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Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2016

# **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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	A F	or the	e 20	15 calendar year, or tax year beginning and c	ending		
Ī	B car	heck if	le:	C Name of organization		D Employer iden	tification number
		Addre	ss le	YELLOWSTONE COUNTRY CLUB			
		Name		Doing business as		1 81-	-0228559
	〒	initial return			Room/suite	E Telephone num	
	一	Final		3200 PAUL ALLEN WAY		1	06)656-1701
		termir ated		City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,004,257.
	X	Amen	ded	BILLINGS, MT 59106-1124		H(a) Is this a group	
/		Application		F Name and address of principal officer.MIKE FOLLETT			ites? Yes X No
7		pendi	ng	SAME AS C ABOVE			es included? Yes No
゚゚゚゚゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゙゚	ı T	ax-ex	emr	ot status: 501(c)(3)	or 527	1	h a list. (see instructions)
<i>-</i>				► WWW.YELLOWSTONECC.COM		H(c) Group exemp	•
				anization: X Corporation	L Year		M State of legal domicile: MT
Í		rt I		ımmary	, =		1 W Otato of logal dollario. 222
	$\neg$	-		ofly describe the organization's mission or most significant activities: GOLF	AND R	ECREATIONA	I FACTLITTES
	ဥ	•		MEMBERS.			
	JARHIVITIES & CONFINANCE	2		eck this box In the organization discontinued its operations or dispos	sed of more	than 25% of its net	t assets
	ě			nber of voting members of the governing body (Part VI, line 1a)		1	3 3
- 3	<b>3</b>			mber of independent voting members of the governing body (Part VI, line 1b)			4 13
•	3			al number of individuals employed in calendar year 2015 (Part V, line 2a)			5 170
- /	Ē			al number of volunteers (estimate if necessary)			6 13
1				al unrelated business revenue from Part VIII, column (C), line 12			244 242
	<b>₹</b>					[2	
4	3	<u>D</u>	nei	unrelated business taxable income from Form 990-T, line 34			7b 0.
	STREAM VENT		0	ntributions and grants (Part VIII, line 1h) \(\sum_{1172018}\)	<del></del>	Prior Year	Current Year  0.
8	55				······	2,799,201	
5				gram service revenue (Part VIII, line 2g)			
Æ	월			estment income (Part VIII, column (A), lines 3, 4, and 7d)		5,890	
	5			er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		611,349	
-				al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,416,440	
	Ì			nts and similar amounts paid (Part IX, column (A), lines 1-3)		<del></del> <u>_</u> <u>_</u>	0.
				nefits paid to or for members (Part IX, column (A), line 4)			0.
	Ses			aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,905,471	
00	Expenses			fessional fundraising fees (Part IX, column (A), line 11e)	_		0.
2018	옸			al fundraising expenses (Part IX, column (D), line 25)		1 250 040	1 240 504
77	_			er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,350,949	
.~				al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,256,420	
~·		19	Rev	venue less expenses. Subtract line 18 from line 12		160,020	
ij,	ssets or salances				Be	ginning of Current Yea	
<u>بــــ</u>	SSe	20		al assets (Part X, line 16)		3,937,496	
<b>.</b>	Fund Ba	21		al liabilities (Part X, line 26)		384,345	
\ \	킾	22		assets or fund balances. Subtract line 21 from line 20		3,553,151	3,726,653.
ונא		rt II		Signature Block			
۲٦	Unde -	er pena	alties	s of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of	i my knowledge and belief, it is
J.	true,	сопе	ct, a	nd complete. Declaration of expaner (other than officer) is based on all information of wh	nch preparer	has any knowledge.	150.4
				Signature of officer		Date	15-2018
3	Sigr	1		17 8001		Date	
	Here	Э		MIKE FULLETT, PRESIDENT			
-				Type or print name and title	1 1	Data In .	DTIN
١.				int/Type preparer's name Preparer's signature	1	Date Check	PTIN
J	Paid -		-	M HUNWARDSEN KIM HUNWARDSEN		01/09/17 setf-em	
	Prep 			m's name EIDE BAILLY LLP	7440	Firm's EIN	45-0250958
j	Use	Unly	Fir	m's address 401 N 31ST ST STE 1120, PO BOX 1	/112		106-896-2400
				BILLINGS MY SULDS-/11/		I Dhono no A	xv6_2/////

