Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending

▶ Do not enter social security numbers on this form as it may be made public. 00 for instructions and the latest information.

Ċ **Open to Public** . Inspection

OMB No. 1545-0047

Internal Revenue Service	Dependencest of the Treeserver	Do not enter social security r
	Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form99

AI	For th	e 2021 calendar year, or tax year beginning and	ending	-	
B	Check if applicab	e: C Name of organization		D Employer identific	ation number
	Addre	ABSAROKA BEARTOOTH WILDERNESS FOUNDATI	ON		
	Name chang		32-032014	16	
	Initial return		Room/suite	E Telephone number	
	Final return	PO BOX 392		406-530-9	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	137,536.
	Amen	KED LODGE, MI 59008		H(a) Is this a group re	
	Applic tion pendi	F Name and address of principal officer: RICHARD LION		for subordinates	? Yes X No
	-	4/94 ASPEN LANE, BOZEMAN, MT 59/15		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) ()$	or 527	1 '	list. See instructions
		te: WWW.ABWILDERNESS.ORG		H(c) Group exemption	,
	orm o [.] art I	f organization: X Corporation Trust Association Other	L Year	of formation: 2008 N	State of legal domicile: MT
Г		Summary			<u>т</u>
é	1	Briefly describe the organization's mission or most significant activities: THE 2			
anc	•	WILDERNESS FOUNDATION SUPPORTS STEWARDSHI			
/ern	2	Check this box is the organization discontinued its operations or disposed by the provided of the provided by (Part) (Line 1a)			ets. 10
ğ	3	Number of voting members of the governing body (Part VI, line 1a)		10	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4 5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		3	
ties	6	Total number of volunteers (estimate if necessary)			0
Activities & Governance	0 7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥	b			7b	0.
		······································		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		210,371.	103,340.
nu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	49.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		31,151.	31,531.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		241,522.	134,920.
	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.
se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		80,097.	94,061.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	10	1,411.	0.
ğ	. b	Total fundraising expenses (Part IX, column (D), line 25) <b>5</b> , 32		07 210	20.012
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		87,319. 168,827.	<u> </u>
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
u	19	Revenue less expenses. Subtract line 18 from line 12		72,695.	<u>10,646.</u>
ts or	20	Tatel assate (Dart V. line 16)		ginning of Current Year 111,759.	End of Year 124,158.
Assets	20 21	Total assets (Part X, line 16)		0.	1,736.
Net A	4	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		111,759.	122,422.
		Signature Block		,/./•	100,700.
		blies of pariury I dealars that I have examined this return, including accompanying schedular	and stateme	inter and to the heet of my	knowledge and belief it is

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 Here	Signature of officer         RICHARD LYON, PRESIDENT         Type or print name and title	ľ	Date				
Paid Preparer	Print/Type preparer's name <b>KYLE BLESSINGER</b> Firm's name <b>MONTANA ACCOUNTI</b>		e Check PTIN /15/22 self-employed P01575360 Firm's EIN ► 85-1042754				
Use Only							
May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0		e, see the separate instructions.	Form <b>990</b> (2021)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) ABSAROKA BEARTOOTH WILDERNESS FOUNDATION 32-0320146 Page 2 t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ABSAROKA-BEARTOOTH WILDERNESS FOUNDATION SUPPORTS STEWARDSHIP OF
	THE ABSAROKA-BEARTOOTH WILDERNESS AND FOSTERS APPRECIATION OF ALL WILD
	LANDS THROUGH WILDERNESS STAKEHOLDER ENGAGEMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 86,008 · including grants of \$ ) (Revenue \$
та	OUR WILDERNESS STAKEHOLDER ENGAGEMENT ACTIVITIES IN 2021 INCLUDED
	VOLUNTEER STEWARDSHIP OPPORTUNITIES LIKE TRAIL WORK, EDUCATION AND
	OUTREACH, AND INTERNSHIPS. WE HOSTED 9 TRAIL PROJECTS WITH A TOTAL OF
	91 VOLUNTEERS (PLUS 44 HORSES AND MULES) MAINTAINING NEARLY 58 MILES OF
	TRAIL. EDUCATION AND OUTREACH INCLUDED 7 FREE EDUCATIONAL HIKES LED BY
	STAFF AND VOLUNTEERS; VOLUNTEER TRAIL AMBASSADORS WHO CONTRIBUTED 42
	DAYS CONTACTING VISITORS AT TRAILHEADS; 4 FREE WEBINARS WITH AT LEAST
	150 PARTICIPANTS FROM AROUND THE WORLD; AND ADDITIONAL PROGRAMS FOR
	K-12 STUDENTS AND STEWARDS WHO ARE UNDERREPRESENTED IN OUR PROGRAMMING,
	INCLUDING PEOPLE WITH DISABILITIES AT-RISK YOUTH, AND LGBTQ FOLKS. OUR
	2 INTERNS COMBINED HELPED MAINTAIN 185 MILES OF TRAIL, CLEARING 666
	WATER BARS AND 1,324 DOWNED LOGS, WHILE WORKING WITH THE USFS
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 86,008.
<u>4e</u>	Form <b>990</b> (202 ⁻

