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## Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automa	atic 6-Month Extension of Time. Only s	ubmit origin	al (no copies needed).				
	rations required to file an income tax return other th		, , , , , , , , , , , , , , , , ,	ships, RFMIC	S. and trusts		
-	Form 7004 to request an extension of time to file in				,		
Type or	ype or Name of exempt organization or other filer, see instructions.						
print	WYOMING OUTDOOR COUNCIL				83-0259	411	
File by the due date for filing your return. See							
instructions.	City, town or post office, state, and ZIP code. For LANDER, WY 82520	or a foreign add	dress, see instructions.				
Enter the	Return Code for the return that this application is f	or (file a separa	ate application for each return)			0 1	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individu	al)		09	
Form 990-PF 04 Form 5227					10		
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11		
Form 990-T (trust other than above) 06 Form 8870					12		
<ul><li>If the c</li></ul>	organization does not have an office or place of busing for a Group Return, enter the organization's four  If it is for part of the group, check this box	digit Group Exe		If this is fo	r the whole grou	• /	
the	quest an automatic 6-month extension of time until organization named above. The extension is for the $\overline{X}$ calendar year $2020$ or		MBER 15, 2021 , to s return for:	o file the exem	npt organization	return for	
<b> </b>	tax year beginning	, an	d ending				
2 If th	ne tax year entered in line 1 is for less than 12 mont  Change in accounting period	hs, check reas	on: Initial return	Final retur	'n		
	nis application is for Forms 990-BL, 990-PF, 990-T, 4	4720, or 6069,	enter the tentative tax, less				
3a If the any	nonrefundable credits. See instructions.		•	3a	\$	0.	
3a If the any			•	3a	\$		
3a If th any b If th esti	nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or imated tax payments made. Include any prior year	6069, enter an	y refundable credits and llowed as a credit.	3a 3b	\$	0.	
3a If the any b If the estimates	nonrefundable credits. See instructions. nis application is for Forms 990-PF, 990-T, 4720, or	6069, enter an	y refundable credits and llowed as a credit.				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

#### \*\* PUBLIC DISCLOSURE COPY \*\*

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#### 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.

Department of the Treasury

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

Inspection

OMB No. 1545-0047

A For the 2020 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change WYOMING OUTDOOR COUNCIL Name change 83-0259411 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 307-332-7031 262 LINCOLN STREET termin-ated 1,730,188. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 82520 LANDER, WY H(a) Is this a group return Applica-F Name and address of principal officer: LISA MCGEE Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.WYOMINGOUTDOORCOUNCIL.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1967 M State of legal domicile: WY Part I Summary Briefly describe the organization's mission or most significant activities: THE WYOMING OUTDOOR COUNCIL'S Activities & Governance MISSION IS TO PROTECT WYOMING'S ENVIRONMENT AND QUALITY OF LIFE FOR Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 18 17 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 1,549,637.1,642,284. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 93,772. 85,114. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,643,409. 1,727,398 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. Benefits paid to or for members (Part IX, column (A), line 4) 798,222. 882,025. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 40,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 273,400. 405,685 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,203,907. 1,195,425. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 439,502. 531,973. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5,225,197. 6,556,802. 20 Total assets (Part X, line 16) 35,364. 42,084. 21 Total liabilities (Part X, line 26) 189,833. 514,718. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign LISA MCGEE, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature SARAH L SWEENEY, CPA P00363170 Paid Firm's name FAGNANT, LEWIS & BRINDA, P.C., Firm's EIN ▶ 83-0254900 Preparer Firm's address 185 SOUTH 5TH STREET Use Only Phone no. 307 - 332 - 4545 LANDER, WY 82520 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Pa	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 WYOMING OUTDOOR COUNCIL'S MISSION IS TO PROTECT WYOMING'S
	ENVIRONMENT AND QUALITY OF LIFE FOR FUTURE GENERATIONS.
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
4-	revenue, if any, for each program service reported.  (Code:) (Expenses \$ 784,760 • including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$/84 , /60 . including grants of \$) (Revenue \$) THE WYOMING OUTDOOR COUNCIL WORKS TO ENSURE THAT WYOMING IS A STATE
	WITH CLEAN AIR AND WATER, OPEN SPACE, THRIVING WILDLIFE, WILDLANDS,
	HEALTHY COMMUNITIES, INFORMED CITIZENS, AND A SUSTAINABLE ECONOMY AND
	QUALITY OF LIFE.
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 ► 784,760.
	Form <b>990</b> (2020)