May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

X Yes No

Form **990** (2015)

Form	1 990 (2015) YELLOWSTONE COUNTRY CLUB	<u>81-0228559</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	····	<u> </u>
1	Briefly describe the organization's mission:		
	NONE	<del></del>	
		<del></del>	<del></del>
		· · · · · · · · · · · · · · · · · · ·	
	Did the organization undertake any significant program services during the year which were not listed on		
2		□ vos	X No
	the pnor Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	L Yes	I.A. NO
_	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		X No
3	If "Yes," describe these changes on Schedule O.	L tes	I LALI NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as	moon rad by avanga	_
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	is, the total expenses,	anu
40			
4a	(Code:) (Expenses \$		<i>'</i>
	EXPERIENCE. THE CHAMPION GOLF COURSE, DESIGNED BY RENOW		TIPCE
	ARCHITECT ROBERT TRENT JONES, IS COMPLIMENTED BY TENNIS,		
	CLUBHOUSE FACILITIES.	TOOH AND I	עניט
	CHODICODE INCILITIES.		
		<del></del>	
4b	(Code: ) (Expenses \$ Including grants of \$ ) (Revenue	e \$	<u>}</u>
		<del></del>	
4c	(Code:) (Expenses \$) (Revenue	e \$	)
		<del></del>	<del></del>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
40	TOTAL DIOLOGIU SELVICE EXDEUSES		

Form 990 (2015) YELLOWSTONE COUNTRY CLUB
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		]
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ļ		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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			
	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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		· v-	
	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	11a	X	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		v
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<u>X</u> _
Ç	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Х
ч	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	11c		Λ
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	The state of the s	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	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	ł	<u>x</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		İ	
	complete Schedule G, Part III	19		X
		F	വവ "	2045

YELLOWSTONE COUNTRY CLUB 81-0228559 Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 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 X 22 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 X 23 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 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  $\mathbf{X}$ 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  $\mathbf{X}$ 27 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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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 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 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 X 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 \_\_\_\_\_\_

Part 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	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	•		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	l
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 return2a			ŀ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	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).	1		_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a _		Х
	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?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	_6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b_		ĺ
7	Organizations that may receive deductible contributions under section 170(c).	,		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		ĺ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	ĺ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	_7f		L
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	_7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_	-	-
	sponsoring organization have excess business holdings at any time during the year?	_8_		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			_
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsonng organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ĺ
11	Section 501(c)(12) organizations. Enter:		-	ĺ
а	Gross income from members or shareholders	1	-	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	7.	ļ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b></b>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u>.</u> :	_	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ļ
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
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	=		
C				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del></del>	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	900	(0045

Form 990 (2015)

YELLOWSTONE COUNTRY CLUB

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Page
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 in Schedule O. See instructions.

800	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			X
Sec	HOIT A. GOVERNING Dody and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	<u> </u>	res	NO
та	If there are material differences in voting rights among members of the governing body, or if the governing	1	i	}
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	ł		-
	Enter the number of voting members included in line 1a, above, who are independent 1b 13		-	
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	}		
2		2		x
3	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision		<b></b> -	
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<del></del>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	X
		6	X	-21
6 70	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7a		7a	x	
_	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	70		
D		71.	X	
_	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		-	X	
a	The governing body?	8a	_A_	X
ь	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		v
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		<u> X</u>
Sec	tion b. Poncies (This Section B requests information about policies not required by the internal Nevertue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva		
D	and the contract of the contra	10Ь		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
i ia b	5	· · · · ·	- 21	<del></del>
		12a	X	
12a	And the second of the second o	12b	X	
b	The state of the s	120	Δ	
С		12c	Х	
13		13	- 21	x
14		14		X
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	174		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	]	1	
-	The organization's CEO, Executive Director, or top management official	15a	′	X
a b	and the second s	15b	<del> </del>	X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		-
Sec	ction C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	—— le	
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
.5	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MICHELLE POLAK - (406)656-1701			
	3200 PAUL ALLEN WAY, BILLINGS, MT 59106-1124			