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	ļ
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			 
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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			v
4-	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	45		v
16	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	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
19	1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes."</i>	18		
13		19		x
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	and a second	20a 20b		
21	If "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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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		Х
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
h	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? <i>If</i> "Yes," <i>complete</i>			
		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	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	200		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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?	000		v
27	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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 57		
00	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	0000	<u> </u>
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Form 990 (2021)			WILDERNESS		32-0320146
Part V Statements	Regarding Othe	er IRS Filings ar	nd Tax Complian	ce (continued)	

2a				Yes	No
	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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file. See instructions	3			v
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	-	4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		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				
	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders				
		11a			1
	Gross income from other sources. (Do not net amounts due or paid to other sources against		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	10		
b 12a	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	<b>11b</b> 1041?	12a		
b 12a b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	11b	12a		
b 12a b 13	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	11b 1041? 12b			
b 12a b 13	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	11b 1041? 12b	12a 13a		
b 12a b 13 a	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	11b 1041? 12b			
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b 12a 13 a b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	11b 1041? 12b 13b			
b 12a b 13 a b c	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	11b       1041?       12b       13b       13c			
b 12a b 13 a b c 14a	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the 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?	11b           1041?           12b           13b           13c	13a 13a 14a		X
b 12a b 13 a b c 14a b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the 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? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i>	11b       1041?       12b       13b       13c			X
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b 12a 13 13 b c 14a b 15	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the 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? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	11b           1041?           12b           13b           13c           e O           ation or	13a 14a 14b 15		x
b 12a b 13 a b c 14a	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the 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? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	11b           1041?           12b           13b           13c           e O           ation or	13a 13a 14a 14b		x
b 12a b 13 a b c 14a b 15	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the 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? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	11b           1041?           12b           13b           13c           e O           ation or	13a 14a 14b 15		x
b 12a b 13 a b c 14a b 15	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the 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? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	11b         1041?         12b         13b         13c         e O         ation or	13a 14a 14b 15		X

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Page 5

Form 990	(2021)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X
ec	tion A. Governing Body and Management					
			1.0		Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	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.		1.0			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any othe	er			37
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, 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 9			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	point one or				
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, o	r			
	persons other than the governing body?			7b		Х
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the followir	ng:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
Э	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue Code.)				
					Yes	No
)a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliat	es,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing	the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	-				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	on Schedule O how this was done	,		12c	Х	
3	Did the organization have a written whistleblower policy?			13	Х	
4	Did the organization have a written document retention and destruction policy?			14		Х
5	Did the process for determining compensation of the following persons include a review and approval					
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by macpona				
а	The organization's CEO, Executive Director, or top management official			15a		х
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100		
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	ent with a				
ua				16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			10a		
U			lion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			16b		
20	exempt status with respect to such arrangements?			001		
7			ion E01(a)(2)a	anlul		
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	IG 990-1 (Sect	1011 50 1 (C)(3)5	oriiy)	avalla	Jie
	for public inspection. Indicate how you made these available. Check all that apply.					
<b>`</b>	X Own website Another's website X Upon request Other (explain			fines		
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	mict of intere	st policy, and	inano	Jai	
	statements available to the public during the tax year.		. ►			
_	State the name, address, and telephone number of the person who possesses the organization's boo	ks and record	is 🕨			
D						
)	ROBERT QUAM - 406-656-2022					
)	ROBERT QUAM - 406-656-2022 1207 OAKLAND DRIVE, BILLINGS, MT 59102				990	

