description	Tax-Exempt Income	Was the loan forgiven as of the date of the return is filed?
<u>2020</u>	PPP LOAN	FORGIVENESS	3	 70,100	<u>• </u>

103801 02-28-22