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		. $\square$

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)			((	) )			(D)	(E)	(F)
Name and Title	Average	١,,		Posi	rtion			Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson	than is bot	han	compensation	compensation	amount of
	week		er an	dad	recto	r/trus	tee)	from	from related	other
	(list any	ec ec			i			the	organizations	compensation
	hours for	or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	ase	itrus		8	mpen		(44-27 1099-141130)		organization and related
	below	dual	Ilona	_	nplo)	stcol				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JERRY PEARSALL	1.00									
PRESIDENT		x		x		1		0.	0.	0.
(2) DR. FRED GUNVILLE	1.00									
VICE PRESIDENT		$\mathbf{x}$		x			,	0.	0.	0.
(3) MICHAEL FOLLETT	1.00									
SECRETARY		X		X				0.	0.	0.
(4) ROBERT BERGESON	1.00									
TREASURER		X		X		_		0.	0.	0.
(5) WAYNE NELSON	1.00									
IMMEDIATE PAST-PRESIDENT		X	<u> </u>	X		_		0.	0.	0.
(6) PAT WHITE	1.00									
DIRECTOR		X				<u> </u>	L.	0.	0.	0.
(7) GREG HARDY	1.00				l					
DIRECTOR		X		<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
(8) TOM ZIMMER	1.00			Į	l					
DIRECTOR		X	<u> </u>	ļ	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(9) GRANT AGNEW	1.00			l				_		
DIRECTOR		X	ļ	<u> </u>	ļ	<u> </u>	<del> </del>	0.	0.	0.
(10) MEL MCNEA	1.00	4					1		_	
DIRECTOR		X	ļ	╙	<b>!</b> —	↓_	ــ	0.	0.	0.
(11) ROD KASTELITZ	1.00	ا			i					
DIRECTOR		X	<del> </del> —	ـ	$\vdash$	$\vdash$	<b> </b>	0.	0.	0.
(12) CAL STACEY	1.00		Į				ŀ			
DIRECTOR		X	├—		├-	╄	<del> </del>	0.	0.	0.
(13) JOSH HEDGE	1.00	_		i						
DIRECTOR	40.00	X			$\vdash$	╀	-	0.	0.	0.
(14) GREG KELSEY	40.00	-		1	}			117 700		11 222
CLUB MANAGER	40.00	┼	$\vdash$	X	╀	╁	<del> </del>	117,799.	0.	11,333.
(15) JOSEPH STRIBLEY	40.00	-				7		114,138.		10 757
GREENS SUPERINTENDENT		┼	┢	┼─	╫	X	+-	114,130.	0.	12,757.
	ļ	+	]		)		1		1	Į
		+	-	$\vdash$	+	+	+	<del></del>	<del> </del>	
		1								
·			—					1	1	Form <b>990</b> (2015

