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CLIENT'S COPY



UNITED WAY OF YELLOWSTONE COUNTY INC 2173 OVERLAND AVE BILLINGS, MT 59102

UNITED WAY OF YELLOWSTONE COUNTY INC:

ENCLOSED IS THE ORGANIZATION'S 2023 EXEMPT ORGANIZATION RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE MAY 15, 2025.

MAIL TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

BEST REGARDS,

PINION, LLC

(Rev. January 2024)

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

# File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
Part I - Id	entification					
Type or	Name of exempt organization, employer, or other file	Taxpayer identification number (TII				
Print						
	UNITED WAY OF YELLOWSTONE O	COUNTY	INC		81-028	7507
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 2173 OVERLAND AVE	ee instruct	ions.			
return. See instructions.	City, town or post office, state, and ZIP code. For a for BILLINGS, MT 59102	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applicati	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		00	Form 6069			11
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			13
Form 104		08				14
	u enter your Return Code, complete either Part II or Par		including signature, is applicable of	nly for an	ovtonsion of	
	e Form 5330.	נווו. רמונוו	i, including signature, is applicable c	ning tot att	extension of	
	oplication is for an extension of time to file Form 5330, y		ator the following information			
	n Name					
	n Number					
	n Year Ending (MM/DD/YYYY)					
	Itomatic Extension of Time To File for Exempt Organ	izatione (e	too instructions)			
	ocks are in the care of THE ORGANIZATION					
	2173 OVERLAND AVE	7 – BT	LLINGS MT 59102			
Toloph	one No. 406-252-3839		Fax No.			
	$\frac{200}{252}$ $\frac{200}{5055}$	, in the lini				
	s for a Group Return, enter the organization's four-digit					
	. If it is for part of the group, check this box				-	
box [	quest an automatic 6-month extension of time until M					
				e the exem	ipt organizatio	n return for
the	organization named above. The extension is for the org	anization's	return for:			
	calendar year 20 or		no	TTTN 2	0	24
X	tax year beginning JUL 1	, 20 _	2.3, and ending	0.010 2	0.	, 20 <b>24</b>
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period				[	
	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less	_		0
	nonrefundable credits. See instructions.			3a	\$	0.
	is application is for Forms 990-PF, 990-T, 4720, or 6069					•
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	-				•
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From		OMB No. 1545-0047	
For	_ <b>Q</b>	QN	- · ·		0000	
Form <b>990</b> 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.						
Depa	artment o	of the Treasury enue Service	Open to Public Inspection			
			Go to www.irs.gov/Form990 for instructions and the lates ar year, or tax year beginning JUL 1, 2023 and ending	JUN 30, 2024		
в	Check if applicab	C Name o	f organization	D Employer identifica	tion number	
	Addre		ED WAY OF YELLOWSTONE COUNTY INC			
	Name		usiness as	81-028750	7	
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/su		<u>.</u>	
	Final	2173	OVERLAND AVE	406-252-38	339	
	terminated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,167,679.	
	Amen return	nded DTTT	INGS, MT 59102	H(a) Is this a group retu		
	Applie	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: KIMBERLY LEWIS	for subordinates?		
	pendi		AS C ABOVE	H(b) Are all subordinates inclu	ided? Yes No	
1	Tax-ex	empt status: [	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527 If "No," attach a lis	t. See instructions	
	Websi		UNITEDWAYYELLOWSTONE.ORG	H(c) Group exemption r		
			X Corporation Trust Association Other L Y	ear of formation: 1961 M s	State of legal domicile: <b>MT</b>	
Pa	art I					
¢)	1		be the organization's mission or most significant activities: TO ADDRES		ק 	
Governance		YELLOWS	TONE COUNTY AND TO IMPROVE LIVES BY CO	NNECTING AND		
er nê	2	Check this bo	x if the organization discontinued its operations or disposed of m	1 1		
Ň	3		ting members of the governing body (Part VI, line 1a)		17	
			lependent voting members of the governing body (Part VI, line 1b)		17	
es	5		of individuals employed in calendar year 2023 (Part V, line 2a)		77	
Activities &	6		of volunteers (estimate if necessary)		1276	
Act	7a		d business revenue from Part VIII, column (C), line 12		0.	
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		Current Year	
		Contributions	and grants (Dart ) (III, line 1h)	1,600,857.	4,061,993.	
ne	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	811,040.	821,355.	
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	62,842.	394,343.	
Ве	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,337.	14,583.	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,491,076.	5,292,274.	
			nilar amounts paid (Part IX, column (A), lines 1-3)	247,500.	250,000.	
			to or for members (Part IX, column (A), line 4)	0.	0.	
	40		r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,070,839.	1,287,513.	
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.	
pen	b.		ing expenses (Part IX, column (D), line 25) 207,075.			
Ě	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,150,832.	1,054,356.	
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,469,171.	2,591,869.	
			expenses. Subtract line 18 from line 12	21,905.	2,700,405.	
or				Beginning of Current Year	End of Year	
Assets or	20	Total assets (I	Part X, line 16)	4,156,532.	6,828,152.	
ASS	21		; (Part X, line 26)	728,949.	741,073.	
Net.			fund balances. Subtract line 21 from line 20	3,427,583.	6,087,079.	
Pa	art II	Signatur	e Block			
Unc	ler pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my kr	nowledge and belief, it is	
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.		

Sign	Signature of officer			Date	
Here	KIMBERLY LEWIS, PRESIDENT	AND CEO			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	KENDRA MORAN	KENDRA MORAN	04/21	/25 self-employed	P00814196
Preparer	Firm's name <b>PINION, LLC</b>			Firm's EIN 48-	0567703
Use Only	Firm's address 402 N BROADWAY, 4	TH FLOOR			
	BILLINGS, MT 5910	1		Phone no. <b>406</b> –	245-5136
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23			Form <b>990</b> (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) UNITED WAY OF YELLOWSTONE COUNTY INC 81-0287507 Page 2 t III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO ADDRESS THE NEEDS OF YELLOWSTONE COUNTY AND TO IMPROVE LIVES BY
	CONNECTING AND COLLABORATING FOR A THRIVING COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No 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 \$ 250,000. including grants of \$ 250,000.) (Revenue \$) WITH FUNDING THROUGH GRANTS AND PRIVATE CONTRIBUTIONS, UNITED WAY OF
	YELLOWSTONE COUNTY PARTNERS WITH PROGRAMS THAT DIRECTLY BENEFIT INDIVIDUALS AND FAMILIES THAT LIVE IN OUR COMMUNITY. SEE SCHEDULE I OF
	ALLOCATIONS FOR A LIST OF AGENCIES RECEIVING SUPPORT DURING THE FISCAL YEAR.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)         DONOR DESIGNATIONS - UNITED WAY OF YELLOWSTONE COUNTY PROVIDES AN
	ADMINISTRATIVE CONDUIT FOR DONORS TO DESIGNATE CONTRIBUTIONS TO SPECIFIC AGENCIES.
4c	(Code:) (Expenses \$ 1,935,747. including grants of \$) (Revenue \$ 835,938.) WITH FUNDING THROUGH GRANTS AND PRIVATE CONTRIBUTIONS, UNITED WAY OF
	YELLOWSTONE COUNTY ADMINISTERS PROGRAMS AND LEADS COALITIONS THAT
	DIRECTLY BENEFIT INDIVIDUALS AND FAMILIES THAT LIVE IN OUR COMMUNITY; INCLUDING REACH OUT & READ, MONTANA 211, DISCOVER ZONE, BRIGHT BY TEXT,
	SUBSTANCE ABUSE CONNECT, BEST BEGINNINGS, CONTINUUM OF CARE, CARE ACADEMY AND VOLUNTEER ENGAGEMENT.
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 2,185,747.
33000	Form <b>990</b> (2023)
	3 .21 755565 137320 0 2023 05070 INTTED WAY OF VELLOWSTONE 13732

