(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 Name of exempt organization or other filer, see instructions. Tage					Taxpayer identification number (TIN)		
print							
File by the	FAMILY PROMISE OF YELLOWST	ONE VA	LLEY		20-0323622		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 10 S 26TH ST	see instruct	ions.				
instructions	City, town or post office, state, and ZIP code. For a BILLINGS, MT 59101	foreign addi	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fi	ile a separa	te application for each return)			01	
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99) or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99)-PF	04	Form 5227			10	
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above) 06 Form 8870					12		
 If this box 1 I ret the 	organization does not have an office or place of business is for a Group Return, enter the organization's four digit 	Group Exe	mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2021</u> , to file return for: d ending	f this is fo all membe	r the whole gi ers the extens npt organizatio	roup, check this sion is for.	
	his application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.), or 6069, e	enter the tentative tax, less	3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and				
est	timated tax payments made. Include any prior year over	payment all	owed as a credit.	3b	\$	0.	
c Ba	lance due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required, by				
us	ng EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawa	al (direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879-	EO for payment	
	For Privacy Act and Paperwork Beduction Act Notice	. see instru	ictions.		Form 8	868 (Rev. 1-2020)	

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Form	330

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



<u>A F</u>	or th	e 2020 calendar year, or tax year beginning and	ending					
В с а	heck if oplicab	C Name of organization D Employer identification number						
	Addre	FAMILY PROMISE OF YELLOWSTONE VALLEY						
	Name chang	Doing business as		20-032362	22			
	Initial		Room/suite	E Telephone number				
	Final return	10 S 26TH ST		406-294-	7432			
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	558,447.			
	Amen return	BILLINGS, MT 59101		H(a) Is this a group re				
	Applie tion pendi	F Name and address of principal officer: PASIOR BEN QUANBECT	K	for subordinates	? Yes X No			
	-	SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: $X = 501(c)(3)$ $501(c)()$ $() = 4947(a)(1)$	or 527	If "No," attach a	list. See instructions			
		te: WWW.FAMILYPROMISEYV.ORG		H(c) Group exemption				
		f organization: X Corporation Trust Association Other	L Year	of formation: 2003 N	State of legal domicile: MT			
Pa	rt I	Summary	MTAATA					
ø	1	Briefly describe the organization's mission or most significant activities: THE TELLOWSTONE VALLEY IS TO HELP HOMELESS FA	MISSIO	N OF FAMILY	PROMISE OF			
Governance	•							
/ern	2	Check this box if the organization discontinued its operations or disposed by (Dart) (Line 1a)			15 IS			
હે	3 4	Number of voting members of the governing body (Part VI, line 1a)			15			
8	- 5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			9			
ities	6	Total number of volunteers (estimate if necessary)			1500			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		413,137.	418,381.			
nu	9	Program service revenue (Part VIII, line 2g)		14,174.	14,622.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,968.	10,365.			
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		131,162.	64,619.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		560,441.	507,987.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		242,893.	244,169.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	—	0.	0.			
ğ		Total fundraising expenses (Part IX, column (D), line 25) 54,1		170 400	143,371.			
"		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		178,490. 421,383.	387,540.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		139,058.	120,447.			
<u>ت د</u>	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year				
Assets or d Balances	20	Total assots (Dart V. lina 16)		1,523,044.	<u>End of Year</u> 1,744,114.			
Asse Bala	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		510,074.	594,044.			
Net /		Net assets or fund balances. Subtract line 21 from line 20	······	1,012,970.	1,150,070.			
	22	Net assets of fully balances, subtract life 21 for life 20		-,, , , , , , , , , , , , , , , , ,	-,,0,0,0			