# Form 990 (2020) WYOMING OUTD 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3		
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		. v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  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	9		22
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	10		
	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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			7.7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	1-710		<del></del> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		Х
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	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ <sub>3,7</sub>
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del> </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_05		
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
_				

Form 990 (2020) WYOMING OUTDOOR CO
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	l <u>.</u> .		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
А	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<sub>V</sub>
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 55a		<del></del>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,,	
Do	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   11		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

# 020) WYOMING OUTDOOR COUNCIL Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the catendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required feedral employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization and the provided of \$1,000 or more during the year?  3a Did the organization and the provided of \$1,000 or more during the year?  3a 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 accountry?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country [such as a bank account, securities account, or other financial accountry?  4a The provided in the provided of the provided of the provided and provided the provided any contributions from the render that was or is a party to a prohibited tax shelter transaction?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c),  5c Organizations that may receive deductible contributions under section 170(c),  5c Organizations that may receive deductible contributions under section 170(c),  5d If "Yes," indicate the number of Forms 8282 filed during the year  5d If "Yes," indicate the number of Forms 8282 filed during the year  5d If "Yes," indicate the number of Forms 8282 filed during the year  5d If "Ye	X
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b X  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a A tany 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 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 bi 1"Yes," enter the name of the foreign country   ✓  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file form 888617?  5c Did by the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 888617?  5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Did the organization shart war receive deductible contributions under section 170(c).  5d Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Did the organization shart war receive deductible contributions under section 170(c).  5d Did the organization shart war receive deductible contributions under section 170(c).  5d Did the organization shart war receive deductible contributions under section 170(c).  5d Did the organization shart war receive deductible contributions of the goods or services provided?  5d If "Yes," indicate the number of Forms 8282 filed during the year  5d Did the organization shart party unds, directly or indirectly, to pay premiu	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If 'Yes,' sha if tiled a Form 990-T for this year? If 'Mo'to for the 3b, provide an explanation on Schedule O  3b Aa 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 If 'Yes,' enter the name of the foreign country ▶  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt any contributions that were not tax deductible as charitable contributions?  6b If 'Yes,' tid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organizations that may receive deductible contributions under section 170(c).  8b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  7c 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 Diff 'Yes,' findicate the number of Forms 8282? filed during the year  7c Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d Did the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1990, Part VIII, line 12, for public use of club facilities  9d Did the sponsoring organization make any taxable distributions under section 4966?  9d Did the sponsoring organization make any taxable distributions under section 4966?  9d Did the sponsor	
3a bid the organization have unrelated business gross income of \$1,000 or more during the year?  bil "Yes," has it filed a Form \$90.T for this year? If "No" to line 3b, provide an explanation on Schedule O  at 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 hinancial account in a foreign country    5b If "Yes," enter the name of the foreign country    5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Did be the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive the event of the transactions?  6c Did Ty'es," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 To the form 8282?  7 To the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8289 as required?  9 Did the organization received a contribution of undiffied intellectual property, did the organization file Form 8899 as required?  9 To the organi	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 In	
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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 Enter the amount of reserves on hand 13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	Х
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	
excess parachute payment(s) during the year?	Х
If "Yes," see instructions and file Form 4720, Schedule N.	43
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	
If "Yes," complete Form 4720, Schedule O.	X

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	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 in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		Λ
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	4Ch		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed NONE  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	le onl	() 2V2:I	ablo
18	for public inspection. Indicate how you made these available. Check all that apply.	jo Urliy	, avall	abie
	X Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina-	ncial	
19	statements available to the public during the tax year.	u iiilal	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	THE ORGANIZATION - 307-332-7031			
	262 LINCOLN STREET, LANDER, WY 82520			

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a 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.

