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CLIENT'S COPY



Phone: 713-968-1600 Fax: 713-968-1601 WWW.MCCONNELLJONES.COM

March 12, 2021

#### CONFIDENTIAL

YELLOWSTONE EDUCATION FOUNDATION P.O. BOX 231845 HOUSTON, TX 77223

Dear John:

We have prepared the following returns from information provided by you without verification or audit:

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

#### **Federal Filing Instructions**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 17, 2021 at:

McConnell & Jones, LLP 4828 Loop Central Dr Ste 1000 Houston, TX 77081-2222

# *Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

McConnell & Jones, LLP

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	F	OMB No. 1545-1878
Department of the Treasury	For calendar year 2019, or fiscal year beginning       JUL 1       , 2019, and ending       JUN 30         Do not send to the IRS. Keep for your records.	, 20 <u>2 0</u>	2019
nternal Revenue Service Name of exempt organizatio	Go to www.irs.gov/Form8879EO for the latest information.	Employer in	dentification number
CELLOWSTONE E	DUCATION FOUNDATION	81-22	280283
lame and title of officer JOHN PEAVY SECRETARY			
Part I Type of	Return and Return Information (Whole Dollars Only)		
whichever is applicable, I han one line in Part I. Ia Form 990 check here a Form 990-EZ check h la Form 1120-POL check a Form 990-PF check h	b       Total revenue, if any (Form 990-EZ, line 9)         b       Total tax (Form 1120-POL, line 22)         b       Tax based on investment income (Form 990-PF, Part VI, line 5)	e line below. 	Do not complete more
a Form 8868 check he	b Balance Due (Form 8868, line 3c)	5b _	
Part II Declara	tion and Signature Authorization of Officer		
debit) entry to the financi eturn, and the financial i I-888-353-4537 no later t processing of the electro payment. I have selected	applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an e al institution account indicated in the tax preparation software for payment of the organiza nstitution to debit the entry to this account. To revoke a payment, I must contact the U.S. han 2 business days prior to the payment (settlement) date. I also authorize the financial in nic payment of taxes to receive confidential information necessary to answer inquiries and a personal identification number (PIN) as my signature for the organization's electronic re electronic funds withdrawal.	ation's federa Treasury Fin Institutions in I resolve issu	al taxes owed on this hancial Agent at volved in the les related to the
Officer's PIN: check one	box only		
X I authorize M	CCONNELL & JONES LLP	to enter my	PIN 80283
	ERO firm name		Enter five numbers, do not enter all zero
is being filed w	e on the organization's tax year 2019 electronically filed return. If I have indicated within th ith a state agency(ies) regulating charities as part of the IRS Fed/State program, I also aut n the return's disclosure consent screen.		t a copy of the return
indicated within program, I will	the organization, I will enter my PIN as my signature on the organization's tax year 2019 on this return that a copy of the return is being filed with a state agency(ies) regulating char	•	
fficer's signature 🕨 🗌	Date ► Date ►		
Part III Certific	ation and Authentication		
	your six-digit electronic filing identification         y your five-digit self-selected PIN.         76299791555	, ,	
	Do not enter all zeros		

ERO's signature

	 I	^	
~~			 [

Date ▶ <u>03/12/2</u>1

#### **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 923051 10-03-19

Form 8879-EO (2019)

19410312 783345 100000092.2100

			EXTENDED TO MAY 17, 2021		OMD No. 4545-0047	
<b>F</b>	Q	an	Return of Organization Exempt From		OMB No. 1545-0047	
For (Re	-	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.				
Dep	artment	of the Treasury enue Service		Open to Public Inspection		
-			■ Go to www.irs.gov/Form990 for instructions and the late ar year, or tax year beginning JUL 1, 2019 and ending	JUN 30, 2020	mepeenen	
в	Check if applicab	C Name o	f organization	D Employer identificat	ion number	
	Addre		OUGHONE EDUCATION FOUNDATION			
F	chang		OWSTONE EDUCATION FOUNDATION usiness as YELLOWSTONE COLLEGE PREP	81-2280283	1	
F	chang Initial returr		and street (or P.O. box if mail is not delivered to street address) Room/su		,	
	Final	D O	BOX 231845	713-741-80	000	
	termi ated	n_	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	3,456,452.	
	Amer	n 1005	TON, TX 77223	H(a) Is this a group retu		
	Appli tion pendi	F Name a	nd address of principal officer: JOHN PEAVY	for subordinates?		
		SAME	AS C ABOVE	H(b) Are all subordinates includ		
		empt status: [	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 5 YELLOWSTONECOLLEGEPREP.ORG	If "No," attach a list	· ,	
				H(c) Group exemption n ear of formation: 2016 M S		
	art I				tate of legal dofinitie. 1A	
-	1		e the organization's mission or most significant activities: THE CORPO	RATTON SHALL E	NRTCH	
e	1.		HEN, ENHANCE, AND SUPPORT THE ADVANCEM			
Governance	2		x      if the organization discontinued its operations or disposed of mo			
ver	3		ting members of the governing body (Part VI, line 1a)		6	
			lependent voting members of the governing body (Part VI, line 1b)		6	
Activities &	5		of individuals employed in calendar year 2019 (Part V, line 2a)		48	
itie	6		of volunteers (estimate if necessary)		350	
ctiv	7 a		d business revenue from Part VIII, column (C), line 12		0.	
_<	b		business taxable income from Form 990-T, line 39		0.	
				Prior Year	Current Year	
đ	8	Contributions	and grants (Part VIII, line 1h)	3,072,769.	3,456,452.	
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	1,548.	0.	
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.	
Ξ.	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,074,317.	3,456,452.	
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
			to or for members (Part IX, column (A), line 4)	0.	0.	
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	1,392,954.	1,825,669.	
ens	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.	
Expenses	- b		ing expenses (Part IX, column (D), line 25) 1,688.	1 240 402	1 5/1 7//	
	1 "		es (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>1,348,483</u> . 2,741,437.	<u>1,541,744</u> . 3,367,413.	
		-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	332,880.	89,039.	
<u> </u>	<b>19</b>	neveriue iess	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year	
t Assets or	20	Total assets (I	Г	742,563.	831,966.	
Asse	20			404,683.	405,047.	
Net /	22		(Part X, line 26) fund balances. Subtract line 21 from line 20	337,880.	426,919.	
	art II				,,	
Unc	ler pen	-	I declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my kn	owledge and belief, it is	
			Declaration of preparer (other than officer) is based on all information of which prepa		- /	