Form 990 (2015) YELLOWST									81-02	<u> 2855</u>	9 1	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,			ghe	st C	ompensated Employe	es (continued)			
(A) Name and title	(B) Average hours per week	box,	not c unle	Pos heck ss pe	ition more rson i irecto	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	ted t of r
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emoloyee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	o o	mpens from to rganiza and rela rganiza	he ation ated
		-										
		-		<u></u> .								
					<u> </u>							
			_		_	_						
		† 	_		-	-	-			<del> </del>		
			L_	<u> </u>			<u> </u>	221 027			0.4.	200
to Sub-total	II, Section A							231,937. 0. 231,937.		0.		090. 0. 090.
Total number of individuals (including but compensation from the organization							ho re		<del></del>		21,	<u>2</u> 2
3 Did the organization list any former officer											Yes	1
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s	um of reportat	ole co	omp	ens	atio	n an	d ot	her compensation from	the organization	-		X
<ul><li>and related organizations greater than \$15</li><li>Did any person listed on line 1a receive or</li></ul>	accrue compe	nsat	ion	fron	n any	y un	relat	ed organization or indiv		4	1.	X
rendered to the organization? If "Yes," cor Section B. Independent Contractors	nplete Schedu	le J t	for s	uch	per	son	<u></u>	200 1 0 10001 22001	<u> </u>	5		<u> </u>
1 Complete this table for your five highest c										ensation	า from	
the organization. Report compensation for (A)					with	or v	vrthir	(B)			(C)	
Name and busines	s address	N	ON.	<u>E</u>				Description of	services	Comp	pensati	on
					<del></del>							<del></del>
		,								<del></del> -	_	
		•						<u> </u>			<del></del>	
Total number of independent contractors     \$100,000 of compensation from the organ		not li	imite	ed to		ose l	isted	d above) who received r	nore than	-		

532009 12-16-15

		Check if Schedule O contains a response or note to any	<del></del>			
		·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns 1a			-	}
iz a		Membership dues 1b				
A, G	С	Fundraising events 1c	] -		-	•
a it		Related organizations 1d				ļ
E,S	е	Government grants (contributions)		-		,
P.S.		All other contributions, gifts, grants, and	7			
를		similar amounts not included above1f	_			_
풀임	g	Noncash contributions included in lines 1a-1f \$				-
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f				
		Business Cod	e		"	
e l	2 a	MEMBERSHIP DUES 713910	2,697,041.	2,697,041.		
Program Service Revenue	b	GREEN FEES 713910	128,674.		128,674.	
SE	С	POOL FEES 713910	8,534.	8,534.		
am eve	d	CART FEES 713910	6.948.		6,948.	
P O O	е	TENNIS FEES 713910	473.	473.		
ር የ	f	All other program service revenue	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
	و	Total. Add lines 2a-2f	2,841,670,		<u> </u>	-
	3	Investment income (including dividends, interest, and				
		other similar amounts)	637.		637.	
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal	_		-	
	6 a	Gross rents	_			
	b	Less: rental expenses	_		:	
	c	: Rental income or (loss)	_]			}
		Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Other	_	-		1
		assets other than inventory 2,000	<u>.</u>	-		
	b	Less: cost or other basis			_	-
		and sales expenses 70,232	<u>!.</u>		-	ļ
	c	: Gain or (loss)	<b>-</b>			
	<b>d</b>	Net gain or (loss)	-68,232.			-68,232.
ē	8 8	Gross income from fundraising events (not				-
en		including \$ of		-		
Other Revenue		contributions reported on line 1c). See	-			
<u></u>		Part IV, line 18 a	_			
돰		Less: direct expenses b				-
	J	Net income or (loss) from fundraising events	·			
	9 a	a Gross income from gaming activities. See		-		-
	1	Part IV, line 19 a		<b>!</b> .		
		Less: direct expenses b	4	-		1 -
		Net income or (loss) from gaming activities	<del>-  </del>		<del></del>	<del></del>
	10 a	Gross sales of inventory, less returns				
		and allowances a 1,159,950	_			
	1	b Less: cost of goods sold b 482,713				· -
	<u> </u>	Net income or (loss) from sales of inventory	677_237	502 234	175,003	
		Miscellaneous Revenue Business Coo	<u> 1</u> e		- ,	
	11 a		<del> </del>	<del> </del>	<del> </del>	<del> </del>
	1	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del> </del>	<del> </del>	<del> </del>
	1	All other revenue	+	<del> </del>	<del></del>	<del> </del>
		d All other revenue   Total. Add lines 11a-11d			<del></del>	<del> </del>
		Total revenue See instructions.	3 451 312	3 208 282	311 262	-68 232