<u>Form 990 (2021)</u>	ABSAROKA BEARTOOTH WILDERNESS FOUNDATION 32-0320146	Page /
Part VII Com	ensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
Empl	oyees, and Independent Contractors	
Check	f Schedule O contains a response or note to any line in this Part VII	
Section A. Office	rs. 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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title         Average hours per indicated metabolic units of multiple (list any related organization below bill advector/units)         Period multiple advector/units)         Estimated multiple advector/units)         Estimated multiple advector/units)         Estimated multiple advector/units)         Estimated multiple advector/units)         Estimated multiple advector/units)         Estimated multiple advector/units)         Estimated multiple advector/units)         Estimated multiple advector/units)         Estimated advector/units)         Estimated	(A)	(B)	(C)		(D)	(E)	(F)				
hours per weak (ist any method organizations in weak (ist any method organizations (i) RICHARD LYON         B. 00 B. 00 B. 00 method organizations         i below big grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grave grav grave grave grave grave grave grave grave grave grave grave gra			(1)	Position							
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PRESIDENT         X         X         X         X         0.         0.         0.           (2) KIMBERLY SCHLENKER         1.00         X         X         0.         0.         0.           (3) BERNARD QUETCHENBACH         1.00         X         X         0.         0.         0.           (4) BERNARD ROSE         1.00         X         X         0.         0.         0.           TREASURER         X         X         0.         0.         0.         0.           (5) BILL HOPKINS         3.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER	(1)	,	Pul	lus	1.	Key	em Hig	For			
(2) KIMBERLY SCHLENKER       1.00       x       x       0.       0.       0.         VICE PRESIDENT       x       x       0.       0.       0.       0.         SECRETARY       x       x       0.       0.       0.       0.         SECRETARY       x       x       0.       0.       0.       0.         (4) EERNADQUETCHENBACH       1.00       x       x       0.       0.       0.         (5) BILL HOPKINS       3.00       x       0.       0.       0.       0.         BOARD MEMBER       1.00       x       0.       0.       0.       0.         (6) FRANCINE D SPANG-WILLIS       1.00       x       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         (8) AMADA HAGERTY       1.00       x       0.       0.       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.       0.       0.         (9) AUBREY BERTAM       1.00       x       0.       0.       0.       0.       0.         BOARD MEMBER       x		8.00							•	0	0
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(3) BERNARD QUETCHENBACH       1.00       X       X       0.       0.       0.         SECRETARY       1.00       X       X       0.       0.       0.         TREASURER       1.00       X       X       0.       0.       0.         TREASURER       3.00       X       X       0.       0.       0.         BOARD MEMBER       X       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.		1.00									
SECRETARY         X         X         X         X         0.         0.         0.           (4) BERNARD ROSE         1.00         X         X         0.         0.         0.         0.           TREASURER         X         X         X         0.         0.         0.         0.           BOARD MEMBER         X         X         0.         0.         0.         0.           G) FRANCINE D SPANG-WILLIS         1.00         X         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <t< td=""><td></td><td></td><td>X</td><td></td><td>X</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			X		X				0.	0.	0.