Sign	Signature of officer	Date					
Here	JOHN PEAVY, SECRETARY						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date Check PTIN					
Paid	THOMAS JONES (The the	03/12/21 self-employed P00181555					
Preparer	Firm's name 🕨 MCCONNELL & JONES LLP	Firm's EIN ▶ 76-0488832					
Use Only	Firm's address 4828 LOOP CENTRAL DRIVE SUITE 1000						
	HOUSTON, TX 77081	Phone no. 713-968-1600					
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No					
932001 01-2	B32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2019) YELLOWSTONE EDUCATION FOUNDATION	81-2280283	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: SEEK TO OWN AND OPERATE AN OPEN-ENROLLMENT CHARTER SCHO	ישתדעיסם פג זהנ	п
	UNDER THE TEXAS EDUCATION CODE FOR THE BENEFIT OF STUDE		<u> </u>
	PROVIDING EDUCATIONAL OPPORTUNITIES, PROGRAMS AND SUCH	-	NS
	AS IT DEEMS APPROPRIATE IN FURTHERANCE OF THE PURPOSES		
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	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Yes	XNo
	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 of	hers, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	· · · · · · · · · · · · · · · · · · ·		)
	AT YELLOWSTONE, WE BELIEVE THAT EVERY CHILD IS BORN WIT		
	DESTINED FOR SUCCESS. THE FOUNDATION OPENED YELLOWSTONE TEXAS CHARTER SCHOOL, BEGINNING WITH THE 2018-2019 SCHO		, A
	SCHOOL CURRENTLY SERVES APPROXIMATELY 275 STUDENTS IN O		
	HAS PLANS TO GRADUALLY EXPAND TO GRADE 12 IN THE COMING		
4b	(Code:) (Expenses \$ including grants of \$) (Ref	evenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Re	evenue \$	)
			/
4 -1	Other program convision (Desprish on Schodule O)		
4d	Other program services (Describe on Schedule O.)	٨	
4e	(Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses ►       2,130,645.	)	
-10		Form <b>9</b>	<b>90</b> (2019)
932002	2 01-20-20		(=0.0)
	2		

Form	990	(2019)	

 Form 990 (2019)
 YELLOWSTONE
 EDUCATION
 FOUNDATION

 Part IV
 Checklist of Required Schedules
 FOUNDATION
 FOUNDATION

			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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<b>_</b>		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>•</b>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<b></b>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	77	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	v
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
α	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	1/1		x
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15	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	-13		
	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	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
32003	01-20-20	Form	990	(2019)

932003 01-20-20

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FUIII	990	(2013)	1

			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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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
	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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		24		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	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			<u> </u>
0.	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 in Schedule O for Part VI, lines 11b and 19?			
	· · · ·	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
932004	01-20-20	Form	990	(2019)

Form 990 (		YELLOWSTONE			
Part V	Statements	Regarding Other IR	S Filings and Ta	ax 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	48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		X
D	If "Yes," enter the name of the foreign country					
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?	1	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e 7f		X X
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					<u> </u>
g L	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained			/11		
0		•	6	8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<i>(</i> 	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
				13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the entry instantian and the entry is a second state of the terms of the second state of the second st			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

932005 01-20-20

Form 990	(2019)
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### YELLOWSTONE EDUCATION FOUNDATION

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

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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. X

Sec	tion A. Governing Body and Management					
		1.1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	6	끽		
	If there are material differences in voting rights among members of the governing body, or if the governing					
-	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			-		
b	Enter the number of voting members included on line 1a, above, who are independent			<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with ar	ly other			v
-	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	le direct s	supervision			v
				3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		A X
6	Did the organization have members or stockholders?			6		^
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					x
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					v
~	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		•		v	
a	The governing body?			8a	X X	
b	Each committee with authority to act on behalf of the governing body?			8b	Δ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					x
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Λ
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue C	ode.)		Vee	NI -
10-	Did the organization have local chapters, branches, or effiliates?			10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		<u>_</u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such cl	• •		10b		
44~			filing the form?	11a	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	iy belore		11a	21	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	
12a				12a 12b	X	
b					~	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	,		100	х	
40	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			<u>13</u> 14	X	
14 15	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and approve		ependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			150	x	
a h	The organization's CEO, Executive Director, or top management official			15a	X	
a	Other officers or key employees of the organization			15b	-	
16-		mont:				
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange taxable entity during the year?			160		Х
<b>۲</b>	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			16a		
u	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	•	•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure				1	L
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990.T	(Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			, s on ny)	arund	2.0
	Own website       Another's website       X       Upon request       Other (explain	n on Sch	edule ()			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cial	
	statements available to the public during the tax year.	or mot Of	nicoroscipolicy, all		5101	
20	State the name, address, and telephone number of the person who possesses the organization's bo	oke and	records			
20	MELANIE BROOKS - 713-741-8000	ons and				
	3000 TRULLEY STREET, HOUSTON, TX 77004					
13200	3 01-20-20			Form	990	(201)
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<b>u</b> ~			TOCULTION	1.00	0	00

Form 990 (2019)	YELLOWSTONE EDUCATION FOUNDATION	81-2280283	Page 7							
Part VII Compen	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employe	es, and Independent Contractors									
Check if So	hedule O contains a response or note to any line in this Part VII									
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete this table	for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization	's tax year.							
List all of the orga	anization's <b>current</b> officers, directors, trustees (whether individuals or organizations), rec	pardless of amount of compension	sation.							