Form 990 (2015) YELLOWSTONE COUNTRY CLUB
Part IX | Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must c	omplete column (A).	
	Check if Schedule O contains a respons		INIS Paπ IX	(C)	(D)
7b, 8	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				* - 3 +
	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				
	Benefits paid to or for members	<del></del>			
5	Compensation of current officers, directors,	255 057			
	trustees, and key employees	255,057.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)	1,328,290.			
7	Other salaries and wages	1,340,490.			
8	Pension plan accruals and contributions (include	32,550.			
	section 401(k) and 403(b) employer contributions)	149,171.			
9	Other employee benefits	173,218.			
10	Payroll taxes	1/3,410.		<u> </u>	
11	Fees for services (non-employees):				
	Management			<u> </u>	
b	Legal	3,400.			!
	Accounting	3,400.			
d	Lobbying	· · · · · · · · · · · · · · · · · · ·			
e f	Investment management fees		,		
_	Other. (If line 11g amount exceeds 10% of line 25,				<del></del>
g	column (A) amount, list line 11g expenses on Sch 0.)	1,081.			
12	Advertising and promotion				
13	Office expenses	99,383.			
14	Information technology	21,847.			
15	Royalties				
16	Occupancy	207,941.			
17	Travel	5,505.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	63,338.			
20	Interest	9.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	456,731.			
23	Insurance	46,641.			
24	Other expenses. Itemize expenses not covered			-	- <i>F</i>
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	•	<u>.</u>	-	-
	amount, list line 24e expenses on Schedule O.)		-		
а	SUPPLIES	174,421.			
b	REPAIRS AND MAINTENANCE	109,471.		<del> </del>	
С	EMPLOYEE MEALS	59,501.		<del> </del>	<u> </u>
d	LAUNDRY	25,438.		<del>                                     </del>	
е	All other expenses	43,817.	<del></del>		
25	Total functional expenses. Add lines 1 through 24e	3,256,810.			ļ
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		:		
	Check here If following SOP 98-2 (ASC 958-720)			<u> </u>	l

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X	······································	······ ··	
		<b>(A)</b> Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,473,018.	1	1,860,905
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	252,957.	4	278,256
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
3   _			7	
Slassel 7	Notes and loans receivable, net	50,638.	8	63,932
8	Inventories for sale or use	60,274.	9	36,364
9	Prepaid expenses and deferred charges	00,414.	9	30,304
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D	2 017 007		1 720 25/
b	Less: accumulated depreciation 10b 6,579,885.	2,017,997.		1,732,354
11	Investments - publicly traded securities	450	11	450
12	Investments - other securities. See Part IV, line 11	450.	12	450
13	Investments - program-related. See Part IV, line 11	00 160	13	65 50
14	Intangible assets	82,162.	14	65,730
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,937,496.	16	4,037,991
17	Accounts payable and accrued expenses	384,345.	17	311,338
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>y</u> 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
Liabilities 8	Complete Part II of Schedule L		22	
تًا اِتَّا	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of		ļ	
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	384,345.	26	311,338
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
s l	complete lines 27 through 29, and lines 33 and 34.			~
ဦ   <sub>27</sub>	Unrestricted net assets		27	
g 28	Temporanly restricted net assets		28	
n   29	Permanently restricted net assets		29	
š ľ	Organizations that do not follow SFAS 117 (ASC 958), check here ► X	-		-
<u>.</u>	and complete lines 30 through 34.	_		
S 30	Capital stock or trust principal, or current funds	0.	30	·
30	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	
ğ 31		3,553,151.		3,726,653
Net Assets or Fund Balances	Retained earnings, endowment, accumulated income, or other funds	3,553,151.		3,726,653
33	Total net assets or fund balances	3,937,496.		4,037,991
34	Total liabilities and net assets/fund balances		1 34	50m 990 (20

orm	990 (2015) YELLOWSTONE COUNTRY CLUB	<u>81-</u>	<u>-0228</u>	3559	Page 1	2
	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		··· ···		X	]
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	3,451	.,312	•
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	3,256	,810	•
3	Revenue less expenses. Subtract line 2 from line 1	3		194	.,502	•
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	3,553	,151	•
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				_
7	Investment expenses	7				
8	Prior period adjustments	8				_
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-21	,000	•
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3	726	,653	•
Pai	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		<u> L_</u>	<u>]</u>
					Yes No	_
լ1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1 [		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			-	
2a	ere the organization's financial statements compiled or reviewed by an independent accountant?					_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		1 1	- 1	-
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?					_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:			1		
	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	e audit,	,	.	ŀ	
	review, or compilation of its financial statements and selection of an independent accountant?			2c		_
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				ľ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit				x	
	Act and OMB Circular A-133?					
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		_
				Form 9	<b>90</b> (2015	5)