(4) BERNARD ROSE       1.00       X       X       X       0.       0.       0.         (5) BILL HOFKINS       3.00       X       X       0.       0.       0.         (6) FRANCINE D SPANG-WILLIS       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         (7) PETER AENGST       1.00       BOARD MEMBER       0.       0.       0.         (8) AMANDA HAGERTY       1.00       BOARD MEMBER       0.       0.       0.         (9) AUBREY BERTRAM       1.00       BOARD MEMBER       0.       0.       0.         (10) CAROL ENDICOTT       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         (10) CAROL ENDICOTT       1.00       X       0.       0.       0.         IONARD MEMBER       IONAR       IONAR       IONAR       IONAR       IONAR       IONAR         IONARD MEMBER       IONAR       IONAR       IONAR       IONAR       IONAR       IONAR       IONAR         IONARD MEMBER       IONAR       IONAR       IONAR       IONAR       IONAR <td< td=""><td>(3) BERNARD QUETCHENBACH</td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(3) BERNARD QUETCHENBACH	1.00									
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(5) BILL HOPKINS       3.00       X       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.         (6) FRANCINE D SPANG-WILLIS       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (7) PETER AENGST       1.00       X       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.         (9) AUBREY BERTRAM       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (10) CAROL ENDICOTT       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER	(4) BERNARD ROSE	1.00									
BOARD MEMBER         X         0.         0.         0.         0.           G()         FRANCINE D SPANG-WILLIS         1.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	TREASURER		X		Х				0.	0.	0.
(6) FRANCINE D SPANG-WILLIS       1.00       x       0.       0.       0.         BOARD MEMBER       1.00       x       0.       0.       0.         (7) PETER AENGST       1.00       x       0.       0.       0.         BOARD MEMBER       x       0.       0.       0.       0.         Image: Dial MEMBER       Image: Dial MEMBER       Image: Dial MEMBER	(5) BILL HOPKINS	3.00									
BOARD MEMBER       X       0.       0.       0.         G(7) PETER AENGST       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         (8) AMANDA HAGERTY       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         (9) AUBREY BERTRAM       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         IDARD MEMBER       IDARD MEMBER       IDARD       IDARD MEMEMEMEMEMEMEMEMEMEMEM	BOARD MEMBER		X						0.	0.	0.
(7) PETER AENGST       1.00       X       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         BOARD MEMBER       Image: State	(6) FRANCINE D SPANG-WILLIS	1.00									
BOARD MEMBER       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.	BOARD MEMBER		X						0.	0.	0.
(8) AMANDA HAGERTY       1.00       X       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         Image: Development of the state of	(7) PETER AENGST	1.00									
BOARD MEMBER       X       0.       0.       0.         (9) AUBREY BERTRAM       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         10) CAROL ENDICOTT       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         Interview       Interview       Interview       Interview       Interview       Interview         Interview       Interview       Interview       Interview       Interview       Interview         Interview       Interview       Interview       Interview       Interview       Interview         Interview       Interview       Interview       Interview       Interview       Interview       Interview         Interview       Interview       Interview       Interview       Interview       Interview         Interview       Interview       Interview       Interview       Interview       Interview         Interview       I	BOARD MEMBER		X						0.	0.	0.
(9) AUBREY BERTRAM       1.00         BOARD MEMBER       X         (10) CAROL ENDICOTT       1.00         BOARD MEMBER       X	(8) AMANDA HAGERTY	1.00									
BOARD MEMBER       X       0.       0.       0.       0.         (10) CAROL ENDICOTT       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.	BOARD MEMBER		X						0.	0.	0.
1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0       0.       0.       0.       0.       0.	(9) AUBREY BERTRAM	1.00									
BOARD MEMBER     X     0.     0.     0.	BOARD MEMBER		X						0.	0.	0.
	(10) CAROL ENDICOTT	1.00									
	BOARD MEMBER		X						0.	0.	0.
			-								
			-								
			-								
											Form 990 (0001)