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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.

Name and title         Average hours per (its ary related organization below         Description week (its ary ing all below         Reportable componsition from related organization below         Reportable componsition from related organization         Estimated and related organization           (1) LIONEL JELLINS         5.00         x         0         0.         0.           (3) JANUE L BRYAN II DIRECTOR         2.000         x         0.         0.         0.           (3) JANUE C IMBACTER         2.000         x         0.         0.         0.           (4) DAYID UMPRINS         2.000         x         0.         0.         0.           (3) JANUE C IMBACTER         2.000         x         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           SCRETTAR YTERABURER         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           SCRETTAR YTERABURER         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           SCRETTAR YTERABURER         X         <	(A)	(B)		(C)		(D)	(E)	(F)			
hours per veek     box. utese percent bitch an week     compensation from the organizations in other o			(do	Position							
Week (list ary hours for related organizations line)     Image of the organization (W-2/1099-MISC)     Image of the organization (W-2/1099-MISC)     Compensation (W-2/1099-MISC)       (1) LIONEL JELLINS Delow line)     5.00 X     X     0.     0.     0.       (1) LIONEL JELLINS DElow line)     5.00 X     X     0.     0.     0.       (1) LIONEL JELLINS DEROTOR     2.000 X     X     0.     0.     0.       (3) JANICE CHARACTER     2.000 X     X     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.       STRECTOR		hours per	box	box, unless person is both an				amount of			
(1) LIONEL JELLINS       5.00       X       0.       0.       0.         BOARD CHARR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         JINICE CHARACTER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (4) DAVID LUMPKINS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (5) VALETE WILLIAMS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (5) VALETE WILLIAMS       2.00       X       0.       0.       0.         SUCRETARY TRREADURE       X       0.       0.       0.       0.         (7) RYAN DOLIBOIS       30.00       X       124,531.       0.       0.				cer ar I	nd a d	lirecto	or/trus	tee)			
(1) LIONEL JELLINS       5.00       X       0.       0.       0.         BOARD CHARR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (3) JATICE CHARACTER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (4) DAVID LUMPKINS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (5) VALETE WILLIAMS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (5) VALETE WILLIAMS       2.00       X       0.       0.       0.         SUPRETIVERABURER       X       0.       0.       0.       0.         (7) RYAN DOLIBOIS       30.00       X       124,531.       0.       0.			rector					•			
(1) LIONEL JELLINS       5.00       X       0.       0.       0.         BOARD CHARR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         JINICE CHARACTER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (4) DAVID LUMPKINS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (5) VALETE WILLIAMS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (5) VALETE WILLIAMS       2.00       X       0.       0.       0.         SUCRETARY TRREADURE       X       0.       0.       0.       0.         (7) RYAN DOLIBOIS       30.00       X       124,531.       0.       0.			or di	ee			ated			(W-2/1099-MISC)	
(1) LIONEL JELLINS       5.00       X       0.       0.       0.         BOARD CHARR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         JINICE CHARACTER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (4) DAVID LUMPKINS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (5) VALETE WILLIAMS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (5) VALETE WILLIAMS       2.00       X       0.       0.       0.         SUCRETARY TRREADURE       X       0.       0.       0.       0.         (7) RYAN DOLIBOIS       30.00       X       124,531.       0.       0.			ustee	trust		96	bens		(W-2/1099-MISC)		
(1) LIONEL JELLINS       5.00       X       0.       0.       0.         BOARD CHARR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (3) JATICE CHARACTER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (4) DAVID LUMPKINS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (5) VALETE WILLIAMS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (5) VALETE WILLIAMS       2.00       X       0.       0.       0.         SUPRETIVERABURER       X       0.       0.       0.       0.         (7) RYAN DOLIBOIS       30.00       X       124,531.       0.       0.			lual tr	tional		nploy	st con	_			
(1) LIONEL JELLINS       5.00       X       0.       0.       0.         BOARD CHARR       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         JINICE CHARACTER       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (4) DAVID LUMPKINS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (5) VALETE WILLIAMS       2.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.         (5) VALETE WILLIAMS       2.00       X       0.       0.       0.         SUCRETARY TRREADURE       X       0.       0.       0.       0.         (7) RYAN DOLIBOIS       30.00       X       124,531.       0.       0.			ndivid	nstitu	Officer	(ey en	Highes	orme			organizations
DARD CHAIR         X         0.         0.         0.         0.           (2) ARTHUR L BRYAN II         2.00         X         0.         0.         0.         0.           (3) JANICE CHARACTER         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (4) DAVID LUMPKINS         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.	(1) LIONEL JELLINS		-	-		-	1				
DIRECTOR         X         0.         0.         0.         0.           (3) JANICE CHARACTER         2.00         X         0.         0.         0.         0.           (4) DAVID LUMPKINS         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (5) VALERE WILLIAMS         2.00         X         0.         0.         0.         0.           (6) JOIN PEAVY         2.00         X         0.         0.         0.         0.           (7) RVA DOLIDOIS         30.00         X         124,531.         0.         0.           SUPERINTENDENT         X         124,531.         0.         0.         0.	BOARD CHAIR		х						0.	0.	0.
(3) JANICE CHARACTER       2.00       x       0.       0.       0.         DIRECTOR       2.00       x       0.       0.       0.         (6) JOIN PEAVY       2.00       x       0.       0.       0.         SECRETARY/TREASURER       x       0.       0.       0.       0.         (7) RYAN DOLIBOIS       30.00       x       124,531.       0.       0.         SUPERINTENDENT       124,531.       0.       0.       0.       0.	(2) ARTHUR L BRYAN II	2.00									
DIRECTOR         X         0.         0.         0.         0.           (4) DAVID LUMPKINS         2.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (5) VALERIE WILLIAMS         2.00         X         0.         0.         0.         0.           (6) JOHN PEAVY         2.00         X         0.         0.         0.         0.           (6) JOHN PEAVY         2.00         X         0.         0.         0.         0.           SCRETARY/TREASURER         X         0.         0.         0.         0.         0.           SUPERINTENDENT         X         124,531.         0.         0.         0.	DIRECTOR		X						0.	0.	0.
(4) DAVID LUMPKINS       2.00       X       0.       0.       0.         DIRECTOR       2.00       X       0.       0.       0.         (5) VALERIE WILLIAMS       2.00       X       0.       0.       0.         (6) JOHN PEAVY       2.00       X       0.       0.       0.         (7) RYAN DOLIBOIS       30.00       X       124,531.       0.       0.         SUPERINTENDENT       X       124,531.       0.       0.       0.	(3) JANICE CHARACTER	2.00									
DIRECTOR     X     0.     0.     0.       (5) VALERIE WILLIAMS     2.00     X     0.     0.       DIRECTOR     X     0.     0.     0.       SECRETARY/TREASURER     X     0.     0.     0.       SUPERINTENDENT     30.00     X     124,531.     0.       UPRINTENDENT     X     124,531.     0.     0.       UPRINTENDENT     IPRICENT     IPRICENT     IPRICENT     IPRICENT       UPRINTENDENT     IPRICENT     IPRICENT     IPRICENT     <	DIRECTOR		X						0.	0.	0.
(5) VALERIE WILLIAMS       2.00       x       0.       0.       0.         (6) JOHN PEAVY       2.00       x       0.       0.       0.         SCRETARY/TREASURER       x       0.       0.       0.       0.         (7) RYAN DOLIBOIS       30.00       x       124,531.       0.       0.         SUPERINTENDENT       x       124,531.       0.       0.       0.	(4) DAVID LUMPKINS	2.00									
DIRECTOR     X     0.     0.     0.     0.       SECRETARY/TREASURER     X     0.     0.     0.     0.       (7) RYAN DOLIBOIS     30.00     X     124,531.     0.     0.       SUPERINTENDENT     X     124,531.     0.     0.     0.       Image: Secretary (TREASURER)     X     124,531.     0.     0.       SUPERINTENDENT     Image: Secretary (TREASURER)     Image: Secretary (TREASURER)     0.     0.       Image: Superint (TREASURER)     Image: Secretary (TREASURER)     Image: Secretary (TREASURER)     0.     0.       Image: Superint (TREASURER)     Image: Secretary (TREASURER)     Image: Secretary (TREASURER)     Image: Secretary (TREASURER)     0.     0.       Image: Superint (TREASURER)     Image: Secretary (TREASURER)     Image: Secretary (TREASURER)     0.     0.       Image: Superint (TREASURER)     Image: Secretary (TREASURER)     Image: Secretary (TREASURER)     0.     0.       Image: Superint (TREASURER)     Image: Secretary (TREASURER)     Image: Secretary (TREASURER)     0.     0.       Image: Superint (TREASURER)     Image: Secretary (TREASURER)     Image: Secretary (TREASURER)     Image: Secretary (TREASURER)     0.       Image: Superint (TREASURER)     Image: Secretary (TREASURER)     Image: Secretary (TREASURER)     Image: Secreta	DIRECTOR		Х						0.	0.	0.
(6) JOHN PEAVY       2.00       x       0.0.0.0.         SECEPTARY/TREASURER       30.00       x       124,531.0.0         SUPERINTENDENT       X       124,531.0.0       0.0.0.         Image: Constraint of the second s	(5) VALERIE WILLIAMS	2.00									
SECRETARY/TREASURER       X       0.       0.       0.       0.         (7) RYAN DOLIBOIS       30.00       X       124,531.       0.       0.         SUPERINTENDENT       X       124,531.       0.       0.       0.         Image: Secretary of the secreta	DIRECTOR		Х						0.	0.	0.
(7) RYAN DOLIBOIS     30.00     X     124,531.     0.     0.       SUPERINTENDENT	(6) JOHN PEAVY	2.00									
SUPERINTENDENT       X       124,531.       0.       0.         Image: Superior of the second seco	SECRETARY/TREASURER		Х						0.	0.	0.
	(7) RYAN DOLIBOIS	30.00									
	SUPERINTENDENT				Х				124,531.	0.	0.
						-	-				
			1								
						1					