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation	Reportable Reportable					
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LISA MCGEE	40.00			37.	4			01 026	0	15 551
EXECUTIVE DIRECTOR	1 00			X				91,836.	0.	15,551.
(2) KATHY JENKINS	1.00	\ \		77					0	0
PRESIDENT	1 00	Х		X				0.	0.	0.
(3) GEORGE MCCLELLAND VICE PRESIDENT	1.00	X		х				0.	0.	0.
(4) MATT GAFFNEY	1.00	Δ		<u> </u>				0.	0.	•
SECRETARY	1.00	x		Х				0.	0.	0.
(5) SEAN STAUTH	1.00			1					•	
TREASURER	1.00	х		x				0.	0.	0.
(6) NEIL SHORT	1.00	=								
FORMER PRESIDENT		x						0.	0.	0.
(7) CAROL BILBROUGH	1.00							_	-	
BOARD MEMBER		х						0.	0.	0.
(8) MARY BURMAN	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(9) LAUREN HEERSCHAP	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) PAUL HOWARD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) LIZ HUTCHINSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MICHELE IRWIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) TIM WILSON	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(14) DAY SCOTT	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(15) CHRIS PFISTER	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) HAP RIDGWAY	1.00									_
BOARD MEMBER	1 00	Х	<u> </u>					0.	0.	0.
(17) TOM CHRISTIANSEN	1.00	۱,,							_	_
BOARD MEMBER		Х						0.	0.	0. Form <b>990</b> (2020)

032007 12-23-20 Form **990** (2020)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)	(C) Position					(D)	(E)			(F)		
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			timate	
	week					is bot or/trus		compensation from	compensation from related			nount o other	DΤ
	(list any	tor						the	organization			pensat	tion
	hours for	direc				pa		organization	(W-2/1099-MI			om the	
	related	stee o	ustee			ensat		(W-2/1099-MISC)			org	anizati	on
	organizations	al trus	onal tr		loyee	comp						d relate	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	ons
(18) LARRY WOLFE	1.00	흐	Ë	5	<u>\$</u>	主旨	요						
BOARD MEMBER	1.00	X						0.		0.			0.
BOARD MEMBER		25				$\vdash$	<u> </u>	0.		•			•
		1											
						$\vdash$							
		1											
		1											
		1											
		1			Ι.,								
		1											
		1						1					
1b Subtotal							▶	91,836.		0.	1	5,5	51.
c Total from continuation sheets to Part V	II, Section A						ightharpoonup	0.		0.			0.
d Total (add lines 1b and 1c)			<u></u>				<b></b>	91,836.		0.	1	5,5	51.
2 Total number of individuals (including but n								eceived more than \$100	,000 of reportab	le			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, o	r hig	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		_X_
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sch	edul	e J t	for such individual			4		X
5 Did any person listed on line 1a receive or a	•				•			ted organization or indivi	idual for services	3			
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										npens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithir		year.				
(A) Name and business	address	NT/	INC	7				<b>(B)</b> Description of s	envices		(C	;) nsatior	1
Traine and business	<u>audic33</u>	1//	)INI	<u> </u>			$\dashv$	Description of s	ICI VICCS		ompe	isatioi	<u> </u>
							$\dashv$						
							-						
							$\dashv$						
							$\dashv$						
2 Total number of independent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	ster	d above) who received m	nore than				
\$100,000 of compensation from the organi						0		,					
,											-	990 (c	2000