Part II Signature Block

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

Sign	Signature of officer		Date			
Here	LISA DONNOT, EXECUTIVE	DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	SAM FOSHAG, CPA	SAM FOSHAG, CPA	11/09/21 self-employed P01696998			
Preparer	Firm's name 🕒 WIPFLI LLP		Firm's EIN ▶ 39-0758449			
Use Only	Firm's address ⊾ 101 EAST FRONT S	TREET #301				
	MISSOULA, MT 598	02	Phone no. 406.728.1800			
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes	No		
032001 12-2	3-20 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (20)20)		
~						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Check II Schedule Quontains a response or note to any line in this Part II Image: Check II Schedule Quontains a response or note to any line in this Part II Deriv Store the organization residen: THE MISSION OF PANILY PROMISE OF YELLOWSTONE VALLEY IS TO HELP HOMELESS FORMILISE A CHIEVE AND SUSTAIN INDEPENDENCE THENDENA E THEORING VALLEY IN WHICH EVERY PAMILY HAS A HOME, A LIVELIBOD, AND THE CHANCE TO BUILD A BETTER FUTURE Dot the organization undertake any significant changes in how it conducts, any program services? □ Vec [X] I''''s; 'decinition these damages on Schedule 0. Dot the organization calculate accompliablements for each of its three largest program services, an reasured by sequences. Section ST(C) (and SOT(4) Organizations are equivaled to report the anount of grants and disculators to the spenses. If A, 622 FAMILY FROMISES OF YELLOWSTONE VALLEY (FPYV) HELPS HOMELESS FAMILIES ACCOMPLISH THES THROUGH A COMMUNITY RESPONSE TO HOMELESSNESS. WE ACCOMPLISH THES THROUGH A COMMUNITY RESPONSE TO HOMELESSNESS. WE ACCOMPLISH THES THROUGH A COMMUNITY RESPONSE TO HOMELESSNESS. WE ACCOMPLISH THES THROUGH A COMMUNITY RESPONSE TO HOMELESSNESS. WE ACCOMPLISH THES THROUGH A COMMUNITY RESPONSE TO HOMELESSNESS. WE ACCOMPLISH THES THROUGH A COMMUNITY RESPONSE TO HOMELESS STATUS SINCES. WE ACCOMPLISH THES THROUGH A COMMUNITY RESPONSE TO HOMELESSNESS. WE ACCOMPLISH THES THROUGH A COMMUNITY RESPONSE TO HOMELESSNESS. Cote		990 (2020) FAMILY PROMISE OF YELLOWSTONE VALLEY 20-0323622 Page rt III Statement of Program Service Accomplishments
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HAS A HOME, A LIVELTHOOD, AND THE CHANCE TO BUILD A BETTER FUTURE Did the organization understate any significant program services during the year which were not listed on the prior Form 990 or 990 E27 If "Ves," describe these new services consciously and the significant changes in how it conducts, any program services, as measured by expenses. Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverues, if any, for each program service accompliabnemts for each of its three largest program services, as measured by expenses. Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverues, if any, for each program services reports. (Acc. (Nuchress 271, 159. (FAMILY FROMISS C OF YELL/OWSTONE VALLEY (FPYV) HELPS HOMELESS FAMILLES ACRIEVE AND SUSTAIN INDEPENDENCE THROUGH OLD REMERGENCY SHELTER; TRANSITIONAL HOUSING, THE AFTER CARE PROGRAM, THE WRAP AROUND AND BREAK THE CYCLE OF POVERTY PROGRAM, FOCUSES OF THE HOMELESS FAMILLES MEMOWERT THE HOMELESS. THE UKAST 14 YEARS, FPYV HAS LEARNED THAT SIMPLY PROGRAM FOCUSES ON THE SUCCESS AS OF THE HOMELESS FAMILLY AS A WHOLE AND WE HAVE SEEN TREEMENDUS RESULTS INCREASING OUR SUCCESS RATES FOR THE FAMILLES WE SERVE. OVER THE LAST 14 YEARS, FPYV HAS LEARNED THAT SIMPLY PROVIDING A HOMELESS FAMILLY WITH SHEARESING OUR SUCCESS RATES FOR THE FAMILLES WE SERVE. OVER THE LAST 14 YEARS, FPYV HAS LEARNED THAT SIMPLY PROVIDING A HOMELESS FAMILLY AS A WHOLE AND WE SHILLES (COME INTO OUR NETWORK, THEY OFTEN ARE LACKING THE LIFE SKILLS © (conter)(revenses		
Det the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 900 E27 □ Yes [X] If Yes, 'describe these new services on Schedule 0. □ Ures [X] □ Yes [X] Did the organization cause conducting, or make significant tranges in how it conducts, any program services, as measured by expenses. Section 501(5) and 501(6) (0) granizations are required to report. □ Yes [X] Describe the organization or cause as Cabchidue 0. □ Control (1) (0) (0) (0) (0) (0) (0) (0) (0) (0) (0		
pror form 990 or 990-627 □ Yes 【 If 'Yes, 'describe these or conversions on Schedule O. □ Ves 【 Dot the organization organization organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accompliabinents for each of its three largest program services, as measured by expenses. Section 501 (c)(3) and 501 (c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sported. □ (Neurons 1 14, 622 2 (Conter		
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<pre># "Yes," describe these changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue, if any, for each program service reported. (code:</pre>	~	
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<pre>revenue, if any, for each program service reported</pre>	•	
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	4.5	
SEE SCHEDULE O FOR CONTINUATION(S)	4e	Form 990 (202
3	32002	
5	'11	0

Form 990 (2				OF	YELLOWSTONE	VALLEY
Part IV Checklist of R		equired Sc	hedules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	x	
11	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10	Δ	
11	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	x	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	<u>^</u>	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b		20a 20b		- 23
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
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Form 990 (202				YELLOWSTONE	VALLEY
Part IV C	hecklist of Required So	hedules _{(con}	tinued)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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	<u>25a</u>		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			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	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	0.7		x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
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? <i>If</i>	00-		v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<u> </u>
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<u> </u>		
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
	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	X	
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Form 990					YELLOWSTONE	
Part V	Statements	Regarding C	ther IRS Fili	ngs a	and Tax Complianc	e (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	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L	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 instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	L	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. _	4a		Х
b	If "Yes," enter the name of the foreign country	•			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				37
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	F	5c		
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	F	Ua		- 23
D	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	,	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?		7c		х
d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	L	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. L	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Ŀ	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	H	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
a h	Initiation fees and capital contributions included on Part VIII, line 12 10a 10b	-			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:				
 a					
b	Gross income from members or shareholders				
_	amounts due or received from them.) 11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	Ŀ	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand	+			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	ŀ	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		4-		v
	excess parachute payment(s) during the year?	\vdash	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.		16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	• -	16		~
	If "Yes," complete Form 4720, Schedule O.				

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Form 990	(2020)
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FAMILY PROMISE OF YELLOWSTONE VALLEY

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

	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15				
	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	1b	15				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
				3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?			7a		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
persons other than the governing body?							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?		-	8a	Х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			-			
		venue	Coue.)		Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
		•	,	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,		Tiu			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			12.0			
U		,		12c	х		
13	in Schedule O how this was done Did the organization have a written whistleblower policy?			13	X		
14				14	X		
15	Did the organization have a written document retention and destruction policy?			17			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		dependent				
-	The organization's CEO, Executive Director, or top management official			15a	х		
b				15a		x	
U	Other officers or key employees of the organization			100			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nont w	ith a				
100				16a		x	
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			108			
u	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluat	-					
				16b			
Sec	exempt status with respect to such arrangements?						
	List the states with which a copy of this Form 990 is required to be filed NONE						
17 10		ad 000	T (Section 501(a)/2)		ovoilo	blo	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	iu 990	-1 (Section Son(c)(S):	s or iry)	avalla	bie	
	for public inspection. Indicate how you made these available. Check all that apply.	0					
10			,	financ			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	TOTIC	or interest policy, and	inano	Jai		
00	statements available to the public during the tax year.		lucesude 🕨				
20	State the name, address, and telephone number of the person who possesses the organization's boo COPDETTA CARLESS = $406-294-7432$	oks and	a recoras 🕨				
	<u>CORDELIA CARLISLE - 406-294-7432</u> 10 S 26TH ST, BILLINGS, MT 59101						
				Γ	000	(2020)	
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- 4 4							

Form 990 (2	PO20) FAMILY PROMISE OF YELLOWSTONE VALLEY 20-0323622	Page 1									
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
	Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization	's tax year.									