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Form 990 (2019)

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Form 990 (2019) YELLOWSTONE EDUCATION FOUNDATION 81-2280									2802	83	Pa	ige <b>8</b>		
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) (B) Name and title Average hours per week			Average hours per         Position (do not check more than one box, unless person is both an officer and a director/trustee)         Reportable compensation from						<b>(E)</b> Reportable compensatio from related	n	(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	pensat om the nizati relate nizatio	e on ed
											_			
	Subtotal								124,531.		0.			0.
									0. 124,531.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;			1
3	Did the organization list any former officer,	-		•	•	-		•			ſ		Yes	No
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue compen	sati	, on fr	om	any	unre	elate	ed organization or individ	dual for services		4		x x
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	<u>ə J f</u>	or su	ich r	oers	on .				<u></u>	5		Δ
1	Complete this table for your five highest con the organization. Report compensation for t	•	•							•	pensati	on fro	m	
	(A) Name and business	address							(B) Description of s	ervices	Сс	(C ompen		ı
614	HEALTHY LUNCHBOX W GREENS RD, HOUSTON,	TX 770	67						FOOD SVCS			423	8,67	79.
	LOWSTONE ACADEMY 0 TRULLEY, HOUSTON, TX	77004							ACADEMIC SVC	S		396	5,72	26.
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos 2		ted	above) who received mo	ore than				
							_			I	F	orm <b>S</b>	90 (2	2019)