### SCHEDULE D

(Form 990)

Department of the Treasury

## 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.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number Name of the organization YELLOWSTONE COUNTRY CLUB 81-0228559 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate value of contributions to (during year) ..... Aggregate value of grants from (during year) Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) ... .... d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .... ... ... .. .. .. ..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . ... . .... . . . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ...... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2015		TONE COUNT							2855	
Päi	rt III   Organizations Ma										
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(check all that apply):										
а	Public exhibition		d	ıШ	Loan or exc	hange progra	ıms				
ь	Scholarly research		е		Other						
С	Preservation for future g	generations									
4	Provide a description of the o	rganization's co	ollections and explai	n how th	ney further ti	he organizati	on's exe	mpt purpos	e in Par	t XIII	
5	During the year, did the organ	ization solicit o	r receive donations	of art, hi	storical trea	sures, or oth	er sımıla	r assets		_	
	to be sold to raise funds rathe	er than to be ma	aintained as part of t	the orga	nization's co	ollection?				Yes	No
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount or				<del></del>						
1a	Is the organization an agent, t	trustee, custod	an or other intermed	diary for	contribution	s or other as	sets no	t included	_	٦.	
	on Form 990, Part X?			-				•	└─	」Yes	└─ No
b	If "Yes," explain the arrangem	ent in Part XIII	and complete the fo	llowing	table						
										Amount	<u>:</u>
¢								1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							. <u>  1f  </u>		T.:	T-1
	Did the organization include a								└	」 Yes	⊢ No
_	If "Yes," explain the arrangem								<u> </u>		
Pai	rt V   Endowment Fund	<b>ds.</b> Complete	· · · · · ·			·					
			(a) Current year	(b) F	rior year	(c) Two year	S DACK	(d) Three yea	rs dack	(e) Four	years back
1a	5 5 ,					<u> </u>				<u> </u>	
b	Contributions									<del> </del>	
С	Net investment earnings, gain	ns, and losses								<del></del>	
d											
е	Other expenditures for facilities	es									
	and programs					-		<del></del>		<b></b>	
f	Administrative expenses									<u> </u>	
g				L		<u> </u>					
2	Provide the estimated percen		rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-en	dowment -		_%							
b	Permanent endowment		%								
С	•		%								
	The percentages on lines 2a,										
За	Are there endowment funds n	not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for t	ne organizat	ion	г	<del> </del>
	by.										Yes No
	(i) unrelated organizations				- •		-			3a(i)	
	(ii) related organizations					•	-			3a(ii)	
_	If "Yes" on line 3a(ii), are the r					•	•	•		3b	
4	Describe in Part XIII the intend			owment	tunds.						
Pal	rt VI Land, Buildings,			0 0-45	/ lm= 41= C	Farm 000	Dort V	lina 10			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.											
	Description of prope	erty	(a) Cost or o		1 ' '	or other		ccumulated preciation		(d) Book	value
	<del></del>		Dasis (investi	nenty		(other) 5,001.	ue	PIECIALIOII	+	771	5,001.
	Land		•			0,596.	<u> </u>	222,49	7		$\frac{3,001}{3,099}$
	Buildings				4,44	0,090.	4,	444,43	<del>' •</del>		,,033.
	Leasehold improvements				3 00	8,330.	2	249,320	<del>-   -</del>	830	9,010.
ď						8,312.		108,068			0,010.
	Other	h.man (al)	aud Form 000 Part	V color			4,	100,000			$\frac{3,244}{2,354}$ .
rota	I. Add lines 1a through 1e. (Co	iuitiii (u) ITIUSLE	quai runn 990, Part	. A, CUIUI	,,,, ( <i>D)</i> , iii (C )				~   `	-,,,,,	.,JJT.