08390421 755565 137320.0

Form 990 (				-	YELLOWSTONE	COUNTY	INC
Part IV	Checklist of	Required Sc	hedule	es			

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	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	_		77
	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		v	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	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			х
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			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	
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	x	
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	114		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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_
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		Ţ,	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
332003	3 12-21-23	Form	390 (	(2023)

332003 12-21-23

Form	990	(2023)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		05h		x
06	Schedule L, Part I	25b		- 23
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	~		x
<b>0-</b>	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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			77
	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 noncash 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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> 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?			
	Notes All Forms 000 filese are used to complete Ochodule O	38	х	
Par				I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12		162	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		1c		
333004	(gambling) winnings to prize winners?		990	(2023)
002004		1 0111		(2020)

5

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Form	990 (2023) UNITED WAY OF YELLOWSTONE COUNTY INC 81-0287	507	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (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 75			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 5c		<u> </u>
		50		<u> </u>
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├──
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	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?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
2	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
.0	excess parachute payment(s) during the year?	15		x
		15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		000	(00000)
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332005 12-21-23

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Form 9	90 (2023)
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# UNITED WAY OF YELLOWSTONE COUNTY INC

81-0287507 Page 6

Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI

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

If the boom           b           Entransmit           2           3           0           3           0           4           0           5           0           7a           0           10           10           10           10           10           10           11           12           13           14           14           15           16           17           18           10	ter the number of voting members of the governing body at the end of the tax year       1a       17         here are material differences in voting rights among members of the governing body, or if the governing       1b       17         dy delegated broad authority to an executive committee or similar committee, explain on Schedule 0.       1b       17         ter the number of voting members included on line 1a, above, who are independent       1b       17         d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other       16       17         icer, director, trustee, or key employees to a management company or other person?       16       17         d the organization delegate control over management duties customarily performed by or under the direct supervision       16       17         officers, directors, trustees, or key employees to a management company or other person?       17       17         d the organization become aware during the year of a significant diversion of the organization's assets?       18       17         d the organization have members, stockholders, or other persons who had the power to elect or appoint one or or remembers of the governing body?       18       17         d the organization have members, stockholders, or other persons who had the power to elect or appoint one or resons other than the governing body?       18       17         d the organization contemporaneously document the meetings held or written			X X X X X X X
boo b Ent 2 Dic off 3 Dic 5 Dic 5 Dic 6 Dic 7a Dic 7a Dic 7a Dic 8 Did 8 Did 8 Did 9 Eat 9 Ist	dy delegated broad authority to an executive committee or similar committee, explain on Schedule 0.       1b       17         ter the number of voting members included on line 1a, above, who are independent       1b       17         d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other       16       17         icer, director, trustee, or key employee?       14       17       18       17         d the organization delegate control over management duties customarily performed by or under the direct supervision       16       17         officers, directors, trustees, or key employees to a management company or other person?       17       16       17         d the organization make any significant changes to its governing documents since the prior Form 990 was filed?       17       17         d the organization become aware during the year of a significant diversion of the organization's assets?       17         d the organization have members, stockholders, or other persons who had the power to elect or appoint one or or emembers of the governing body?       17         e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body?       17         d the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       17         e governing body?       17       17       17	2 3 4 5 6 7a 7b 8a		X X X X X
<ul> <li>b Entra</li> <li>2 Dic off</li> <li>3 Off</li> <li>3 Dic of a</li> <li>4 Dic of a</li> <li>5 Dic of a</li> <li>6 Dic of a</li> <li>7a Dic of a</li> <li< td=""><td>ter the number of voting members included on line 1a, above, who are independent1b17 d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other icer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 990 was filed? d the organization become aware during the year of a significant diversion of the organization's assets? d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the</td><td>2 3 4 5 6 7a 7b 8a</td><td></td><td>X X X X X</td></li<></ul>	ter the number of voting members included on line 1a, above, who are independent1b17 d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other icer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 990 was filed? d the organization become aware during the year of a significant diversion of the organization's assets? d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	2 3 4 5 6 7a 7b 8a		X X X X X
2 Dic offi 3 Dic of 0 4 Dic 5 Dic 6 Dic 7a Dic mo b Are 9 Eat 9 Ist	d any officer, director, trustee, or key employee have a family relationship or a business relationship with any other icer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 990 was filed? d the organization become aware during the year of a significant diversion of the organization's assets? d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	2 3 4 5 6 7a 7b 8a		X X X X X
offi           3         Dic           of 0         Dic           4         Dic           5         Dic           6         Dic           7a         Dic           b         Are           a         The           b         Eax           9         Is t	icer, director, trustee, or key employee? d the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 990 was filed? d the organization become aware during the year of a significant diversion of the organization's assets? d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	3 4 5 6 7a 7b 8a		X X X X X
<ul> <li>3 Dic of a of</li></ul>	d the organization delegate control over management duties customarily performed by or under the direct supervision officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 990 was filed? d the organization become aware during the year of a significant diversion of the organization's assets? d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	3 4 5 6 7a 7b 8a		X X X X X
of 0         4       Dic         5       Dic         6       Dic         7a       Dic         7a       Dic         b       Are         per       8         b       Eax         9       Is t	officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 990 was filed? d the organization become aware during the year of a significant diversion of the organization's assets? d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appoint one or be any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	4 5 6 7a 7b 8a		X X X X
of 0         4       Dic         5       Dic         6       Dic         7a       Dic         7a       Dic         b       Are         per       8         b       Eax         9       Is t	officers, directors, trustees, or key employees to a management company or other person? d the organization make any significant changes to its governing documents since the prior Form 990 was filed? d the organization become aware during the year of a significant diversion of the organization's assets? d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appoint one or be any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	4 5 6 7a 7b 8a		X X X X
<ul> <li>4 Dic</li> <li>5 Dic</li> <li>6 Dic</li> <li>7a Dic</li> <li>mod</li> <li>mod</li> <li>per</li> <li>8 Did</li> <li>a The</li> <li>b Ear</li> <li>9 Is t</li> </ul>	d the organization make any significant changes to its governing documents since the prior Form 990 was filed? d the organization become aware during the year of a significant diversion of the organization's assets? d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? I the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	4 5 6 7a 7b 8a		X X X X
<ul> <li>5 Dic</li> <li>6 Dic</li> <li>7a Dic</li> <li>mo</li> <li>mo</li> <li>per</li> <li>8 Did</li> <li>a The</li> <li>b Eac</li> <li>9 Is to</li> </ul>	d the organization become aware during the year of a significant diversion of the organization's assets? d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? I the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	5 6 7a 7b 8a		X X X
<ul> <li>6 Dia</li> <li>7a Dia</li> <li>7b Area</li> <li< td=""><td>d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the</td><td>6 7a 7b 8a</td><td></td><td>X X</td></li<></ul>	d the organization have members or stockholders? d the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	6 7a 7b 8a		X X
<ul> <li>7a Dic motor</li> <li>b Area</li> <li>per</li> <li>8 Did</li> <li>a The b</li> <li>b Ease</li> <li>9 Is to</li> </ul>	d the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body? e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	7a 7b 8a		x
b       Are         per         8       Did         a       The         b       Eac         9       Is t	by the pre-members of the governing body?	7b 8a		
<ul> <li>b Are</li> <li>per</li> <li>8 Did</li> <li>a The</li> <li>b Eae</li> <li>9 Is t</li> </ul>	e any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or rsons other than the governing body? I the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	7b 8a		
<ul> <li>per</li> <li>8 Did</li> <li>a The</li> <li>b Eac</li> <li>9 Is t</li> </ul>	rsons other than the governing body? If the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8a		x
<ul> <li>8 Did</li> <li>a The</li> <li>b Eac</li> <li>9 Is t</li> </ul>	I the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8a		X
a The b Ead 9 Ist	e governing body? ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<b>b</b> Ead <b>9</b> Is t	ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<b>b</b> Ead <b>9</b> Is t	ch committee with authority to act on behalf of the governing body? there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b		<u> </u>
9 ls t	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		Х	
UI CITC		9		X
Section	n B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal neverale code.)		Yes	No
	the exercitation have lead chapters branches as efflicted	10a	163	X
	d the organization have local chapters, branches, or affiliates?			
	Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	d branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
<b>11a</b> Ha	s the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b De	scribe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Dic	the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
<b>b</b> We	re officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	d the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	Schedule O how this was done	12c	х	
		13	Х	
	d the organization have a written whistleblower policy? d the organization have a written document retention and destruction policy?	14	X	
		14		
	d the process for determining compensation of the following persons include a review and approval by independent			
	rsons, comparability data, and contemporaneous substantiation of the deliberation and decision?			-
	e organization's CEO, Executive Director, or top management official	15a	X	_
<b>b</b> Oth	her officers or key employees of the organization	15b	Х	
lf "	Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Dic	the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
tax	able entity during the year?	16a		X
	Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	empt status with respect to such arrangements?	16b		
	n C. Disclosure			<u> </u>
	ction 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)	availai	ole
	public inspection. Indicate how you made these available. Check all that apply.			
2	X Own website Another's website X Upon request Other (explain on Schedule O)			
<b>19</b> De	scribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finano	cial	
sta	tements available to the public during the tax year.			
<b>20</b> Sta	ate the name, address, and telephone number of the person who possesses the organization's books and records			
	HE ORGANIZATION - 406-252-3839			
	173 OVERLAND AVE, BILLINGS, MT 59102			
32006 12-3		Form	9 <b>90</b>	(200