		(2019) YELLOWSTONE EDU	JCATION FOU	NDATION	1	81-2280	283 Page <b>9</b>
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response or r	note to any line in this		(=)		
			Tota	<b>(A)</b> al revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ω u	1 -	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	L L	b Membership dues 1b					
n G	-	c Fundraising events					
ifts ar A		d Related organizations 1d					
s, G mila	e		25,624.				
r Si	f	All other contributions, gifts, grants, and					
but			30,828.				
d O	ç	Noncash contributions included in lines 1a-1f	12,035.				
aCo	ł	h Total. Add lines 1a-1f		56,452.			
		B	Business Code				
ice	2 8						
erv	k	o					
n S Veni	c						
grai Be	0	d					
Program Service Revenue	f	All other program service revenue					
_							
	3	Investment income (including dividends, interest,					
		other similar amounts)					
	4	Income from investment of tax-exempt bond proc					
	5	Royalties	►				
		(i) Real (	(ii) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
	c						
		d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
•	Ľ	b Less: cost or other basis					
venue		and sales expenses         7b           c         Gain or (loss)         7c					
0		d Net gain or (loss)					
Other Re		a Gross income from fundraising events (not					
Oth		including \$ of					
•		contributions reported on line 1c). See					
		Part IV, line 18 8a					
	k	b Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events	····· •				
	9 a	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses					
		c Net income or (loss) from gaming activities	<u></u>				
	10 a	a Gross sales of inventory, less returns					
		and allowances <u>10a</u> b Less: cost of goods sold 10b					
		b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory					
			Susiness Code				
sno	11 a						
nec	L L						
Miscellaneous Revenue			<u> </u>				
lisc B	c	d All other revenue					
2		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		56,452.	0.	0.	0.
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YELLOWSTONE EDUCATION FOUNDATION Part IX Statement of Functional Expenses

Jecil	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ł		
	and domestic governments. See Part IV, line 21				
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	124,531.		124,531.	
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	1,496,812.	1,404,934.	91,878.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	181,653.	163,601.	18,052.	
10	Payroll taxes	22,673.	19,534.	3,139.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal	1,403.		1,403.	
с	Accounting	17,000.		17,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	687,410.	346,936.	340,474.	
12	Advertising and promotion				
13	Office expenses	157,925.	128,361.	29,564.	
14	Information technology				
15	Royalties				
16	Occupancy	147,109.		147,109.	
17	Travel	4,587.	4,587.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	19,157.		19,157.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	FOOD	423,679.		423,679.	
b	CURRICULUM MATERIALS	62,692.	62,692.		
с	GASOLINE	10,916.	-	10,916.	
d	PROFESSIONAL DEVELOPMEN	6,989.		6,989.	
	All other expenses	2,877.		1,189.	1,688
25	Total functional expenses. Add lines 1 through 24e	3,367,413.	2,130,645.	1,235,080.	1,688
26	Joint costs. Complete this line only if the organization	, , ,	, ,		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	sassassia ounpugn and randialong oblotation.				

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		Check if Schedule O contains a response or	note to	any line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			425,682.	1	306,281.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	316,881.	3	476,900.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstanti	al contributor, or 35%			
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disqu	ualified	persons (as defined			
		under section 4958(f)(1)), and persons descri	ibed in s	ection 4958(c)(3)(B)		6	
s.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B 11 116 11				9	48,785
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		a			
	b	Less: accumulated depreciation				10c	
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	742,563.	16	831,966		
	17	Accounts payable and accrued expenses	104,683.	17	49,147.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple				21	
<u>ه</u>	22	Loans and other payables to any current or f					
itië		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of				22	
	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel			300,000.	24	355,900
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li					
		of Schedule D		, .		25	
	26	Total liabilities. Add lines 17 through 25			404,683.	26	405,047
		Organizations that follow FASB ASC 958,	check h	ere 🕨 X			
es		and complete lines 27, 28, 32, and 33.					
and	27				284,146.	27	314,974.
Ba	28				53,734.	28	<u>    314,974</u> 111,945.
g		Organizations that do not follow FASB AS					
n L		and complete lines 29 through 33.					
2	29	Capital stock or trust principal, or current fur	nds			29	
Sets	30	Paid-in or capital surplus, or land, building, o		30			
As	31	Retained earnings, endowment, accumulated				31	
	32	Total net assets or fund balances			337,880.	32	426,919
	33	Total liabilities and net assets/fund balances			742,563.	33	831,966

Form 990 (2019)

Form 990 (2019) YELLON Part X Balance Sheet

Form	1 990 (2019) YELLOWSTONE EDUCATION FOUNDATION	81-2	2280283	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	3,45	6,4	<u>52.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,36				
3	Revenue less expenses. Subtract line 2 from line 1			39.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33	7,8	80.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
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	42	6,9:	<u>19.</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 in Schedule	0.			x		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	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			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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			
	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 Sin	gle Audit			1		
	Act and OMB Circular A-133?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х			
				000			

Form **990** (2019)

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SCH	EDU	LE A
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(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

OMB No. 1545-0047
2019
Open to Public Inspection

		f the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Nan	ne of t	the organizati	on							identification number
					UCATION FOUNI					1-2280283
Pa	rt I	Reason	for Public (	Charity Status	All organizations must co	mplete th	is part.) Se	e instructions	3.	
The	organ	ization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	in sectio	n <b>170(b)</b> (1	l)(A)(i).		
2	X	A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state	e:							
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(	b <b>)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(i	i <b>x)</b> operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	Illy receives: (1) more	than 33 1/3% of its supp	port from o	contributio	ns, membersl	nip fees, an	d gross receipts from
		activities rela	ted to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of it	ts support f	rom gross investment
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	ively to test for public saf	ety. See	section 50	)9(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). C	Check the box in
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by g	giving
		the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ring
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
С		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	d with,
		_ its supporte	ed organizatio	n(s) (see instructions	). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III no	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppor	ted organiz	ation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and	l an attentiv	veness
		requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е			•		written determination from			Туре I, Туре	II, Type III	
		functionally	integrated, or	r Type III non-functio	nally integrated supportir	ng organiz	ation.			
f		er the number		•						
g				about the supporte		(iv) Is the ora:	anization listed	(1) Americant	f management and a	
	(	<ul> <li>i) Name of support organization</li> </ul>		(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 instruction
		organization	•		above (see instructions))	Yes	No			
Tota	al									1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