532053 09-21-15 Schedule D (Form 990) 2015

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

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015 YELLOWSTONE COUNTRY CLUB				
Part XI Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue per l	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<u> </u>		<del></del>	
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				
a Net unrealized gains (losses) on investments	2a		<u> </u>	
<b>b</b> Donated services and use of facilities	2b		]	
c Recoveries of prior year grants	2c		1	
d Other (Describe in Part XIII.)	2d			
e 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				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
<b>b</b> Other (Describe in Part XIII.)	4b		] ]	
			4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Part XII Reconciliation of Expenses per Audited Financial Statem		ith Expenses pe	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<u> </u>			
1 Total expenses and losses per audited financial statements			1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			1 1	
a Donated services and use of facilities	2a		↓	
<b>b</b> Prior year adjustments	2b			
c Other losses	2c		1 1	
d Other (Describe in Part XIII.)	2d		1	
e 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:			1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
b Other (Describe in Part XIII.)	4b		1 1	
c Add lines 4a and 4b			4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Part XIII Supplemental Information.		_ <del> </del>	5	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part lines 2d and 4b; and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add				
	·			
				_
,				
·				

#### **SCHEDULE 0**

(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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015
Open to Public

m990. Inspection
Employer identification number

YELLOWSTONE COUNTRY CLUB	81-0228559
FORM 990, PART VI, SECTION A, LINE 6:	
THE MEMBERSHIP OF THE CLUB CONSISTS OF THE FOLLOWING CLAS	SSES OF MEMBERSHIP:
(A) RESIDENT MEMBERS	
(B) RESIDENT WIDOW/WIDOWER MEMBERS	
(C) NONRESIDENT MEMBERS	· · · · · · · · · · · · · · · · · · ·
(D) JUNIOR MEMBERS	
(E) SENIOR RESIDENT MEMBERS	
(F) APPLICANT MEMBERS	
(G) SOCIAL MEMBERS	
(H) ACTIVITY MEMBERS	
ONLY RESIDENT MEMBERS ARE ENTITLED TO VOTE.	
FORM 990, PART VI, SECTION A, LINE 7A:	
RESIDENT MEMBERS VOTE IN AN ANNUAL ELECTION TO DETERMINE	THE BOARD OF
DIRECTORS APPOINTMENTS FOR THE YEAR.	
FORM 990, PART VI, SECTION A, LINE 7B:	
PER ARTICLE 9 IN THE BYLAWS, IT IS STATED ANY AMENDMENT T	O THE BYLAWS
REQUIRES A 2/3 VOTE OF THE RESIDENT MEMBERS.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE SUBCOMMITTEES TAKE ALL SUGGESTIONS TO THE BOARD. THE	BOARD VOTES ON AND
DOCUMENTS THE SUGGESTIONS. THE SUBCOMMITTEES DO NOT ACT O	N BEHALF OF
COVERNING BODY	

Schedule O (Form 990 or 990 EZ) (2015) Page 2 Name of the organization Employer identification number YELLOWSTONE COUNTRY CLUB 81-0228559 FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE FORM 990 IS PROVIDED TO THE TREASURER AND PRESIDENT OF THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION. UPON ADDRESSING ANY COMMENTS OR CHANGES, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL. FORM 990, PART VI, SECTION B, LINE 12C: YELLOWSTONE COUNTRY CLUB ADOPTED A CONFLICT OF INTEREST POLICY EFFECTIVE JANUARY 1, 2011. BOARD MEMBERS AND OFFICERS ARE REQUIRED TO DISCLOSE ANNUALLY ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST TO THE OTHER BOARD MEMBERS. IF A CONFLICT DOES ARISE, THAT BOARD MEMBER WILL NOT BE ALLOWED TO VOTE ON THE MATTER. FORM 990, PART VI, SECTION C, LINE 19. THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST VIA PHONE CALL, E-MAIL, AND/OR WALK-IN REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: RETURN OF MEMBER'S EQUITY -21,000.FORM 990, PART VIII, COLUMN A, LINE 7D, AMENDMENT: THE FORM 990 IS BEING AMENDED TO ADJUST FOR THE DISPOSAL OF FIXED ASSETS NO LONGER HELD BY THE ORGANIZATION. THESE ADJUSTMENTS TO THE FIXED ASSETS SCHEDULE RESULTED IN A NET LOSS ON DISPOSAL AND A DECREASE ON THE ORIGINALLY FILED FORM 990 A \$2,000 NET GAIN WAS IN REVENUES.