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		n an	compensation	compensation	amount of		
	week		cer ar	ia a a	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	npen		(00-2/1099-00130)		and related
	below	ndividual trustee or director	ltiona		nploy	st cor	1			organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA DONNOT	50.00		_							
EXECUTIVE DIRECTOR				x				72,491.	Ο.	0.
(2) SHARON HENDERSON	30.00									
ACCOUNTANT				x				32,527.	Ο.	0.
(3) PASTOR BEN QUANBECK	3.00							-		
PRESIDENT		х		х				0.	Ο.	0.
(4) KODY CHRISTENSEN-LINTON	3.00									
VICE PRESIDENT		х		х				0.	Ο.	0.
(5) TIM TATARKA	3.00									
SECRETARY		Х		Х				0.	Ο.	0.
(6) SPENCER SMITH	3.00									
TREASURER		Х		Х				0.	0.	0.
(7) HEATHER FINK	3.00									
IMMEDIATE PAST PRESIDENT		Х		Х				0.	0.	0.
(8) FRED BUTTON	3.00									
DIRECTOR		Х						0.	0.	0.
(9) KATIE CERDA	3.00									
DIRECTOR		Х						0.	0.	0.
(10) JAMI CLARK	3.00									
DIRECTOR		Х						0.	0.	0.
(11) SARAH EWALT	3.00									
DIRECTOR		Х						0.	0.	0.
(12) TANA LEE (HERGENRAEDER)	3.00									
DIRECTOR		Х						0.	0.	0.
(13) WILLIAM MANSKE	3.00									
DIRECTOR		Х						0.	0.	0.
(14) GINNY MERMEL	4.00									
DIRECTOR		Х						0.	0.	0.
(15) BILLIE PARROTT	3.00									
DIRECTOR		Х						0.	0.	0.
(16) DARREN PAULSON	3.00									
DIRECTOR		Х						0.	0.	0.
(17) GARRETT SCOTT	3.00	l								-
DIRECTOR		Х						0.	0.	0.
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	990 (2020) FAMILY PI	ROMISE C)F	YE	LL	١OŴ	IST	ON	IE VALLEY	20-03	23	622	Pa	age 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
_	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Es	timate	ed
		hours per					than o s both		compensation	compensatior	n	an	nount	of
		week	offi	cer an	dad	irecto	or/trus	tee)	from	from related			other	
		(list any	ctor						the	organizations	;	com	pensa	tion
		hours for	r dire				ted		organization	(W-2/1099-MIS	C)	fr	om the	Э
		related	stee o	ru ste			ensa		(W-2/1099-MISC)			•	anizati	
		organizations	al trus	nal ti		loyee	e comp						d relate	
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inizatio	ons
		line)	Ind	Ins	Offi	Key	e ^m	For						
1b 3	Subtotal								105,018.		0.			0.
	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								105,018.		0.			0.
	Total number of individuals (including but n							o re		000 of reportable				
	compensation from the organization						,							0
													Yes	No
3	Did the organization list any former officer,	director trust			mol	~~~~	~ ~r	hia	bast companyated amp		ſ			
	. .				•	-		Ŭ	• •			2		Х
	line 1a? If "Yes," complete Schedule J for s											3		<u>_</u>
	For any individual listed on line 1a, is the su											-		v
	and related organizations greater than \$150											4		Х
	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." corr	plete Schedule	e J fo	or sl	ich i	oers	on .					5		Х
Secti	on B. Independent Contractors													
1	Complete this table for your five highest co	mpensated ind	ере	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
1	the organization. Report compensation for	the calendar ye	ear e	ndir	ig w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)			(C		
	Name and business	address	N	ONE	3				Description of s	ervices	С	omper	nsatior	า
								-						
	Total number of independent contractors (in	•	ot lin	nitec	to to	_		ted	above) who received mo	bre than				
	\$100,000 of compensation from the organi	zation 🕨				C	J						000	
												Form	990 ₍₂	2020)