Form 990 (		81-0287507	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
	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								
● List a	te this table for all persons required to be listed. Report compensation for the calendar year ending with c Il of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardle columns (D), (E), and (F) if no compensation was paid.	U	,						

• 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, box 6 of 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)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar		Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	vee vee	_	1039-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KIMBERLY LEWIS	40.00				-		4			
PRESIDENT AND CEO		1		x				89,315.	0.	8,932.
(2) SONJA CLAYTON	40.00									
CFO				Х				66,950.	0.	4,382.
(3) CASEY KLEIN	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) CRAIG BURKE	1.00									
MEMBER		Х						0.	0.	0.
(5) DR. CHRIS OLSZEWSKI	1.00									
MEMBER		Х						0.	0.	0.
(6) D'VAUGHN HAYES	1.00									
MEMBER		Х						0.	0.	0.
(7) ERIC OWEN	1.00									
MEMBER		Х						0.	0.	0.
(8) JESSE MCKEE	1.00									
MEMBER		Х						0.	0.	0.
(9) JILL QUADE	1.00									
MEMBER		х						0.	0.	0.
(10) JIM IRWIN	1.00									
MEMBER		х						0.	0.	0.
(11) KIM HAYWORTH	1.00									
CHAIR ELECT		х						0.	0.	0.
(12) KIMBERLY GUY	1.00									•
CAP	1 00	Х						0.	0.	0.
(13) NATHAN HIRSCH	1.00								•	•
CHAIR	1	Х		X				0.	0.	0.
(14) PETE BUCHANAN	1.00								•	•
MEMBER	1 00	Х						0.	0.	0.
(15) PETE PHILIPPI	1.00								0	0
PAST CHAIR	1 00	X		X	<u> </u>			0.	0.	0.
(16) ROBBIE NEIHART	1.00								•	•
MEMBER	1 00	X			<u> </u>			0.	0.	0.
(17) SHAWN HINZ	1.00								<u>^</u>	•
SECRETARY		Х		Х				0.	0.	0 • Eorm <b>990</b> (2023)

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332007 12-21-23

Form 990 (2023)