REPORTED IN PART VIII, COLUMN A, LINE 7D FROM THE SALES OF ASSETS OTHER

THAN INVENTORY AND ON THE AMENDED FORM 990 A NET LOSS OF \$68.232 WAS

Name of the organization YELLOWSTONE COUNTRY CLUB

Employer identification number 81-0228559

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

A DRAFT OF THE FORM 990 IS PROVIDED TO THE TREASURER AND PRESIDENT OF THE BOARD OF DIRECTORS FOR REVIEW AND DISCUSSION. UPON ADDRESSING ANY COMMENTS OR CHANGES, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL.

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

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OTHER BOARD MEMBERS. IF A CONFLICT DOES ARISE, THAT BOARD MEMBER WILL NOT

BE ALLOWED TO VOTE ON THE MATTER.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST VIA PHONE CALL, E-MAIL, AND/OR WALK-IN REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RETURN OF MEMBER'S EQUITY

-21,000.

FORM 990, PART VIII, COLUMN A, LINE 7D, AMENDMENT:

THE FORM 990 IS BEING AMENDED TO ADJUST FOR THE DISPOSAL OF FIXED

ASSETS NO LONGER HELD BY THE ORGANIZATION. THESE ADJUSTMENTS TO THE

FIXED ASSETS SCHEDULE RESULTED IN A NET LOSS ON DISPOSAL AND A DECREASE

IN REVENUES. ON THE ORIGINALLY FILED FORM 990 A \$2,000 NET GAIN WAS

REPORTED IN PART VIII, COLUMN A, LINE 7D FROM THE SALES OF ASSETS OTHER

THAN INVENTORY AND ON THE AMENDED FORM 990 A NET LOSS OF \$68,232 WAS

Employer identification number Name of the organization YELLOWSTONE COUNTRY CLUB 81-0228559 FORM 990, SCHEDULE D, PART VI, COLUMN (B)-(D), LINE 1A-E, AMENDMENT: THE FORM 990, SCHEDULE D, IS BEING AMENDED TO ADJUST FOR THE DISPOSAL OF FIXED ASSETS NO LONGER HELD BY THE ORGANIZATION. THESE ADJUSTMENTS TO THE FIXED ASSETS SCHEDULE RESULTED IN A DECREASE IN THE NET BOOK VALUES OF BUILDINGS, EQUIPMENT AND OTHER FIXED ASSETS. AMOUNTS REPORTED ON THE ORIGINALLY FILED RETURN WERE AS FOLLOWS: SCHEDULE D, PART VI: LINE 1B, COLUMN (B): 2,859,467 LINE 1B, COLUMN (C): 2,604,545 LINE 1D, COLUMN (B): 3,624,937 LINE 1D, COLUMN (C): 2,783,382 LINE 1E, COLUMN (B): 3,021,222 LINE 1E, COLUMN (C): 2,593,429 ON THE AMENDED RETURN THEY WERE REPORTED AS FOLLOWS: SCHEDULE D, PART VI: LINE 1B, COLUMN (B): 2,440,596 LINE 1B, COLUMN (C): 2,222,497 LINE 1D, COLUMN (B): 3,088,330 LINE 1D, COLUMN (C): 2,249,320 LINE 1E, COLUMN (B): 2,508,312 LINE 1E, COLUMN (C): 2,108,068