Form 990 (2020) WYOMING
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			Crieck ii Scrieddie O contains a response	or note to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenuè éxcluded
						function revenue	business revenue	
40 .0.1								sections 512 - 514
nts	1	а	Federated campaigns 1a					
Sra lou		b	Membership dues <b>1b</b>					
Am (		С	Fundraising events1c					
a ii		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	156,495.				
Ö			All other contributions, gifts, grants, and	<del>-</del>				
탈				,485,789.				
호		~	Noncash contributions included in lines 1a-1f	,				
[필짓		_			1,642,284.			
9		n	Total. Add lines 1a-1f		1,042,204.			
				Business Code				
<u>i</u>	2	а						
e S		b						
Program Service Revenue		С						
ran ev		d						
90		е						
۵		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)		87,453.	87,453.		
	4		Income from investment of tax-exempt bond			, , , , , , , , , , , , , , , , , , ,		
	5		Royalties	-				
	9		(i) Real	(ii) Personal				
		_		(ii) i cissilai				
	О		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>	451.				
		b	Less: cost or other basis					
ne			and sales expenses	2,790.				
Revenue		С	Gain or (loss) 7c	-2,339.				
Re		d	Net gain or (loss)	<b>&gt;</b>	-2,339.	-2,339.		
ther	8		Gross income from fundraising events (not					
₹	_		including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		<b>L</b>		+				
	_		Net income or (loss) from fundraising events	<b>_</b>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	+				
			Less: direct expenses9t	)				
		С	Net income or (loss) from gaming activities	<b></b>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10	а				
		b	Less: cost of goods sold 10	b				
			Net income or (loss) from sales of inventory	· .				
			, , , , , , , , , , , , , , , , , , , ,	Business Code				
sno (	11	а						
ne Tue	• •	b						
Miscellaneous Revenue								
Re		C C	All other revenue					<del>                                     </del>
Σ			All other revenue					
			Total Add lines 11a-11d	<u></u>	1.727.398.	85,114.	^	0.
	12		LOTAL TEVERILE SEE INSTRUCTIONS		u. / 4 / . 3 7 0 al	. 03.114.		: U.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	·			
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	91,836.	22,959.	22,959.	45,918.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	630,518.	492,532.	75,801.	62,185.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	100 110			
9	Other employee benefits	109,148.	81,982.	14,390.	12,776.
10	Payroll taxes	50,523.	32,846.	7,971.	9,706.
11	Fees for services (nonemployees):				
	Management				
	Legal	22 202	2 025	20 267	
	Accounting	33,202.	3,835.	29,367.	
	Lobbying	40,000.			40,000.
	Professional fundraising services. See Part IV, line 17	40,000.			40,000.
f	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	45,462.	27,841.	17,546.	75.
12	Advertising and promotion	8,990.	1,465.	4,152.	75. 3,373.
13	Office expenses	9,252.	4,915.	4,187.	150.
14	Information technology	25,436.	18,590.	5,650.	1,196.
15	Royalties			7,000	
16	Occupancy	13,156.	4,561.	7,080.	1,515.
17	Travel	25,252.	21,497.	3,012.	743.
18	Payments of travel or entertainment expenses		•		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,038.	4,002.	-1,963.	999.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,372.	14,529.	2,325.	2,518.
23	Insurance	7,572.		7,572.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	60 005	42 044	7 461	10 005
а	PRINTING & POSTAGE	62,227.	43,941.	7,461.	10,825.
b	MEMBERSHIPS, DUES & PUB	6,586.	3,610. 127.	1,115.	1,861.
С	MISCELLANEOUS	5,024. 4,652.	2,792.	4,896.	930.
d	TELEPHONE & FAX	4,652.	2,792.	-2,131.	3,574.
	All other expenses	1,195,425.	784,760.	212,320.	198,345.
25	Total functional expenses. Add lines 1 through 24e	1,193,443.	704,700.	414,340.	190,343.
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)				
	11 In following 50P 98-2 (ASC 958-720)				F 000 (2000)

Form 990 (2020)

