

APR 23 2026

BOARD APPLICATION FORM
YELLOWSTONE COUNTY, MONTANA

NAME: Susan Sullivan HOME PHONE: 672-5140
ADDRESS: 810 Bluegrass Place WORK PHONE: 672-5140
CITY: Billings STATE: MT ZIP: 59106
BUSINESS OR JOB: RBC Wealth Management / Financial Advisor / Stock Broker
E-MAIL ADDRESS: smsullivan810@gmail.com
BOARD OR COMMISSION APPLIED FOR: Yellowstone Art Museum

Please describe your experience or background that you believe qualifies you for service on this Board or Commission (attach additional sheets if needed):

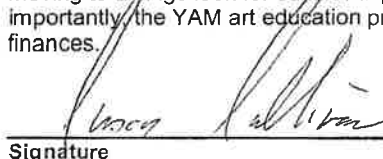
I have active at the YAM for over 25 plus years. Mostly recently I served on the Executive Board, Chair of the Finance Committe, and the Board of Trustees. I was "termed out" on 12/31/2025 based on the bylaws of the YAM. I pershaps have the deepest knowledge of the YAM's finances and day-to-day operating budget, cash flow, Endowment Campaign, compliance requirements to maintain the YAM's accreditation, etc than any current board member, simply due to these past positions I held.

Why do you wish to serve on this Board or Commission?

The YAM is in a very strong growth mode in its programs to meet the art education requirements and cultural aspects of this region. My company, RBC Wealth Mgt, has contributed to the YAM's education program for the past 3 years .. \$3,000 to \$4,000 per year, becasue I am an employee of the YAM. Secondly, I have personally contributed over \$30,000 plus of my own money in the past 18 months.

Additional information that you feel is pertinent (attach additional sheets if needed):

I am a strong community leader ... I am not afraid to ask for money ... whether for the YAM Endowment or from the County Commissioners to re-state the YAM's portfion of the mill levy. The YAM is central to downtown Billings and impactful to the community. Many professions looking at moving to Billings look for cultural aspects as visionary reasons to re-locate to Billings. And most importantly, the YAM art education program reaches the teens & smaller kids that do not have the finances.



04/23/2026

Signature

Date

Return application to: Board of County Commissioners
P.O. Box 35000
Billings, MT 59107-5000

OFFICE USE ONLY:

APPOINTED: YES ___ NO ___ DATE _____

TERM EXPIRATION DATE: _____

(Circle one)

ORIGINAL APPOINTMENT REAPPOINTMENT TERM NO: _____