#### Schedule A (Form 990 or 990-EZ) 2019 YELLOWSTONE EDUCATION FOUNDATION Part II

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

Se	ction A. Public Support			-	-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
		(-) 0015	(1-) 0010	(-) 0017	(4) 0010	(-) 0010	(6) Tatal
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 4 Gross income from interest,						
8							
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
9							
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is fo		,				
	organization, check this box and <b>sto</b>	e e					
See	ction C. Computation of Public	ic Support Per	rcentage				
14	Public support percentage for 2019 (I	line 6, column (f) di	ivided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	<b>33 1/3% support test - 2019.</b> If the o	organization did no	ot check the box c	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ı <u></u>			
b	<b>33 1/3% support test - 2018.</b> If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	: - 2019. If the orc	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	sts-and-circumstan	ces" test, check th	nis box and <b>stop</b>	<b>here.</b> Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances test	: - 2018. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	n in Part VI how th	e
	organization meets the "facts-and-cire						▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sch	edule A (Form 990	) or 990-EZ) 2019

932022 09-25-19

## Schedule A (Form 990 or 990-EZ) 2019 YELLOWSTONE EDUCATION FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support			_	-1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	-			•		
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi					<u> </u>	
	Public support percentage for 2019 (			column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2019.</b> If the	-					/ is not
-	more than 33 1/3%, check this box at						
b	<b>33 1/3% support tests - 2018.</b> If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n dia not check a		a, or iso, check t			· · · · · · · · · · · · · · · · · · ·
93202	23 09-25-19		15	5	Sch	edule A (Form 990	5 01 <del>33</del> 0-EZ) 20 19

### Schedule A (Form 990 or 990-EZ) 2019 YELLOWSTONE EDUCATION FOUNDATION

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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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Schedule A (Form 990 or 990-EZ) 2019

1

2

Yes No

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

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2019.05070 YELLOWSTONE EDUCATION FOU 10000001

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## Schedule A (Form 990 or 990-EZ) 2019 YELLOWSTONE EDUCATION FOUNDATION 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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 in (2), 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019

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Sche	dule A (Form 990 or 990-EZ) 2019 YELLOWSTONE EDUCATION			81-2280283 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must o	omplete Se	ections 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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
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 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-function	ally integrat	ed Type III supporting org	anization (see

7 Check here if the current year is the organization's first as a instructions).

Schedule A (Form 990 or 990-EZ) 2019

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### Schedule A (Form 990 or 990-EZ) 2019 YELLOWSTONE EDUCATION FOUNDATION

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	)	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
~				

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019 Y	ELLOWSTONE	EDUCATION	FOUNDATION	81-2280283	Page 8
Part VI	<b>Supplemental Informa</b> Part IV, Section A, lines 1, 2,	<b>ition.</b> Provide the exp 3b, 3c, 4b, 4c, 5a, 6, 9 s 2 and 3; Part IV, Sec	planations required a, 9b, 9c, 11a, 11b tion E, lines 1c, 2a,	by Part II, line 10; Part , and 11c; Part IV, Sec 2b, 3a, and 3b; Part V	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section , line 1; Part V, Section B, line 1e; Pa	C,
	(See instructions.)		1103 2, 0, and 0. Al		any additional mormation.	
932028 09-25-1	9		20		Schedule A (Form 990 or 990-	E <b>Z</b> ) 2019

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### Name of the organization

## Schedule of Contributors

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

2019

Employer identification number

81-2280283
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	YELLOWSTONE EDUCATION FOUNDATION	81-2280283
Organization type (che	eck one):	
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

X 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

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 or 990-EZ), 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, II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organiza	tion
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81-2280283

#### YELLOWSTONE EDUCATION FOUNDATION

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JANICE CHARACTER 5407 FEAGAN ST, UNIT C HOUSTON, TX 77007	\$ <u>12,035.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Page 3

Employer identification number

81-2280283

#### YELLOWSTONE EDUCATION FOUNDATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	173 SHARES OF EXXONMOBIL STOCK		
		\$\$	04/28/20
(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

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ame of orga	anization		Employer identification number
ELLOWS	STONE EDUCATION FOUNDA	TTON	81-2280283
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	ry. For organizations less for the year. (Enter this info. once.) \$
a) No.	Use duplicate copies of Part III if additional	space is needed.	1
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-			
		(e) Transfer of gift	t I
	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 gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-	· · ·		
-			
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(-)	(-, 3	(
-			
-			
		(e) Transfer of gif	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			
a) No		1	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-			
		(e) Transfer of gift	
		(c) francisi er gin	-
	<b>T</b>		
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		
-	Transferee's name, address, a		

### 19410312 783345 100000092.2100

SCHEDU	LE D
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Department of the Treasury Internal Revenue Service

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



Name	of the	organization
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#### YELLOWSTONE EDUCATION FOUNDATION

Employer identification number 81-2280283

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	counts	S. Com	plete if the	e
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(a) Donor advised funds	(	<b>b)</b> Funds	s and oth	ner accour	nts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed fund	s			
	are the organization's property, subject to the organization's	exclusive legal control?			🗆	Yes	No No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used or	nly			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferri	ng		_	
_						Yes	No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV,	line 7.			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education)	f a histo	rically in	nportant	land area	
	Protection of natural habitat	Preservation o	f a certif	fied histo	oric struc	ture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a cor				
	day of the tax year.			Н	leld at the	e End of the	Tax Year
а	Total number of conservation easements			2a			
b				2b			
c	Number of conservation easements on a certified historic str			2c			
d	Number of conservation easements included in (c) acquired a						
•	listed in the National Register			2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organiz	zation du	Iring the	tax	
	year	e e e e e e e e e e e e e e e e e e e					
4	Number of states where property subject to conservation ear	· · · · · · · · · · · · · · · · · · ·					
5	Does the organization have a written policy regarding the perviolations, and enforcement of the conservation easements i					Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,						
U		handling of violations, and emotoling con-	Scivation	in cascini			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion eas	ements	durina tł	ne vear	
	► \$				a an ing n	ie jeu	
8	Does each conservation easement reported on line 2(d) abov	ve 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 conservati						
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statem	ents tha	t describ	oes the		
	organization's accounting for conservation easements.						
Par			ther Si	imilar <i>I</i>	Assets	-	
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95						
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtheran	ce of pu	blic		
	service, provide in Part XIII the text of the footnote to its final						
b	If the organization elected, as permitted under FASB ASC 95	•					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance	of public	c service	,	
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1			► \$ .			
				▶ \$			
2	If the organization received or held works of art, historical tre		u gain, p	provide			
-	the following amounts required to be reported under FASB A	-		•			
	Revenue included on Form 990, Part VIII, line 1			► \$ . ► ¢			
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction				chedulo	D (Form	200) 2010
	10-02-19	5 101 1 0111 220.		3	chequie		5501 20 19
552031	10.02-13	25					