032008 12-23-20

	<u>1 990 (</u>		ILY PROMIS	E OF YELI	LOWSTONE VA	ALLEY	20-0323	622 Page 9
Pa	rt VII							
		Check if Schedule O co	ontains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	[]
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
s co	1 9	Federated campaigns	1a					
ant unt:	b	Membership dues						
ي م	c	Fundraising events		2,495.				
ifts ar A	d	Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contrib						
ion: Sij	f	All other contributions, gifts, g						
but		similar amounts not included a	above 1f	415,886.				
ntri d O	g	Noncash contributions included in lin	ines 1a-1f 1g \$					
an an	h	Total. Add lines 1a-1f		►	418,381.			
				Business Code				
e	2 a	TRANSITIONAL H	HOUSING	531110	14,622.	14,622.		
ervi	b							
ר Se enu	С							
Program Service Revenue	d							
rog	е							
٩	•	All other program service re		-	14 600			
		Total. Add lines 2a-2f			14,622.			
	3	Investment income (includi			3,600.			3,600.
	4	other similar amounts) Income from investment of			5,000.			5,000.
	4 5	Royalties						
	5		(i) Real	(ii) Personal				
	6 a	Gross rents	6a	() • • • • • • •				
			6b					
	c		6c					
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a 3,765.	3,000.				
	b	Less: cost or other basis						
ne			7ь О.	0.				
venue	с	Gain or (loss)	7c 3,765.	3,000.				
0	d	Net gain or (loss)	·····	►	6,765.			6,765.
Other Ro	8 a	Gross income from fundraising						
đ		including \$ 2	<u>,495.</u> of					
		contributions reported on li						
		Part IV, line 18		112,269.				
		Less: direct expenses	······	50,460.	C1 000			<u> </u>
		Net income or (loss) from fu		>	61,809.			61,809.
	9 a	Gross income from gaming						
		Part IV, line 19						
		Less: direct expenses Net income or (loss) from g						
		Gross sales of inventory, le		····· · · · · · · · · · · · · · · · ·				
	10 a	-						
	h	and allowances Less: cost of goods sold	·····					
		Net income or (loss) from s	·····					
				Business Code				
snc	11 a	INSURANCE PROC	CEEDS	900099	2,243.			2,243.
nec	b	REBATES AND RE		900099	567.			567.
ella evei	c							
Miscellaneous Revenue	d	All other revenue						
2	e	Total. Add lines 11a-11d		►	2,810.			
	12	Total revenue. See instruction	ns		507,987.	14,622.	0.	74,984.
03200	9 12-23-	-20						Form 990 (2020)

FAMILY PROMISE OF YELLOWSTONE VALLEY Part IX Statement of Functional Expenses

	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	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,	105 010	67 000	1	00.455
	trustees, and key employees	105,018.	67,030.	17,522.	20,466
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	114,544.	73,110.	19,112.	22,322
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,053.	2,943.	1,548.	1,562
0	Payroll taxes	18,554.	9,018.	4,747.	4,789
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	204.	204.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	730.	730.		
2	Advertising and promotion	855.	368.	428.	59
3	Office expenses	14,696.	8,724.	5,045.	927
4	Information technology				
15	Royalties				
6	Occupancy	13,928.	13,801.	127.	
7	Traval	11,634.	10,409.	1,181.	44
8	Payments of travel or entertainment expenses				
Ŭ	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
9	· · · · ·				
.0 21	Payments to affiliates				
2	Depreciation, depletion, and amortization	37,647.	37,647.		
23	. Г	9,204.	7,093.	1,484.	627
3 4	Other expenses. Itemize expenses not covered	5,2010		1,101.	027
+	above (List miscellaneous expenses on line 24. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
2	REPAIRS AND MAINTENANCE	30,625.	25,692.	4,933.	
a h	PROGRAM EXPENSES	10,574.	10,574.		
D C	FEES	5,657.	1,552.	4,105.	
c d	DUES	5,170.	174.	1,668.	3,328
		2,447.	2,090.	357.	5,540
	All other expenses	387,540.	2,090.	62,257.	54,124
5 6	Total functional expenses. Add lines 1 through 24e	507,540.	<u> </u>	04,431.	J4,14
6	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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032010 12-23-20

Form 990 (2020)

Part X | Balance Sheet

FAMILY PROMISE OF YELLOWSTONE VALLEY

20-0323622 Page 11

Check If Schedule O contains a response or note to any line in this Part X Image: Check If Schedule O contains a response or note to any line in this Part X I Cash - non-interast-bearing 208, 914. 2 211, 432. Savings and temporary cash investments 208, 814. 2 211, 432. Pledges and grants receivable, net 3 4 4 Account receivables from any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 5 Controlled entity or family member of any of these persons is a defined under section 4958(0(3)), and persons described in section 4958(0(3)(6) 6 - 7 Notes and loars receivables. from there disqualifed persons (as defined under section 4958(0(1)), and persons described in section 4958(0(3)(6) 7 6 8 Investments - program-related. het 8 9 - 10a Land, buildings, and equipment: cost or other tost or other basis. Complete Part VI of Schedule D 10a 1, 176, 235. 975, 087. 10c 937, 440. 11 Investments - program-related. See Part IV, line 11 13 13 14 11 12 Lans adottip payable to any curr								
Beginning of year End of year 1 Cash - non-interest-bearing 257,041. 1 485,369. 2 Savings and temporary cash investments 208,814. 2 211,432. 3 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 3 4 5 Loans and other receivables from any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(3)(8) 6 6 7 Notes and loans receivable, net 8 9 9 9 Prepaid expenses and deferred charges 9 9 1 <			Check if Schedule O contains a response or note	e to any	<u>line in this Part X</u>			
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3 Piedges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 9 10a 1,176,236. 9 11 Investments - publicly traded securities 46,417.11 12 Investments - program-related. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 13 14 Intargible assets 16,127.17 13,553.18 16 Total assets. Add lines 1 through 15 (must equal line 33) 1,523,044.16 1,744,114.14 12 Loan		2				208,814.	2	211,432.
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b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Construction of the constructio		separate basis, consolidated basis, or both:							
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consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. Image: Construction of the construct	b	Were the organization's financial statements audited by an independent accountant?		2 b		X			
Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Image: Consol		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 1 1		consolidated basis, or both:							
review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		Separate basis Consolidated basis Both consolidated and separate basis							
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	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		X			
2. As a result of a federal sward, was the examination required to underge on sudit or sudits as out forth in the Cingle Audit		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 Sir	igle Audit						
Act and OMB Circular A-133?		Act and OMB Circular A-133?		3a		X			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				Ĺ			