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								UNTY INC	81-02	2875	507	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloye	ees,	and (C		ghes	t C		, ,			
(A) Name and title	(B) Average hours per week	Average hours per week					an	(D) Reportable compensation from	(E) Reportable compensatio from related	I	Estir amo ot	F) nated unt of her
	(list any hours for related organizations below line)	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	I	fror organ and r	ensation n the nization related zations
(18) TERRI BLEVINS	1.00		_	0	×	<u>+ 0</u>						
MEMBER		Х						0.		0.		0.
(19) JIM HERNJAK MEMBER	1.00	X						0.		0.		0.
1b Subtotal								156,265.		0.	13	,314.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)							-	0.		0.	13	0.
2 Total number of individuals (including but n compensation from the organization									000 of reportable			0
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	-	,	-	•			Ŭ	hest compensated emp	-	[	3 Y	es No X
4 For any individual listed on line 1a, is the su	im of reportable	e co	mpe	nsa	tion	and	oth	ner compensation from t	he organization			v
<ul><li>and related organizations greater than \$150</li><li>5 Did any person listed on line 1a receive or a</li></ul>	,										4	<u>X</u>
rendered to the organization? If "Yes," con Section B. Independent Contractors	plete Schedule	e J fo	or su	ch r	oers	on .					5	X
1 Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	actor	's th	nat received more than \$	6100,000 of comp	ensat	ion from	1
the organization. Report compensation for (A)	the calendar ye	ear e	ndin	g w	ith c	or wi	thin I	the organization's tax y (B)	ear.		(C)	
Name and business	address	NC	ONE	2			_	Description of s	services	C	ompens	ation
2 Total number of independent contractors (i	ncluding but p	nt lin	nited	l to t	thos	se lie	ted	above) who received m	ore than			
\$100,000 of compensation from the organi	•				C	)	-54					

Form **990** (2023)

332008 12-21-23

Form §	990 (				OF	YELLOWS	FONE COUNTY	INC INC	81-0287	507 Page
Part	: VII	Statement of Re	ven	ue						
		Check if Schedule O	conta	iins a respo	nse o	or note to any lin		(D)	(0)	
							(A) Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	( <b>D)</b> Revenue exclude
								function revenue	business revenue	from tax under sections 512 - 5
0.40	1 -	Foderated compoints		1a						360110113 3 12 - 3
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns Membership dues								
56		Membership dues            Fundraising events								
ГAi			•••••							
, Gi		Government grants (contr				279,028.				
Sin		All other contributions, gifts,								
her	•	similar amounts not included	-			3,782,965.				
0 G	a	Noncash contributions included in			3	, ,				
	-	<b>—</b>		~ ·· <u>· · · · ·</u>			4,061,993.			
						Business Code	· · ·			
o	2 a	OTHER INCOME				900099	821,355.	821,355.		
Program Service Revenue	b					-				
Ser	с									
gram ser <u>Revenue</u>	d									
<u>p</u>	е									
ř	f	All other program service	rever	nue						
		Total. Add lines 2a-2f					821,355.			
	3	Investment income (inclue	ding d	dividends, ir	ntere	st, and				
		other similar amounts)					126,210.			126,21
	4	Income from investment of	of tax	-exempt bo	nd p	roceeds				
	5	Royalties								
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses $\dots$	6b							
	С	Rental income or (loss)	6c							
		Net rental income or (loss	s)(s							
	7 a	Gross amount from sales of		(i) Securit		(ii) Other				
		assets other than inventory	7a	1,143,5	38.					
	b	Less: cost or other basis								
nue		and sales expenses	7b	875,4						
evenue		Gain or (loss)	7c	268,1			0.00.100			0.60.10
č		Net gain or (loss)					268,133.			268,13
Other	8 a	Gross income from fundraisi								
0		including \$								
		contributions reported on		-	0-					
	h	Part IV, line 18			8a 8b					
		Less: direct expenses Net income or (loss) from								
		Gross income from gamir								
	9 a	Part IV, line 19			9a					
	h	Less: direct expenses			9b					
		Net income or (loss) from								
1		Gross sales of inventory,								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from								
						Business Code				
sno 1	11 a	MISCELLANEOUS INCOM	Е			900099	14,583.	14,583.		
ane Duc	b									
eve eve	с									
Miscellaneous <u>Revenue</u>	d	All other revenue								
2		Total. Add lines 11a-11d					14,583.			
1	12	Total revenue. See instruction					5,292,274.	835,938.	0.	394,343
32009	12-21						-	-		Form <b>990</b> (2

10

UNITED WAY OF YELLOWSTONE COUNTY INC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			ipiele column (A).	
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		ľ
	and domestic governments. See Part IV, line 21	250,000.	250,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	156,571.	131,520.	10,960.	14,091.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	858,004.	701,625.	66,707.	89,672.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	272,938.	208,622.	27,158.	37,158.
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	16,913.	11,903.	3,340.	1,670.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	1 - 10 1			
f	Investment management fees	17,636.		17,636.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)		10.404	10.050	
12	Advertising and promotion	55,037.	13,484.	13,979.	27,574.
13	Office expenses	1,747.	1,031.	292.	424.
14	Information technology	43,441.	28,537.	9,128.	5,776.
15	Royalties	20 105	16 015	10.046	2 1 2 4
16	Occupancy	30,195.	16,815.	10,246.	3,134.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,676.	13,292.	A AOE	1 000
20	Interest	19,0/0.	13,292.	4,485.	1,899.
21	Payments to affiliates	34,591.	24,214.	6,918.	3,459.
22	Depreciation, depletion, and amortization	17,972.	10,632.	5,350.	1,990.
23	Insurance Other expenses. Itemize expenses not covered	11,572•	10,052.	5,550.	1,550.
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.)	170,100.	170,100.		
a b	SUBSTANCE ABUSE CONNECT	145,392.	145,392.		
с С	CONTINUUM OF CARE	136,509.	136,509.		
d	MONTANNA 211	107,640.	107,640.		
	All other expenses	257,507.	214,431.	22,848.	20,228.
25	Total functional expenses. Add lines 1 through 24e	2,591,869.	2,185,747.	199,047.	207,075.
26	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)				
33201	) 12-21-23				Form <b>990</b> (2023)
		11			. ,

11

08390421 755565 137320.0

33

Total liabilities and net assets/fund balances

33

Form 990 (2023)

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 7 8 Inventories for sale or use 8 40,094. 25,473. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 1,587,686. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 420,863. 1,168,807. 1,166,823. b Less: accumulated depreciation 10b 10c 1,912,007. 2,150,274. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 33,060. 33,760. Other assets. See Part IV, line 11 15 15 4,156,532. 6,828,152. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 144,112. 204,416. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 25,000. 29,152. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 556,454. 506,229. Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 3,383. 1,276. 25 of Schedule D 728,949. 741,073. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 2,895,951. 2,926,980. 27 27 Net assets without donor restrictions Net assets with donor restrictions 531,632. 3,160,099. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 3,427,583. 6,087,079. Total net assets or fund balances 32 32 4,156,532. 6,828,152.

UNITED WAY OF YELLOWSTONE COUNTY INC

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

81-0287507 Page 11

(B) End of year

319,939.

111,002.

15,980.

2,990,280.

(A) Beginning of year

581,259.

313,177.

116,781.

5,968.