Part X Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this	s Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		443,627.	1	624,651.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	584,706.	3	482,747.	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, dir				
		trustee, key employee, creator or founder, substantial contributor,				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as de				
ts		under section 4958(f)(1)), and persons described in section 4958(d	c)(3)(B)		6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		37,279.	9	16,195.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 2	65,409.			
	b	Less: accumulated depreciation 10b 1	24,014.	149,173.	10c	141,395.
	11	Investments - publicly traded securities		4,010,412.	11	5,291,814.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		5,225,197.	16	6,556,802.
	17	Accounts payable and accrued expenses		35,364.	17	42,084.
	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	e D		21	
es	22	Loans and other payables to any current or former officer, director	,			
Liabilities		trustee, key employee, creator or founder, substantial contributor,	or 35%			
iab		controlled entity or family member of any of these persons			22	
_	23	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 t	hird			
		parties, and other liabilities not included on lines 17-24). Complete	Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		35,364.	26	42,084.
S		Organizations that follow FASB ASC 958, check here ▶ X				
၁င		and complete lines 27, 28, 32, and 33.				
alar	27	Net assets without donor restrictions		3,866,262.	27	5,391,322.
Ä	28	Net assets with donor restrictions		1,323,571.	28	1,123,396.
Š		Organizations that do not follow FASB ASC 958, check here	<b>&gt;</b>			
Net Assets or Fund Balances		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds			29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Ţ	31	Retained earnings, endowment, accumulated income, or other fur			31	
Se	32	Total net assets or fund balances		5,189,833.	32	6,514,718.
	33	Total liabilities and net assets/fund balances		5,225,197.	33	6,556,802.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	,72	7,3	98.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>			25. 73.		
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 5							
5	Net unrealized gains (losses) on investments	5		83	0,2	04.		
6	Donated services and use of facilities	6						
7	Investment expenses	7		-3	7,2	92.		
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		,					
	column (B))	10	6,	, 51	4,7	18.		
Pa	rt XII Financial Statements and Reporting		,					
	Check if Schedule O contains a response or note to any line in this Part XII							
			,		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	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	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	. [					
	Act and OMB Circular A-133?	-		За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		F					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization WYOMING OUTDOOR COUNCIL 83-0259411 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	71		,			
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	,	,	,	,	,	( )
	membership fees received. (Do not						
	include any "unusual grants.")	1071432.	1056366.	991,380.	1549637.	1485789.	6154604.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1071120	1056266	001 200	1540625	1405500	6154604
4	Total. Add lines 1 through 3	1071432.	1056366.	991,380.	1549637.	1485789.	6154604.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						100 264
_	column (f)						189,264. 5965340.
	Public support. Subtract line 5 from line 4.						3903340.
	indar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(=) 2020	(f) Total
	, , , , , , , , , , , , , , , , , , , ,	(a) 2016 1071432.	(b) 2017 1056366.	(c) 2018 991, 380.	(d) 2019 1549637.	(e) 2020 1485789.	(f) Total 6154604.
8	Amounts from line 4 Gross income from interest,	10/1432•	10303001	331,300.	1343037.	1103703.	0134004.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	178,284.	578,382.	5,212.	764,451.	880,365.	2406694.
9	Net income from unrelated business	270,2020	373,3321	3,222	70171010	000,0001	
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						8561298.
12		etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (I					14	69.68 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	57.33 %
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	<b>stop here.</b> The organization qualifies	as a publicly supp	orted organization	·			<b>▶</b> X
b	33 1/3% support test - 2019. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the fact					VI how the organiz	ation
	meets the facts-and-circumstances to	ū	•				
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		<b>.</b> —
	organization meets the facts-and-circle		-				
<u>18</u>	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

qualify under the tests listed be Section A. Public Support	pelow, please com	plete Part II.)				
	(a) 0010	(h) 0017	(a) 0010	(4) 0010	(a) 0000	(6) T-+-!
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support					•	
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	=======================================	<u>l</u>
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	1 501(c)(3) organizat	ion,
check this box and stop here Section C. Computation of Pub	lia Gunnart De					<b>P</b> L
•			. (0)		11	
15 Public support percentage for 2020 (						
16 Public support percentage from 2019					16	
Section D. Computation of Inve					14-1	
17 Investment income percentage for 20						
18 Investment income percentage from						17:
19a 33 1/3% support tests - 2020. If the	-					ı / ıs not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2019. If the	e organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	
line 18 is not more than 33 1/3%, che  20 Private foundation. If the organization						<b>P</b>
ZU PRIVATE TOURDATION IT THE OPPOSITE TO	an aid not chack a	DOV OD 1100 1/1 10	ra or lun chackth	HE DOY AND COD I	DETRICTIONS	

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	ıu		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	•		
	8		
	3		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2020

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did the	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	organi	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>		pported organization(s).	1		
Sec.	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	-	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
•	_	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ison of the relationship described in line 2, above, did the organization's supported organizations have a			
		cant voice in the organization's investment policies and in directing the use of the organization's e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.			
Sec		E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a		The organization satisfied the Activities Test. Complete line 2 below.	•		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio	ns).	
2		ies Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did th	a organization evergies a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (e <i>xplain in</i> <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	omple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Par	t v   Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
ее	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