SCHE	DUL	.E 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
2020
Open to Public Inspection

		f the Treasury nue Service			Attach to Form 990 or I v/Form990 for instruction			oformation		Open to Public Inspection
Nam	e of t	the organizati				uns anu u	ie ialest ii		er ide	entification number
		ine ei gunizati		LY PROMISE	OF YELLOWST	ONE V	ALLEY			0323622
Pa	τI	Reason			(All organizations must of					0010011
		A church, co A school des A hospital or A medical res city, and stat An organizati section 170	a private found nvention of ch cribed in sect a cooperative search organiz e: 	lation because it is: urches, or associati ion 170(b)(1)(A)(ii). hospital service org ation operated in co or the benefit of a co Complete Part II.)	(For lines 1 through 12, c on of churches described (Attach Schedule E (Forr janization described in s onjunction with a hospital oblege or university owned mental unit described in	heck only d in section n 990 or 99 ection 170 described	one box.) on 170(b)(1 90-EZ).) 0(b)(1)(A)(ii l in sectio ed by a go	1)(A)(i). ii). on 170(b)(1)(A)(iii). Ente overnmental unit descrit		
		An organizati section 170(A community An agricultur	ion that norma (b)(1)(A)(vi). (C / trust describe al research org	Illy receives a substa complete Part II.) ed in section 170(b ganization described	antial part of its support f)(1)(A)(vi). (Complete Par d in section 170(b)(1)(A)(culture (see instructions).	rom a gove t II.) (ix) operate	ernmental ed in conju	unit or from the general	t colle	
10 11 12 a b c d		activities relations and the section organization organiz	ted to its exenurelated busin 509(a)(2). (Co ion organized a ion organized a y supported or bugh 12d that upporting orga- ted organizatio on. You must of supporting org management of on(s). You must nctionally inter ed organizatio on-functionally	npt functions, subje mess taxable income mplete Part III.) and operated exclus and operated exclus ganizations describ describes the type of anization operated, so complete Part IV, S ganization supervise of the supporting or st complete Part IV, grated. A supporting n(s) (see instructions y integrated. A support	e than 33 1/3% of its supp ct to certain exceptions; e (less section 511 tax) fro sively to test for public sa sively for the benefit of, to ed in section 509(a)(1) of supporting organization supervised, or controlled egularly appoint or elect a sections A and B. d or controlled in connec ganization vested in the s , Sections A and C. ng organization operated s). You must complete porting organization oper ization generally must sat	and (2) no om busines fety. See o perform t or section n and com by its supp a majority of tion with it ame perso in connect Part IV, Se rated in co	more than sees acquir section 50 he function 509(a)(2). plete lines ported org. of the direct s supporter ns that con tion with, a sections A, nnection w	33 1/3% of its support red by the organization D9(a)(4). ns of, or to carry out the See section 509(a)(3). 12e, 12f, and 12g. anization(s), typically by ctors or trustees of the s ed organization(s), by ha ntrol or manage the sup and functionally integrat D, and E. vith its supported organ	from after e purp Chec v givir support aving pporte ted w	gross investment June 30, 1975. Doses of one or ok the box in ng orting ed ith,
e f		Check this functionally er the number	box if the orga y integrated, or of supported o	anization received a r Type III non-functio	mplete Part IV, Sections written determination fro onally integrated supporti	m the IRS ng organiz	that it is a ation.		. [
		i) Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the org in your govern Yes	anization listed ing document? No	(v) Amount of monetary support (see instructions)		vi) Amount of other oport (see instructions)
 Tota									+	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 FAMILY PROMISE OF YELLOWSTONE VALLEY 20-0323622 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Sec	Section A. Public Support												
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total						
1	Gifts, grants, contributions, and												
	membership fees received. (Do not												
	include any "unusual grants.")	363,474.	400,274.	250,572.	413,137.	418,381.	1845838.						
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	363,474.	400,274.	250,572.	413,137.	418,381.	1845838.						
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)						126,252.						
	Public support. Subtract line 5 from line 4. 1719586.												
Sec	ction B. Total Support												
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total						
7	Amounts from line 4	363,474.	400,274.	250,572.	413,137.	418,381.	1845838.						
8	8 Gross income from interest,												
	dividends, payments received on												
	securities loans, rents, royalties,												
	and income from similar sources \dots	281.	2,325.	4,123.	1,968.	3,600.	12,297.						
9	Net income from unrelated business												
	activities, whether or not the												
	business is regularly carried on					61,809.	61,809.						
10	Other income. Do not include gain												
	or loss from the sale of capital												
	assets (Explain in Part VI.)	4,072.	2,363.	2,265.	12,238.	2,810.	23,748.						
11	Total support. Add lines 7 through 10						1943692.						
	Gross receipts from related activities,		,			12	311,645.						
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)							
-	organization, check this box and stop												
	ction C. Computation of Publi		-				00 47						
	Public support percentage for 2020 (I		•			14	88.47 %						
	Public support percentage from 2019					15	<u>96.74</u> %						
16a	33 1/3% support test - 2020. If the c	•											
	stop here. The organization qualifies		•										
D	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box												
47-	and stop here. The organization qual												
1/8	10% -facts-and-circumstances test												
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization												
		-		• • • •	-	Za and line 15 is t							
D	10% -facts-and-circumstances test	-					1070 01						
	more, and if the organization meets the				-								
40	organization meets the facts-and-circu Private foundation If the organization												
18	Private foundation. If the organization	T UIU HOL CHECK A		a, 100, 17a, 01 17D		nd see instructions edule A (Form 990							
					Sche	adie A (P0111 990	0 330-221 2020						

Schedule A (Form 990 or 990 EZ) 2020 FAMILY PROMISE OF YELLOWSTONE VALLEY 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	tion A. Public Support	-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	Amounts included on lines 1, 2, and						
70	3 received from disgualified 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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
	check this box and stop here	-			-		
Sec	tion C. Computation of Publi						·
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inves					•	
	Investment income percentage for 20			ine 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 01-25-21	all not oncon a	<u>2000 011 mile 14, 16</u>	, or 100, 0100K t			D or 990-EZ) 2020
55202			16	5	001		

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Schedule A (Form 990 or 990-EZ) 2020 FAMILY PROMISE OF YELLOWSTONE VALLEY