1

2

3

4

Form 990 (	2023	)	
Part X	Ba	ance	Sheet

1

2

3

4

5

Assets

Liabilities

Net Assets or Fund Balances

Form	990 (2023) UNITED WAY OF YELLOWSTONE COUNTY INC	81-	0287507	Pag	<sub>ge</sub> 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	5,292		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,591		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,700		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,427		
5	Net unrealized gains (losses) on investments	5	-40	),9	09.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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	6,087	7,0	<u>79.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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?		2b	Х	L
	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:				
	X 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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				_
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audi	t		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L
				000	

Form **990** (2023)

sc	HED	DULE A		Public Cha	rity Status an	d Duk	lic Sı	innort		OMB No. 1545-0047		
(Fo	rm 99	0)			nization is a section 501					2023		
_				49	47(a)(1) nonexempt cha	ritable tru	st.					
		f the Treasury nue Service			ttach to Form 990 or Fo /Form990 for instructior			ormation.		Open to Public Inspection		
Nan	ne of t	he organizati		0					Employer	identification number		
					YELLOWSTONE (					1-0287507		
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	IS.			
The	organ	ization is not a	private found	ation because it is: (	For lines 1 through 12, c	heck only o	one box.)					
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	l)(A)(i).				
2					(Attach Schedule E (Forn							
3		•	•		anization described in se			•		44 - 14 - 19 <b>1</b> - 19 - 19 - 19 - 19 - 19 - 19 - 19 -		
4				ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(III). Enter	the hospital's name,		
5		city, and state	-	or the benefit of a co	llege or university owned	l or operati	ed by a go	vernmentalu	nit describe	ad in		
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
6					nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	-		e e	ntial part of its support fr			.,	ne general p	oublic described in		
		section 170(I	b <b>)(1)(A)(vi).</b> (C	omplete Part II.)		-						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultura	al research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college		
		or university of	or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:										
10		•		•	than 33 1/3% of its supp				•	•		
					t to certain exceptions; a					•		
				nplete Part III.)	(less section 511 tax) fro	in busines	ses acqui	rea by the org	janization a	nter June 30, 1975.		
11					ively to test for public sa	fotv Soo	section 50	)9(a)(4)				
12	$\square$	-	-	-	ively for the benefit of, to	•			rry out the	purposes of one or		
		-	-	-	ed in section 509(a)(1) o	-			•			
				-	of supporting organization							
а		<b>Type I.</b> A su	upporting orga	nization operated, s	supervised, or controlled	by its supp	orted org	anization(s), t	ypically by	giving		
		the support	ed organizatio	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	pporting		
		organizatio	n. <b>You must c</b>	omplete Part IV, Se	ections A and B.							
b		<b>Type II.</b> A s	supporting org	anization supervised	d or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ing		
			0		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported		
	_	¬ ~	. ,	t complete Part IV,								
С			-	•	g organization operated		,		ly integrate	d with,		
d			•	.,.	b). You must complete I porting organization oper				tod organiz	ration(c)		
u		••	-	• •	zation generally must sat				•	. ,		
				•	mplete Part IV, Sections	•		•	i un attoriti			
е		-			written determination fro				II, Type III			
		functionally	integrated, or	Type III non-functio	nally integrated supporti	ng organiz	ation.					
f	Ente	er the number of	of supported o	organizations								
g			<u> </u>	about the supporte	<u> </u>	(iv) In the orac	inization listed					
	(	<ol> <li>Name of support organization</li> </ol>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)		
		organization			above (see instructions))	Yes	No					

Total

# Schedule A (Form 990) 2023 UNITED WAY OF YELLOWSTONE COUNTY INC 81-0287507 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

(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.)

260	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1517323.	2111289.	1791388.	1600857.	1561993.	8582850.
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	1517202	0111000	1701200	1600057	1561002	0500050
	Total. Add lines 1 through 3	1517323.	2111289.	1791388.	1600857.	1561993.	8582850.
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)						700,178.
6	Public support. Subtract line 5 from line 4.						7882672.
	ction B. Total Support						/0020/2•
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1517323.	2111289.	1791388.	1600857.	1561993.	8582850.
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	37,519.	24,144.	49,929.	57,661.	126,210.	295,463.
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.)			622.	16,337.	14,583.	31,542.
11	Total support. Add lines 7 through 10						8909855.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	bhere					
Sec	ction C. Computation of Publi	c Support Per	centage			rr	
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	88.47 %
	Public support percentage from 2022					15	92.50 %
<b>1</b> 6a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo>	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2022.</b> If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances te	-		• • • •	-	7	
b	10% -facts-and-circumstances test	-					IU% Or
	more, and if the organization meets the						
19	organization meets the facts-and-circu Private foundation. If the organization		-		• •		
18	i mate roundation. In the organizatio			a, 100, 17a, 01 170	, ONCON UND DUX A		(Form 990) 2023
						Seriedale A	

332022 12-21-23

	A (Form 990) 2023				YELLOWSTONE		INC	81-0287507
Part III	Support Schedule for	or Organiza	tions D	)esc	ribed in Section 50	)9(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.)

Page 3

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	3 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- 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						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disgualified persons						
k	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	<del></del>	1			1	
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
_							
Se	ction C. Computation of Publ	c Support Per	rcentage			<del> </del>	
	Public support percentage for 2023 (			column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves					1	
	Investment income percentage for 20					17	%
	Investment income percentage from						%
19a	a 33 1/3% support tests - 2023. If the						line 17 is not
	more than 33 $1/3\%$ , check this box at 22 $1/2\%$						
k	<b>33 1/3% support tests - 2022.</b> If the	-					
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	THUIL HOL CHECK a	DUX UIT III IE 14, 19	a, or teo, check t	THE DUX AND SEE INS		dule A (Form 990) 2023
JJ20	23 12-21-23					Sche	aure A (I UIIII 330) 2023

7

.....