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Form 990 (2021)

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									S FOUNDATION		)146	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C				
	(A) Name and title	<b>(B)</b> Average hours per week (list any	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	Estin amo of	( <b>F)</b> mated ount of ther ensation
								(W-2/1099-MISC/	fror orgar and	n the nization related izations		
16	Subtotal								0.	0.		0.
с	Total from continuation sheets to Part VII	, Section A							0.	0.	•	0.
 2	Total (add lines 1b and 1c) Total number of individuals (including but no							► o re				
	compensation from the organization						•					0
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	mple	oye	e, or	hig	hest compensated emp	loyee on	Y	/es No
	line 1a? If "Yes," complete Schedule J for su										3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	-							-	-	4	X
5	Did any person listed on line 1a receive or a										-	
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	oers	on .				5	X
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	monsated ind	ono	ndor	nt co	ontra	actor	re th	at received more than	100 000 of company		
	the organization. Report compensation for t	•	•									
	(A) (B) Name and business address NONE Description of services					services	<b>(C)</b> Compens	ation				
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos C		ted	above) who received m	ore than		20
											Form 9	90 (2021)

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	<u>1 990</u> rt V					ARTOOTH W	ILDERNESS	FOU	JNDATION	32-0320	146 Page 9
			Check if Schedule O c	contai	ns a respon	se or note to any	line in this Part VIII (A) Total revenue	e R	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in	ibutio grants above	1b           1c           1d           ns)         1e           , and         If	12,648 90,692	•				
a C		h	Total. Add lines 1a-1f			Business Cod	► 103,340	0.			
Program Service Revenue		b c d e f	All other program service I	reveni	Je						
	3 4 5		Investment income (incluc other similar amounts) Income from investment o Royalties	ling di	vidends, int exempt bon	erest, and d proceeds	49	9.	49.		
	6	a b	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Real	(ii) Persona					
enue	7	a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	7a 7b	(i) Securitie	es (ii) Other	•				
			Gain or (loss) Net gain or (loss)	7c			•				
Other Rev	8	a	Gross income from fundraisir including \$ contributions reported on Part IV, line 18 Less: direct expenses	ng evei line 1	nts (not of c). See	8a 8b					
		с	Net income or (loss) from	fundra	aising event	s Þ	•				
			Gross income from gamin Part IV, line 19 Less: direct expenses			9a 9b					
	10	а	Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold	ess re	turns	10a 32,728 10b 2,616					
			Net income or (loss) from		-		30,112	2.	30,112.		
Miscellaneous Revenue	11		FEES FOR PRES CREDIT CARD R			Business Coo 8 812900 561499	1,400		1,400. 19.		
Misc. Re			All other revenue								
			Total. Add lines 11a-11d				► <u>1,419</u> ► 134,920	9.	31,580.	0.	0.
13200	<b>12</b> 9 12-0		Total revenue. See instructio				- IJI,340	•	51,500.	U •	Form <b>990</b> (2021)

D	Check if Schedule O contains a respons				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	Fundraising 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,	E2 700	20 521	10 540	2 6 2 1
	trustees, and key employees	52,708.	39,531.	10,542.	2,635
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	22 107	04 001	C (2)	1 ( )
7	Other salaries and wages	33,107.	24,831.	6,622.	1,654
8	Pension plan accruals and contributions (include				
r.	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0.046	C 105	1 640	
10	Payroll taxes	8,246.	6,185.	1,649.	412
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	3,504.		3,504.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	870.		290.	580
13	Office expenses	487.		487.	
14	Information technology	198.		198.	
15	Royalties				
16	Occupancy	4,661.		4,661.	
17	Travel	1,603.	1,178.	396.	29
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	608.		608.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,343.		2,343.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.)	7,000.	7,000.		
a h	WILDERNESS TRAIL PROJEC	5,863.	5,863.		
5	TELEPHONE	1,319.	5,005.	1,319.	
d	AUTO EXPENSES	1,162.	1,162.	-,5-5•	
	All other expenses	595.	258.	337.	
	·	124,274.	86,008.	32,956.	5,31
25 26	Total functional expenses. Add lines 1 through 24e	147,4/40	00,000.	54,950.	5,51
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

ABSAROKA BEARTOOTH WILDERNESS FOUNDATION

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Form 990 (2021)

Part IX Statement of Functional Expenses

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	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	contributor, or 35%				
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۶ ۲	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			111,759.	16	124,158.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
S	22	Loans and other payables to any current or form	er, director,				
liti		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes		22			
	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	parties		24		
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D		0.	25	1,736.	
	26	Total liabilities. Add lines 17 through 25			0.	26	1,736.
<i>"</i>		Organizations that follow FASB ASC 958, chee	ck her				
jče:		and complete lines 27, 28, 32, and 33.	77.010		102 704		
alances	27	Net assets without donor restrictions	77,918.	27	103,784.		
n n n	28	Net assets with donor restrictions		33,841.	28	18,638.	
un		Organizations that do not follow FASB ASC 95	eck here 🕨 🛄				
۲ ۲		and complete lines 29 through 33.	_				
ţs	29	Capital stock or trust principal, or current funds		29			
Net Assets or Fund B	30	Paid-in or capital surplus, or land, building, or eq		30			
ĬĂ	31	Retained earnings, endowment, accumulated inc		111 750	31	100 400	
ž	32	Total net assets or fund balances	111,759.	32	122,422.		
	33	I otal liabilities and net assets/fund balances			111,/59.	33	Eorm <b>990</b> (2021)
ž	32 33	Total liabilities and net assets/fund balances	· · · · · · · · · · · · · · · · · · ·		111,759.	33	124,158.

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**(A)** Beginning of year

111,759.

1

**(B)** End of year

124,158.

Form 990 (2021)
Part X | Balance Sheet

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

1 Cash - non-interest-bearing

Form	ABSAROKA BEARTOOTH WILDERNESS FOUNDATION	32-03	20146	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,920.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,274.
3	Revenue less expenses. Subtract line 2 from line 1	3		,646.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	111	,759.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		17.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	122	,422.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>  </u>
				Yes No
1	Accounting method used to prepare the Form 990: X Cash Cash Corual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	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	red audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			- (	

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