1

2

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

Schedule A (Form 990 or 990-EZ) 2020

10b

Schedule A (Form 990 or 990-EZ) 2020 FAMILY PROMISE OF YELLOWSTONE VALLEY

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	low, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
с	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		n Part VI.	11c		
Sec	tion B	. Type I Supporting Organizations			
				Yes	No
1	more s directo effection	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI how the supported organization(s) vely operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>		ised, or controlled the supporting organization.	2		
Sec	tion C	. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		agement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the sup	oported organization(s). All Type III Supporting Organizations	1		
Sec					
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			

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 line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
	Show the box next to the method that the organization doed to ballery the integral r art root daring the year	· · · · · · · · · · · · · · · · · · ·

- a 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 governmental entity (see instructions).	_
---	--	---	---	---

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

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	edule A (Form 990 or 990-EZ) 2020 FAMILY PROMISE OF YELL			20-0323622 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 FAMILY PROMISE OF YELLOWSTONE VALLEY

Par	Type III Non-Functionally Integrated 509	allo subborning Orga	mzations (continu	ued)	
<u>Secti</u>	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	[I	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

 Schedule A (Form 990 or 990-EZ) 2020
 FAMILY
 PROMISE
 OF
 YELLOWSTONE
 VALLEY
 20-0323622
 Page 8

 Part VI
 Supplemental Information.
 Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

 SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME	 	
032028 01-25-21	 21	Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

2020

Employer identification number

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

FAMILY PROMISE OF YELLOWSTONE VALLEY

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Employer identification number

20 - 0323622

FAMILY PROMISE OF YELLOWSTONE VALLEY

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1</u>		\$84,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$10,125.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ <u>10,000.</u>	Person X Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribution
No. 6 023452 11-25		\$9,721.	Person X Payroll (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

12471109 147695 489149

2020.05000 FAMILY PROMISE OF YELLOWS 489149_1

23

Employer identification number

20-0323622

FAMILY PROMISE OF YELLOWSTONE VALLEY

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$9,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$8,492.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)
(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) (2020)

023452 11-25-20

2020.05000 FAMILY PROMISE OF YELLOWS 489149_1

24

Employer identification number

20 - 0323622

FAMILY PROMISE OF YELLOWSTONE VALLEY

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
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ _			

25

023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page	4
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ame of organi	ization		Employer identification numb							
AMILY F	ROMISE OF YELLOWSTON	E VALLEY	20-0323622							
Part III Ex		ions to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y							
cor	mpleting Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or I	less for the year. (Enter this info. once.) \$							
us a) No.	se duplicate copies of Part III if additional	space is needed.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
_										
		(a) Turn of an of a 10								
		(e) Transfer of gift	t							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
_										
—										
-										
a) No. from			(d) Decemention of how with in hold							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
		(e) Transfer of gift	t							
		nd 7 ID : 4	Deletionskip of two of even to two of even							
	Transferee's name, address, a		Relationship of transferor to transferee							
<u> </u>										
a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
	(e) Transfer of gift									
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
-										
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I										
_										
		e) Transfer of gift	t							
	.									
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
—										

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEDULE D)
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Department of the Treasury

(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.





Internal Revenue Service Name of the organization

FAMILY PROMISE OF YELLOWSTONE VALLEY

Employer identification number 20-0323622

Par			milar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held	l in donor advised fund	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grar	nt funds can be used o	nly
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	other purpose conferr	ing
	impermissible private benefit?			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	tion or education)	Preservation of a histo	prically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribut	ion in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic str	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a	historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or te	rminated by the organi	zation during the tax
	year ►			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspectio	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes 📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	enforcing conservatio	n easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enfo	orcing conservation eas	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements	of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's f	inancial statements that	at describes the
	organization's accounting for conservation easements.	-		
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rever	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, o	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or i	esearch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	-		▶ \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020
	12-01-20			
		27		

Sche		PROMISE OF						20-03			age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historica	al Tre	asures, o	r Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any	of the f	ollowing that	t make s	ignificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	🗌 Loan	or excl	hange progra	am					
b	Scholarly research	е	Other								
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how they fu	ther th	e organizatio	on's exe	mpt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations o	f art, historic	al treas	sures, or othe	er simila	r assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the orga	nizatio	n answered	"Yes" or	n Form 99	0, Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contri	butions	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
с	Beginning balance						. 1 c				
d	Additions during the year						. 1d				
е	Distributions during the year						1e				
f	Ending balance						1 f				
	Did the organization include an amount on Fo							L	Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>			
Par	t V Endowment Funds. Complete it								.		
		(a) Current year	(b) Prior y		(c) Two yea		(d) Three	years back	(e) Four	years	back
	Beginning of year balance	46,417.	40	,417.		8,769.		20.000			
b	Contributions	10 076				0,000.		30,000.			
с	Net investment earnings, gains, and losses	12,276.				2,006.		-1,231.			
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	375.				346.					
	Administrative expenses	58,318.	46	,417.	4	6,417.		28,769.			
g 2	End of year balance Provide the estimated percentage of the current	,		,		•,117.		20,703.			
ے a	Board designated or quasi-endowment	1	%	unin (a)) Heiu as.						
b	Permanent endowment	%									
		%									
Ŭ	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentages of the perc	-									
3a	Are there endowment funds not in the posses		tion that are l	neld an	nd administer	red for th	ne organiz	ration			
	by:								Γ	Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedu	ile R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line	11a. S	ee Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or of basis (investm) Cost basis	or other (other)		Accumulat preciation		(d) Book	value	e
1a	Land										
	Buildings		1	,09	9,012.		208,1	18.			94.
	Leasehold improvements				3,149.		10,3			2,79	
	Equipment			4	4,075.		20,3	20.	23	3,7!	55.
	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part)	K. column (B)	line 10)c.)			. 🕨	937	7,44	40.