16

1

2

3a

3b

Yes No

# Part IV Supporting Organizations

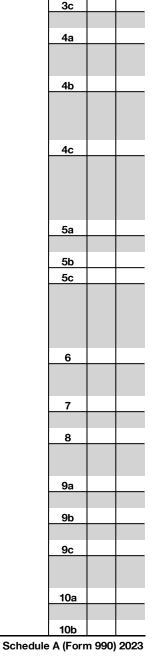
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

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### UNITED WAY OF YELLOWSTONE COUNTY INC 81-0287507 Schedule A (Form 990) 2023 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Voc	No

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> <b>Part VI</b> <i>how the supported organization</i> (s) <i>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, 

<u>supervised, or controlled the supporting organization.</u>	
Section C. Type II Supporting Organizations	

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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)

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
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

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

- 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

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. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

2

1

Yes No

Yes No

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	dule A (Form 990) 2023 UNITED WAY OF YELLOWSTC			81-0287507 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion 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	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	ion 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-functiona	Illy integrat	ed Type III supporting org	ganization (see

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

UNITED	WAY	OF	YELLOWSTONE	COUNTY	INC
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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	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	ne organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 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) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>    i    </u>	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u>e</u>	Excess from 2023				

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023

	(Form 990) 2023			NE COUNTY INC		Page 8
Part VI	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9	9a, 9b, 9c, 11a, 11b, ar xtion E, lines 1c, 2a, 2b	nd 11c; Part IV, Section I , 3a, and 3b; Part V, line	ne 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section ( 1; Part V, Section B, line 1e; Part y additional information.	C, t V,
	3				Schedule A (Form 99	90) 202

# **Schedule of Contributors**

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

# 2023

Employer identification number

(Form 990)	
Department of the Treasury	

Name of the organization

Schedule B

UNITED	WAY	OF	YELLOWSTONE	COUNTY	INC
Organization type (check one):					

81-0287507

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**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).

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

### (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 26,187. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 255,521. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 62,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023) 25

UNITED WAY OF YELLOWSTONE COUNTY INC

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

1 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 2 X Person Payroll 12,629. Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Part I

(a)

No.

81-0287507

(c)

**Total contributions** 

Employer identification number

(d)

Type of contribution

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Name of organization

UNITED WAY OF YELLOWSTONE COUNTY INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 20,200. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 8,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 12,950. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.)

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Employer identification number

Schedule B (Form 990) (2023) Name of organization

UNITED WAY OF YELLOWSTONE COUNTY INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X Person Payroll 11,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 14 X Person Payroll 10,455. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 13,099. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll Noncash 211,162. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 41,170. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 18 X Person Payroll 65,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

08390421 755565 137320.0

Employer identification number

UNITED WAY OF YELLOWSTONE COUNTY INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 19 X Person Payroll 159,794. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 20 X Person Payroll 7,434. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person Payroll 10,120. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 X Person Payroll 11,223. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 24 X Person Payroll 16,500. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

323452 12-26-23

08390421 755565 137320.0

# Schedule B (Form 990) (2023)

Name of organization

Employer identification number

Page 2

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Name of organization

UNITED WAY OF YELLOWSTONE COUNTY INC

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 9,800. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 26 X Person Payroll 17,250. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 X Person Payroll 5,931. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 X Person Payroll Noncash 10,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 X Person Payroll 293,750. Noncash \$ (Complete Part II for noncash contributions.)

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323452 12-26-23

08390421 755565 137320.0

Employer identification number

Page 2

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
31		\$ <u>    10,000.</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
32		\$ <u> </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
33		\$9,229.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$ <u>5,990.</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
35		\$ <u>2,500,000.</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
36		\$20,730.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Employer identification number

81-0287507

# UNITED WAY OF YELLOWSTONE COUNTY INC

323452 12-26-23

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		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
323453 12-26-23			Schedule B (Form 990) (202

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UNITED WAY OF YELLOWSTONE COUNTY INC

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

Name of organization

Part II

(a)

No.

from

Part I

Employer identification number

(d)

**Date received** 

81-0287507

(c)

FMV (or estimate)

(See instructions.)

323453 12-26-23

Schedule B (Form 990) (2023)

# 08390421 755565 137320.0

Schedule I	B (Form 990) (2023)		Page
Name of o	organization		Employer identification number
UNITE	D WAY OF YELLOWSTONE CO	JNTY INC	81-0287507
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in sect through (e) and the following line entry charitable, etc., contributions of \$1,000 or lea	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. 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
(a) No.			
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
(a) No. 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
(a) No. 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
323454 12-26	l 6-23		Schedule B (Form 990) (2023

CHEDULE D orm 990) partment of the Treasury	Complete if the orga Part IV, line 6, 7, 8, 9, 10 A	Al Financial Statement nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 ttach to Form 990.	2b.	OMB No. 154	23 Public
ernal Revenue Service ame of the organiza		0 for instructions and the latest informa	Employe	Inspectio er identification 81-02875(	number
_	zations Maintaining Donor Advise ion answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds			
-		(a) Donor advised funds	(b) Funds a	nd other accoun	its
1 Total number at	end of year	194			
	of contributions to (during year)	2,500,000.			
3 Aggregate value	of grants from (during year)				
4 Aggregate value	at end of year	3,031,632.			
•	tion inform all donors and donor advisors in vicin's property, subject to the organization's	0		X Yes	No
Ũ	tion inform all grantees, donors, and donor a rposes and not for the benefit of the donor o	0 0	,		
	ivate benefit?			X Yes	No.

d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not				
	on a historic structure listed in the National Register				
2	Number of conservation essements modified transferred released extinguished or terminated by th				

a Total number of conservation easements

Total acreage restricted by conservation easements

Number of conservation easements on a certified historic structure included on line 2a

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
	year

4	Number of states where property subject to conservation easement is located	_

Preservation of open space

day of the tax year.

b

С

5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	r

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last

7 Amount	t of expenses incurred in	monitoring, inspecting	, handling of violations,	and enforcing conservation	easements during the year
----------	---------------------------	------------------------	---------------------------	----------------------------	---------------------------

8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	Yes	No No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and		

	A					Links win a	Tuessa			
				n easements.						
balance	sheet, a	nd include,	if applicable,	the text of the	footnote to	o the organiza	tion's financial	statements	that describes th	ie
	,		0					•		

	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
10 If the	ergenization elected as permitted under EASE ASC 059, not to report in its revenue statement and belence sheet works

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet world	rks of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s	service,
	provide the following amounts relating to these items.	
	(i) Devenue included on Form 000 Devt //III line 1	

332051	09-28-23	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2023
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	e
	(ii) Assets included in Form 990, Part X	\$
	(I) Revenue included on Form 990, Part VIII, line 1	۵