Sche		TONE EDUCA						81-22			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	· Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, checl	k any of the	following tha	t make się	gnificant u	ise of its		,	
	collection items (check all that apply):										
а	Public exhibition	c	i 🗌	Loan or exc	hange progr	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	pllections and explain	n how th	ney further th	ne organizati	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, hi	istorical treas	sures, or oth	er similar :	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if th	e organizatio	on answered	"Yes" on	Form 990	, Part IV, I	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other as	sets not ir	ncluded		_		_
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						lf				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	ount liabilit	ty?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.				
		(a) Current year	(b) l	Prior year	(c) Two yea	irs back	( <b>d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held ar	nd administe	red for the	e organiza	ition	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	Schedule R?					Зb		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Par	t VI _ Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990	), Part I	V, line 11a. S	See Form 990	), Part X, I	ine 10.				
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Ac	cumulate	d	(d) Book	value	е
		basis (investr	nent)	basis	(other)	dep	preciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment										
е	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	mn (B), line 1	0c.)						0.
							:	Schedule	D (Form	990)	2019

Schedule D (Form 990) 2019 YELLOWSTONE ED	DUCATION FOUNDATIO	N
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#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	
Part X	Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1) Fe	deral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements 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.

n provided in Part XIII ... X Schedule D (Form 990) 2019

932053 10-02-19

	dule D (Form 990) 2019 YELLOWSTONE EDUCATION FOU			2280283 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	,	
1	Total revenue, gains, and other support per audited financial statements		1	3,456,452.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			3,456,452.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines <b>4a</b> and <b>4b</b>		4c	0.
С	Add lines 4a and 4b			
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)			3,456,452.
5	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12,)</i> rt XII Reconciliation of Expenses per Audited Financial Statem			
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)	nents With Expen	5 ses per Returr	1.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Expen <sup>2a.</sup>	ses per Returr	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With Expen <sup>2a.</sup>	ses per Returr	1.
5 Pa 1	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With Expension	ses per Returr	1.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Expense 2a. 2a	ses per Returr	1.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents With Expension           2a           2a           2b	ses per Returr	1.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a         2a           2b         2c	ses per Returr	1.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a           2a           2b           2c           2d	ses per Return	n. <u>3,367,413.</u> 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d	5 ses per Return	1.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Add lines 2a through 2d	2a         2a           2b         2c           2c         2d	5 ses per Return	n. <u>3,367,413.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a         2a           2b         2c           2c         2d	5 ses per Return	n. <u>3,367,413.</u> 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2a           2b           2c           2d           2d	5 ses per Return	n. <u>3,367,413.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2a           2b         2b           2c         2d           2d         2d	5 ses per Return	0. 3,367,413. 0. 3,367,413. 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2c           2d         2d           2d         2d	5 ses per Return 1 2e 3 3	n. <u>3,367,413.</u> 0.

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 X, LINE 2:

THE SCHOOL APPLIES THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD
(FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740-10, INCOME TAXES,
WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR
FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR
EXPECTED TO BE TAKEN IN A TAX RETURN. FASB ASC 740-10 ALSO PROVIDES
GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES,
ACCOUNTING IN INTERIM PERIODS, DISCLOSURES AND TRANSITION. THE SCHOOL
BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND
AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO
THE FINANCIAL STATEMENTS.

28

932054 10-02-19

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Schedule D	(Form 990)	2019
Dort VIII	0	

Supplemental Information (continued)	
	Schedule D (Form 990) 2019

932055 10-02-19

SC	HED	ULE	E

#### (Form 990 or 990-EZ)

### Schools

OMB No. 1545-0047 2019

**Open to Public** 

Inspection

### Department of the Treasury Internal Revenue Service

Part I

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Attach to Form 990 or Form 990-EZ.

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

YELLOWSTONE EDUCATION FOUNDATION

Name of the organization

Employer identification number 81-2280283

ſ

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
		3	X	
	YELLOWSTONE'S NON-DISCRIMINATION POLICY IS INCLUDED ON THE			
	WEBSITE AND IN EVERY JOB POSTING, BOTH PRINTED AND			
	ELECTRONICALLY DISTRIBUTED. IT IS ALSO INCLUDED IN BOTH THE			
	STAFF AND FAMILY HANDBOOKS FOR PUBLIC REVIEW. BOTH OF THESE			
	HANDBOOKS CAN ALSO BE FOUND ON THE YELLOWSTONE WEBSITE.			
4	Does the organization maintain the following?	4-	х	
a L	· · · · · · · · · · · · · · · · · · ·	4a	X	
b		4b	Λ	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	1	х	
d	admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c 4d	X	
u	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40	21	
	If you answered two to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
а		5a		X
b	Admissions policies?	5b		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
g	Athletic programs?	5g		X
	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization receive any financial aid or assistance from a governmental agency?	<u>6a</u>		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

Schedule E (Form 990 or 990-EZ) 2019	YELLOWSTONE	EDUCATION	FOUNDATION
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Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