Schedule D (Form 990) 2020

032052 12-01-20

Schedule	e D (Form 990) 2020			SE OF	YELLOW	STON	E VALLEY	20-	0323622	Page 3
Part V	II Investments -	Other Securit	ies.							
	Complete if the org	anization answere	ed "Yes" on	Form 990), Part IV, line	11b. Se	e Form 990, Part X, lin	e 12.		
(a) Desc	cription of security or cate	JOIY (including name o	f security)	(b) Bo	ok value	(c) Method of valuation:	Cost or end-c	of-year market v	alue
(1) Finar	icial derivatives									
(2) Close	ely held equity interests									
(3) Othe										
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
	I. (b) must equal Form 990) Part X col (B) lin	e 12) 🕨							
	III Investments -									
		-		Eorm 000) Part IV line	110 50	e Form 990, Part X, line	0.13		
	(a) Description of				ok value) Method of valuation: (f-vear market v	alue
(1)				(10) 00		(3	, method of valuation.		i your muntor i	
<u>(1)</u>										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
Part I)	I. (b) must equal Form 990 Other Assets.	J, Part X, col. (B) lin	e 13.) 🗩							
1 4111				F 000		44-1-0				
	Complete if the org	anization answere		escription	J, Part IV, line	110. Se	e Form 990, Part X, lin	<u>e 15.</u>	(b) Book va	
			(a) De	escription						alue
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
	olumn (b) must equal Fo	orm 990, Part X, c	ol. <u>(B)</u> line 1	<u>5.)</u>				🕨		
Part X										
				Form 990), Part IV, line	11e or	11f. See Form 990, Par	t X, line 25.		
1.	()	escription of liabil	ity						(b) Book va	alue
	ederal income taxes									
	UEST SAVING								21	<u>,801.</u>
(3)	TENANT SECUR	ITY DEPOS	ITS							785.
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
Total. (Co	olumn (b) must equal Fo	orm 990, Part X. c	ol. (B) line 2	<u>5.)</u>		<u></u> .		►	22	,586.
2. Liabi	lity for uncertain tax pos	sitions. In Part XII	, provide th	e text of t	he footnote to	the org	ganization's financial sta	atements tha	t reports the	
	nization's liability for une									

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 FAMILY PROMISE OF YELLO	WSTONE VALLEY	20-0323622 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue pe	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
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.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	.)	5
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE OBJECTIVE OF THE ORGANIZATION'S BOARD-DESIGNATED ENDOWMENT IS TO

MAXIMIZE THE ORGANIZATION'S CURRENT FINANCIAL STABILITY BY PROVIDING

ADDITIONAL CASH FLOW AS WELL AS AUGMENTING IT'S LONG-TERM FINANCIAL

STABILITY AND GROWTH. THE EVENTUAL GOAL IS TO GROW THE INVESTMENT

PRINCIPAL TO A SUBSTANTIAL ENOUGH FIGURE TO WHERE THE INVESTMENT INCOME IS

SUFFICIENT TO COVER POTENTIAL FUTURE INCOME SHORTAGES WITHOUT AFFECTING

PROGRAM OPERATIONS.

PART V, LINES 1C AND 1F:

THE PRIOR YEAR ACTIVITY WAS INADVERTENTLY NOT REPORTED. CURRENT YEAR

FIGURES INCLUDE PRIOR YEAR NUMBERS IN ORDER TO TRUE UP THE ENDING BALANCE.

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Schedule D (Form 990) 2020 Part XIII Supplemental Info	FAMILY	PROMISE	OF	YELLOWSTONE	VALLEY	20-0323622	Page 5
Part XIII Supplemental Info	rmation _{(con}	tinued)					
						Schedule D (Form 9	90) 2020

SCHEDULE G	Suppleme	ities	OMB No. 1545-0047					
(Form 990 or 990-EZ)	Complete if the	or if the	2020					
Department of the Treasury			Open to Public					
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest informati	on.		Inspection
Name of the organization	FAMILY	PROMISE OF YELLOWS					20-0323	
		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
· · · · ·	complete this part	ed funds through any of the following	a activ	ition	Chock all that apply			
a Mail solicitat					overnment grants			
b Internet and	email solicitations	f Solicitat	tion of	gover	nment grants			
c 🔄 Phone solicit	tations	g 🔛 Special	fundra	ising	events			
d In-person so								
		r oral agreement with any individual				tees,		
		art VII) or entity in connection with pr riduals or entities (fundraisers) pursua			•	ha fur	Yes	
compensated at le	•	· / /		agreer				
						6.0	Amount noid	
(i) Name and address	s of individual	(ii) Activity	(iii) fundr have ci	Did aiser	(iv) Gross receipts	tò (o	Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	Iraiser)	(ii) / totivity	or con contribu	trol of	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is (exempt from re	gistration
or licensing.	-							-
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. S	Sche	dule G (Form 9	90 or 990-EZ) 2020

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020 FAMILY PROMISE OF YELLOWSTONE VALLEY 20-0323622 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000 of fundraising event contributio , ¢5 000