33

Held at the End of the Tax Year

2a

2b

2c

2d

No

		WAY OF YELI				L-0287		Page <b>2</b>
Pai	t III Organizations Maintaining C						<u>continue</u>	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant use	of its		
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they further th	e organization's exe	empt purpose i	in Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma						'es	No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organization	answered "Yes" or	n Form 990, Pa	art IV, line 9	∂, or	
1a	Is the organization an agent, trustee, custodi	an, or other intermed	liary for contribution	s or other assets no	t included			
	on Form 990, Part X?					<b>Y</b>	'es	No
b	If "Yes," explain the arrangement in Part XIII					—		
		·	0			Ar	nount	
с	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo					Y	'es	No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •			
Par		the organization ans	wered "Yes" on For	m 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three year	rs back (e	) Four ye	ears back
1a	Beginning of year balance	1,912,007.	1,827,234.	2,047,035.	1,589	,889.	1,5	21,949.
b	Contributions	1,205,273.	69,898.	117,977.	464	,762.	428,493.	
	Net investment earnings, gains, and losses	-871,546.	118,841.	-337,778.	-7	,616.	360,553.	
	Grants or scholarships	45,460.	103,966.		· · · · ·			
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	2,200,274.	1,912,007.	1,827,234.	2,047	,035.	1,5	89,889.
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1g. column (a)	, ,	· ·	<u> </u>		
	Board designated or quasi-endowment	23.0000	%					
	Permanent endowment 77.0000	%						
		/°						
-	The percentages on lines 2a, 2b, and 2c sho	· -						
3a	Are there endowment funds not in the posses		tion that are held an	nd administered for t	he			
	organization by:						Y	es No
	(i) Unrelated organizations?					[:	3a(i)	X
	(ii) Related organizations?						Ba(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the					····· L		
Par								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulated	(d)	Book v	/alue
		basis (investr	nent) basis	(other) d	epreciation			
<b>1</b> a	Land			2,047.			342	,047.
	Buildings			0,805.	332,857	· •		,948.
	Leasehold improvements			0,300.	3,914			,386.
	Equipment			4,534.	84,092			442.
	Other				•			
	. Add lines 1a through 1e. (Column (d) must e		X line 10c column	(B))		. 1,	166	,823.
		<u>,</u>		· ,/		hedule D (		

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Schedule	D (Form 990) 2023			F YELLOWSTO	NE COUNTY	INC	81-0287507	Page 3
Part VI								
	Complete if the orga	anization answere	ed "Yes" o	n Form 990, Part IV, lin	ne 11b. See Form 9	90, Part X, line 12.		
(a) Descr	iption of security or categ	IOTY (including name of	security)	(b) Book value	(c) Method	of valuation: Cost	or end-of-year market v	alue
(1) Financ	cial derivatives							
(2) Closel	y held equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col.	(b) must equal Form 990	, Part X, line 12, col	. (B))					
Part VI	II Investments - F	-						
	Complete if the orga	anization answere	ed "Yes" o	n Form 990, Part IV, lin	ne 11c. See Form 99	90, Part X, line 13.		
	(a) Description of i	investment		(b) Book value	(c) Method	of valuation: Cost	or end-of-year market v	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	(b) must equal Form 990	, Part X, line 13, col	. (B))					
Part IX	Other Assets							
	Complete if the orga	anization answere		n Form 990, Part IV, lin	ne 11d. See Form 9	90, Part X, line 15.		
			(a) D	Description			(b) Book va	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	lumn (b) must equal Fo	rm 990, Part X, lir	ne 15, col.	<i>(B)</i> )				
Part X	Other Liabilities							
				n Form 990, Part IV, lin	ne 11e or 11f. See F	orm 990, Part X, I		
<u>1.</u>	( <b>a</b> ) De	escription of liabili	ty				(b) Book va	alue
	ederal income taxes							
	APITAL LEASE						7	<u>,651.</u>
(3) U	NAMORTIZED I	DEBT ISSU	ANCE	COST			-6	,375.
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	lumn (b) must equal Fo							,276.
2. Liabilit	ty for uncertain tax pos	itions. In Part XIII	, provide t	he text of the footnote	to the organization	's financial statem	ents that reports the	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ....

332053 09-28-23

Sche			0287507 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	5,233,729.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -40,909.		
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 <b>2a</b> through <b>2d</b>	2e	-40,909.
3	Subtract line 2e from line 1	3	5,274,638.
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 17,636.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	17,636.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)	5	5,292,274.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,574,233.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,574,233.
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 17,636.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	17,636.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,591,869.
Pa	rt 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.

# PART V, LINE 1E:

TO BE IN COMPLIANCE WITH THE REPORTING REQUIREMENTS OF ASU 2016-14,	
PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES, THE	
PRESENTATION OF THE ENDOWMENT PORTION OF THE INVESTMENTS HAS CHANGED. TH	E
\$817,500 OF "OTHER EXPENDITURES" WERE NOT ACTUALLY SPENT OR TRANSFERRED,	
BUT RATHER RECLASSIFIED. FOR FINANCIAL REPORTING PURPOSES, THESE FUNDS A	RE
NOW INCLUDED IN NET ASSETS WITHOUT DONOR RESTRICTION AND ARE NOT PART OF	
THE ENDOWMENT, AS THEY ARE NEITHER DONOR RESTRICTED NOR BOARD DESIGNATED	•

PART V, LINE 4:

# THE INCOME FROM THE ENDOWMENT FUND THAT IS MADE AVAILABLE TO THE UNITED

WAY BOARD OF DIRECTORS MAY BE USED AS FOLLOWS:

332054 09-28-23

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 UNITED WAY OF YELLOWSTONE COUNTY INC 81-0287507 Page 5
Part XIII Supplemental Information (continued)
1) TO MEET UNANTICIPATED NEEDS AND EMERGING PROBLEMS THAT DEMAND AN EARLY
RESPONSE THROUGH NEW OR EXISTING PROGRAMS REQUIRING A LEVEL OF FUNDING NOT
AVAILABLE FROM THE ANNUAL CAMPAIGN;
2) TO MAINTAIN OR EXPAND SERVICE LEVELS DURING ECONOMIC DOWN CYCLES OR
PERIODS OF INCREASED UNEMPLOYMENT OR PHYSICAL DISASTER WHICH REQUIRE
ADDITIONAL HEALTH AND HUMAN SERVICES WHEN FINANCIAL RESOURCES ARE LIMITED;
3) TO SUPPORT UNITED WAY'S ROLE IN THE COMMUNITY AS A FACILITATOR TO FOCUS
THE ATTENTION AND RESOURCES OF OTHER SECTORS ON HIGH PRIORITY PROBLEMS;
4) TO HELP ASSURE THE FINANCIAL STABILITY OF AGENCIES FACING UNUSUAL OR
CATASTROPHIC FINANCIAL PROBLEMS THAT EXCEED THEIR OWN RESOURCES.