932062 10-09-19	31	Schedule E (Form 990 or 990-EZ) 2019

19410312 783345 100000092.2100 2019.05070 YELLOWSTONE EDUCATION FOU 10000001

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

YELLOWSTONE EDUCATION FOUNDATION

Employer identification number 81-2280283

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

SCHOOL CHOICE IN TEXAS BY ENGAGING IN FUNDRAISING AS IT DEEMS

APPROPRIATE IN FURTHERANCE OF THE PURPOSES AS PROVIDED IN THE

CERTIFICATE OF FORMATION. THE CORPORATION SHALL ALSO SEEK TO OWN AND

OPERATE AN OPEN-ENROLLMENT CHARTER SCHOOL AS PROVIDED UNDER THE TEXAS

EDUCATION CODE FOR THE BENEFIT OF STUDENTS IN TEXAS, PROVIDING

EDUCATIONAL OPPORTUNITIES, PROGRAMS AND SUCH OTHER FUNCTIONS AS IT

DEEMS APPROPRIATE IN FURTHERANCE OF THE PURPOSES AS PROVIDED IN THE

CERTIFICATE OF FORMATION. THIS CORPORATION IS FORMED FOR CHARITABLE

PURPOSES, AND IT WILL BE NONPROFIT AND NONPARTISAN.

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

THE CERTIFICATE OF FORMATION. THIS CORPORATION IS FORMED FOR CHARITABLE

PURPOSES, AND IT WILL BE NONPROFIT AND NONPARTISAN.

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

THE RETURN WILL BE REVIEWED BY THE DIRECTOR OF FINANCE AND ACCOUNTANT.

FOLLOWING ADJUSTMENTS, IF ANY, THE RETURN WILL BE DISTRIBUTED TO THE

SUPERINTENDENT AND ALL BOARD MEMBERS.

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

ON AN ANNUAL BASIS, THE BOARD IS ASKED TO REVIEW THE POLICY AND SIGN AGAIN

TO MAKE SURE THAT NOTHING HAS CHANGED IN THEIR STATUS THAT WOULD IMPACT

YELLOWSTONE'S POLICY. AT THE POINT OF BRINGING ON NEW BOARD MEMBERS, THE

CANDIDATE GOES THROUGH AN ORIENTATION PROCESS THAT INCLUDES A REVIEW OF THE

CONFLICT OF INTEREST POLICY.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

\_\_\_\_\_\_

LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIALS

FOR THE CEO (SUPERINTENDENT)'S COMPENSATION, THE BOARD CHAIR CONSULTED WITH

YELLOWSTONE'S COUNSEL TO REVIEW COMPARABLE SALARIES ACROSS THE STATE OF

TEXAS. HE THEN TOOK THIS WORK BACK TO THE BOARD GROUP AND THE BOARD

APPROVED THIS CONTRACT IN EXECUTIVE SESSION. AS PART OF THE BUDGETING

PROCESS, THE SUPERINTENDENT PRESENTS THE SALARIES AND BUDGET TO THE FINANCE

COMMITTEE AND BOARD CHAIR FOR THEIR REVIEW, AND ULTIMATELY APPROVAL. THE

SALARIES ARE BENCHMARKED AGAINST LOCAL PUBLIC SCHOOL DISTRICTS, USING

WHATEVER INFORMATION IS AVAILABLE TO CONFIRM THAT YELLOWSTONE IS WITHIN

RANGE OF SIMILARLY SIZED EDUCATIONAL INSTITUTIONS.

LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SAME AS 15A ABOVE.

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

ALL OF THE FORMS WERE INCLUDED IN YELLOWSTONE'S CHARTER SCHOOL APPLICATION

WHICH IS AVAILABLE ON THE TEXAS EDUCATION AGENCY WEBSITE. IN ADDITION,

RELEVANT DOCUMENTS, AS REQUIRED BY LAW, ARE POSTED AND MAINTAINED ON THE

YELLOWSTONE WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED SERVICES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

346,936.

340,474.

687,410.

0.

19410312 783345 100000092.2100

Schedule O (Form 990 or 990-EZ) (2019)	Page
Name of the organization YELLOWSTONE EDUCATION FOUNDATION	Employer identification number 81-2280283
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	687,410.
TOTAL OTHER FEED ON FORM 550, TAKE IK, DIRE TIG, COL A	007,410.
FORM 990, PART XII, LINE 2C	
THE OPCINIZITION USC NOT CHINGED FIMUED INC OVERCICUM DRO	
THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROC	LESS OK
SELECTION PROCESS DURING THE TAX YEAR.	
932212 09-06-19 Sche	edule O (Form 990 or 990-EZ) (2019

(Rev. January 2020)

### Application for Automatic Extension of Time To File an Exempt Organization Return

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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.* 

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or	ype or Name of exempt organization or other filer, see instructions. Taxpayer identified to the term of te					on number (TIN)
print						
File by the	YELLOWSTONE EDUCATION FOUN	DATION	[		81-22	80283
due date fo filing your	$\log y_{our}$ P.O. BOX 231845					
	return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOUSTON, TX 77223					
Enter th	e Return Code for the return that this application is for (fi	le a separat	te application for each return)			
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 47	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above)	06	Form 8870			12
• If this box 1 Ir th	equest an automatic 6-month extension of time until e organization named above. The extension is for the org	Group Exe and atta MAX ganization's, an	mption Number (GEN) I uch a list with the names and TINs of <u>x 17, 2021</u> , to file return for: Id ending <u>JUN 30, 2020</u>	f this is fo all memb	r the whole ers the extern npt organiza 	group, check this
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	), or 6069, e	enter the tentative tax, less	3a	\$	0.
-	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and			
es	timated tax payments made. Include any prior year over	payment all	owed as a credit.	3b	\$	0.
c Ba	alance due. Subtract line 3b from line 3a. Include your p	ayment witl	h this form, if required, by			
us	ing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.
Caution instructi	: If you are going to make an electronic funds withdrawa ons.	II (direct deb	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	9-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instru	ictions.		Form	8868 (Rev. 1-2020)

923841 12-30-19