Gross receipts	99,090.	(b) Event #2 GOLF TOURNAMENT (event type) 11,229. 650. 10,579.	(c) Other events 3 (total number) 2 , 600 . 2 , 600 .	(d) Total events (add col. (a) through col. (c)) 114,764 2,495 112,269
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs	BLIZZARD (event type) 100,935. 1,845. 99,090.	TOURNAMENT (event type) 11,229. 650.	(total number)	col. (c))
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs	(event type) 100,935. 1,845. 99,090.	(event type) 11,229. 650.	(total number)	114,764 2,495
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs	100,935. 1,845. 99,090.	11,229. 650.	2,600.	114,764 2,495
Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs	<u>1,845</u> . 99,090.	650.		2,495
Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs	99,090.		2,600.	
Cash prizes Noncash prizes Rent/facility costs		10,579.	2,600.	112,269
Noncash prizes				
Rent/facility costs				
	5,182.			
Food and beverages		2,274.		7,456
	8,572.	229.		8,801
Entortainmont	<u> </u>			6,100
		1 086	15 607	28,103
				50,460
				61,809
Gross revenue				col. (a) through col. (c
Rent/facility costs				
Other direct expenses				
Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── No	
Direct expense summary. Add lines 2 throug	gh 5 in column (d)		►	
Net gaming income summary. Subtract line	7 from line 1, column (d)			
nter the state(s) in which the organization cond	lucts gaming activities:			
				Yes N
"No," explain:				
			ear?	Yes N
100, OAPiant.				
	Other direct expenses	Other direct expenses 11,410. Direct expense summary. Add lines 4 through 9 in column (d)	Other direct expenses 11,410. 1,086. Direct expense summary. Add lines 4 through 9 in column (d)	Other direct expenses 11,410. 1,086. 15,607. Direct expense summary. Add lines 4 through 9 in column (d) Image: complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant ingo/progressive bingo (c) Other gaming Gross revenue Cash prizes (a) Bingo Noncash prizes Noncash prizes (a) Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Net state(s) in which the organization conducts gaming activities: The organization's gaming licenses revoked, suspended, or terminated during the tax year? 'Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020 FAMILY PROMISE OF YELLOWSTONE VALLEY 20-0	323622	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$		
с	If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 💲		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9, 9	9b, 10b,
03208	3 11-25-20 Schedule G (Form 34	n 990 or 990	-EZ) 2020

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	FAMILY mation	PROMISE	OF	YELLOWSTONE	VALLEY	20-0323622	Page 4
1 are re		(con	tinued)					
							Schedule G (Form 990 or	990-EZ)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



20-0323622

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

INDEPENDENCE THROUGH A COMMUNITY RESPONSE TO HOMELESSNESS. OUR VISION

FAMILY PROMISE OF YELLOWSTONE VALLEY

IS A VALLEY IN WHICH EVERY FAMILY HAS A HOME, A LIVELIHOOD, AND THE

CHANCE TO BUILD A BETTER FUTURE TOGETHER.

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

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

AND COPING MECHANISMS TO ACHIEVE LONG TERM SUCCESS. THROUGH THE WRAP

AROUND AND BREAK THE CYCLE OF POVERTY PROGRAM, PARENTS AND THEIR

CHILDREN IN OUR SHELTER WILL HAVE ACCESS AND ADDRESS EACH OF THE 26

DOMAINS IN THE MATRIX THAT WE FOLLOW UPON ENTERING OUR NETWORK. THESE

DOMAINS INCLUDE HOUSING, EMPLOYMENT, INCOME, FOOD, CHILDCARE, ADULT

EDUCATION, HEALTH CARE COVERAGE, MOBILITY, CLOTHING, COMMUNITY

INVOLVEMENT, PARENTING SKILLS, ACCESS TO SERVICES, LIFE SKILLS,

LANGUAGE SKILLS, LEGAL ISSUES, FAMILY/SOCIAL RELATIONS, MENTAL HEALTH,

PHYSICAL HEALTH, SUBSTANCE ABUSE, FUNCTIONAL ABILITY, CAREER

RESILIENCY/TRAINING, SETTING GOALS/RESOURCEFULNESS, CODEPENDENCY,

CURRENT FEELINGS, AND SAFETY. DURING THE INTAKE PROCESS, WE LOOK AT

EVERY DOMAIN, SCORING EACH AREA, AND UPON ENTERING OUR NETWORK WE WILL

MAKE AN INDIVIDUALIZED PLAN TO ADDRESS THESE NEEDS. EACH DOMAIN IS

SUPPLEMENTED BY A SERVICE PROVIDED IN THE WRAP AROUND AND BREAK THE

CYCLE OF POVERTY PROGRAM. HOMELESS FAMILIES WILL WORK DILIGENTLY ON

OVERCOMING THESE BARRIERS, MOST FAMILIES OVERCOME ISSUES WITH CHILD

CARE AND EMPLOYMENT WITHIN THE FIRST 28 DAYS OF ENTERING OUR NETWORK.

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Schedule O (Form 990 or 990 EZ) 2020	Page 2
Name of the organization FAMILY PROMISE OF YELLOWSTONE VALLEY	Employer identification number 20-0323622
WITH THOSE TWO BARRIERS OUT OF THE WAY EARLY, THESE FAMILI	ES CAN FOCUS
ON MANY OTHER ISSUES THAT HAVE BEEN PUT ON THE BACK BURNER	FOR MUCH OF
THEIR LIVES. FPYV SERVES SUCH A VULNERABLE POPULATION HERE	IN THE
YELLOWSTONE VALLEY REGION. THE CITY OF BILLINGS MAYOR'S CO	MMITTEE ON
HOMELESSNESS ESTIMATES THAT ON ANY GIVEN NIGHT THERE ARE 1	23 FAMILIES
MADE UP OF 600 INDIVIDUALS IN BILLINGS WHO ARE HOMELESS. F	PYV IS ONE OF
THE ONLY EMERGENCY SHELTERS THAT SERVES HOMELESS FAMILIES	AS A WHOLE.
THE DEMOGRAPHICS FOR THE 2020 YEAR SHOW THE VERSATILITY OF	OUR NETWORK,
REACHING ACROSS ALL BORDERS TO HELP THOSE IN NEED.	
FORM 990, PART VI, SECTION B, LINE 11B:	

MEMBERS OF THE BOARD OF DIRECTORS ARE PROVIDED A COMPLETE COPY OF FORM 990 BEFORE FILING THE FORM.

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

THE ORGANIZATION REGULARY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF

DIRECTORS

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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032212 11-20-20