332055 09-28-23

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service										
Name of the organization		Go to www.irs	s.gov/Form990 for	the latest informa	ation.		Inspection Employer identification number			
	Y OF YELL	OWSTONE COU	NTY INC				81-0287507			
Part I General Information on Grants ar	nd Assistance									
<b>1</b> Does the organization maintain records to										
criteria used to award the grants or assis	tance?						Yes X No			
2 Describe in Part IV the organization's pro										
Part II Grants and Other Assistance to I	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
<b>1 (a)</b> Name and address of organization or government										
BIG SKY SENIOR SERVICES										
937 GRAND AVENUE	91 0264010	F(1/C)(2)	10 000	0.			DUTI ANDUDADIC DUDDACE			
BILLINGS, MT 59102	81-0364919	501(C)(3)	10,000.	0.			PHILANTHROPIC PURPOSE			
BOYS & GIRLS CLUB OF YC-AFTER SCHOOL PROGRAM - 505 ORCHARD LANE - BILLINGS, MT 59101	81-0308003	501(C)(3)	25,000.	0.			PHILANTHROPIC PURPOSE			
FAMILY SERVICE INC. 1824 1ST AVENUE NORTH, P.O. BOX 102 BILLINGS, MT 59103	81-0232120		30,000.	0.			PHILANTHROPIC PURPOSE			
TUMBLEWEED 505 NORTH 24TH STREET										
BILLINGS, MT 59101	36-3343886	501(C)(3)	30,000.	0.			PHILANTHROPIC PURPOSE			
YELLOWSTONE CASA P.O. BOX 688 BILLINGS, MT 59103	48-1301287	501(C)(3)	30,000.	0.			PHILANTHROPIC PURPOSE			
	10 1001207									
YOUNG FAMILIES EARLY HEAD START 1020 COOK, P.O. BOX 51269										
BILLINGS, MT 59104	81-0422429		10,000.	0.			PHILANTHROPIC PURPOSE			
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>2 Enter total number of other examinations</li> </ul>		•	e line 1 table				13.			
3 Enter total number of other organizations	insted in the line i									

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

Schedule I (Form 990) 2023

# Schedule I (Form 990) UNITED WAY OF YELLOWSTONE COUNTY INC

81-0287507 Page 1

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
YWCA							
909 WYOMING AVENUE							
BILLINGS, MT 59101	81-0235415	501(C)(3)	10,000.	0.			PHILANTHROPIC PURPOSE
AWARE							
1050 S 2TH ST W STE 2							
BILLINGS, MT 59102	81-0360391	501(C)(3)	10,000.	٥.			PHILANTHROPIC PURPOSE
BILLINGS FAMILY YMCA INC.							
402 N 32ND ST							
BILLINGS, MT 59101	81-0229386	501(C)(3)	10,000.	0.			PHILANTHROPIC PURPOSE
EDUCATION FOUNDATION FOR BILLINGS							
PUBLIC SCHOOLS-BACKPACK MEALS -							
415 N 30TH ST - BILLINGS, MT 59101	81-0452904	501(C)(3)	30,000.	0.			PHILANTHROPIC PURPOSE
EDUCATION FOUNDATION FOR BILLINGS							
PUBLIC SCHOOLS-READING ROCKS - 415							
N 30TH ST - BILLINGS, MT 59101	81-0452904	501(C)(3)	10,000.	0.			PHILANTHROPIC PURPOSE
FRIENDS OF THE CHILDREN-EASTERN							
MONTANA - 2613 VIRGINIA LN -							
BILLINGS, MT 59102	82-2604098	501(C)(3)	25,000.	0.			PHILANTHROPIC PURPOSE
NEEDANG NAMIGAETON NEEMODIK							
VETERANS NAVIGATION NETWORK 2173 OVERLAND AVE.							
	81-3207666	501(C)(3)	10 000				PHILANTHROPIC PURPOSE
BILLINGS, MT 59102	84-3207666	501(C)(3)	10,000.	0.			FRILANTHROPIC PURPOSE
YELLOWSTONE BOYS AND GIRLS RANCH							
1732 S 72ND ST WEST							
BILLINGS, MT 59106	81-0262019	501(C)(3)	10,000.	0.			PHILANTHROPIC PURPOSE

Schedule I (Form 990)

### Schedule I (Form 990) 2023

### UNITED WAY OF YELLOWSTONE COUNTY INC

81-0287507

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
	•				1	

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

INCOME FROM FEDERALLY FUNDED PROJECTS MUST BE ALLOWABLE BY THE FUNDING

AGENCY AND USED IN ACCORDANCE WITH THE PROGRAM AGREEMENT AND FEDERAL

GUIDELINES. SPECIFICALLY THIS INCOME MUST BE LIMITED TO ONE OR MORE OF

THE FOLLOWING:

### FURTHERING THE ELIGIBLE PROJECT OR PROGRAM OBJECTIVES FINANCING THE

# NON-FEDERAL SHARE OF THE PROJECT OR PROGRAM DEDUCTING IT FROM THE TOTAL

## FEDERAL SHARE OF PROJECT OR PROGRAM ALLOWABLE

Schedule I (	Form 990)	UNITED	WAY	OF	YELLOWSTONE	COUNTY	INC	81-0287507	Page <b>2</b>
Part IV	Supplemental Info	rmation							

COSTS.

DISBURSEMENTS MUST BE SUPPORTED BY THE CHECK STUB, WHEN PAID BY CHECK,

AND A COPY OF THE INVOICE OR APPROPRIATE DOCUMENTATION SUPPORTING THE

DISBURSEMENT.

ALL DISBURSEMENTS FOR GRANT PROGRAMS MUST BE ALLOWABLE UNDER THE GRANT

AGREEMENT. ALL OF THESE DOCUMENTATIONS ARE MAINTAINED FOR 7 YEARS IN

THE FILES.

Schedule I (Form 990)

332291 04-01-23 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

 Complete to provide amonimation for responses to specific question

 Department of the Treasury
 Attach to Form 990 or Form 990 - EZ.

 Internal Revenue Service
 Go to www.irs.gov/Form990 for the latest information.

COPEN to Public Inspection Employer identification number

OMB No. 1545-0047

UNITED WAY OF YELLOWSTONE COUNTY INC 81-0287507

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

COLLABORATING FOR A THRIVING COMMUNITY.

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

THE FINANCE COMMITTE REVIEWS THE 990, WHICH IS THEN SUBMITTED TO THE BOARD

OF DIRECTORS FOR FINAL APPROVAL.

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

IF A CONFLICT OF INTEREST SITUATION ARISES, THE PARTIES INVOLVED ARE

INTERVIEWED TO DETERMINE AN APPROPRIATE COURSE OF ACTION.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES PRESIDENT/CEO

COMPENSATION BY COMPARING COMPENSATION FROM UNITED WAYS OF SIMILAR SIZE AND

CURRENT LOCAL LABOR MARKET COMPENSATION. COMPENSATION FOR OTHER KEY

EMPLOYEES IS DETERMINED BY THE PRESIDENT/CEO, IN COMPARISON TO THE LOCAL

LABOR MARKET FOR SIMILAR POSITIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE 990 AND THE ANNUAL AUDIT ARE AVAILABLE ON UWYC WEBSITE. OTHER DOCUMENTS

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AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE HAS OVERSIGHT OVER THE AUDIT. THE BOARD HAS

FINAL APPROVAL.

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

Schedule O (Form 990) 2023