OMB No. 1545-0047

Name of the organization

Employer identification number

WYOMING OUTDOOR COUNCIL

83-0259411

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		s covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it <b>m</b> u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

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

### WYOMING OUTDOOR COUNCIL

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spa	ice is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
1		\$ <u>-</u>	210,460.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	50,000.	Person X Payroll
(a)	(b)		(c)	(d)
No. 4	Name, address, and ZIP + 4	\$_	Total contributions  108,320.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$ <u>.</u>	55,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### WYOMING OUTDOOR COUNCIL

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l spa	ice is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
7		\$_	50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8		\$_	60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9		\$_	39,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d)
10	Name, address, and ZIP + 4	\$_	35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
11		\$_	125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
12	Trumo, audi 200) Mila Eli 1 1	\$_	50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### WYOMING OUTDOOR COUNCIL

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl spa	ice is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
13		\$ <u>-</u>	79,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
14		\$_	51,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
<u>15</u>		\$_	55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$ <sub>-</sub>		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$ <sub>-</sub>		Person Payroll Noncash (Complete Part II for noncash contributions.)

### WYOMING OUTDOOR COUNCIL

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Part III				01(c)(7), (8), or (10) that total more than \$1,000 for the year			
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following line e	ntry. For o	rganizations  S vear (Enterthic info anga)			
	Use duplicate copies of Part III if additiona	I space is needed.	1 1633 101 11	Content uns uno. once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Parti							
			<del></del>				
		(e) Transfer of gi	ift				
	Transferee's name, address, a	ind ZIP + 4	Re	elationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
			<del></del>				
-		(e) Transfer of gi	ift				
	(e) Transier of gift						
	Transferee's name, address, a	and ZIP + 4	Re	elationship of transferor to transferee			
(a) No			I				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Parti							
L							
	(e) Transfer of gift						
	Townstown Is a second address of		ъ.	deline die of home formate have a			
-	Transferee's name, address, a	ING ZIP + 4	KE	elationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
			——				
<del></del>							
f		(e) Transfer of gi	ift				
		, , <b>3</b>					
	Transferee's name, address, a	and ZIP + 4	Re	elationship of transferor to transferee			
Γ							

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

2020 Open to Pub

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. 
➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

#### If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

- Section	311 30 1(c)(4), (3), 01 (0) 01ga1112a	tions. Complete Fart III.			
Name of	organization			Emp	loyer identification number
	WYOMING	OUTDOOR COUNCIL	J		83-0259411
Part I-	A Complete if the org	ganization is exempt un	der section 501(c)	or is a section 527 of	rganization.
2 Polit	ical campaign activity expendit	zation's direct and indirect politi cures ign activities		<b>&gt;</b> \$	
Part I-	B Complete if the org	ganization is exempt un	der section 501(c)	(3).	
	-	incurred by the organization un			}
2 Ente	r the amount of any excise tax	incurred by organization manage	gers under section 4955	<b>5</b> ▶\$	
<b>3</b> If the	e organization incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
4a Was	a correction made?				Yes No
	es," describe in Part IV.				
Part I-	C Complete if the org	ganization is exempt un	der section 501(c)	, except section 501	(c)(3).
1 Ente	r the amount directly expended	d by the filing organization for se	ection 527 exempt func	tion activities > \$	S
		nization's funds contributed to o	_		
					S
	·	s. Add lines 1 and 2. Enter here		•	
line '	17b			▶\$	S
		1120-POL for this year?			
mad cont	e payments. For each organiza ributions received that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organia a separate political org	zation's funds. Also enter tl janization, such as a separa	ne amount of political
Polit		· · · · · · · · · · · · · · · · · · ·			(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

section 501(h)).	ganization is exer	iipt under section	n 50 i(c)(3) and in	ed Form 5766 (ei	ection under			
	ation belongs to an affil	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,			
expenses, and sha	are of excess lobbying of	expenditures).						
B Check ▶ ☐ if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.					
	its on Lobbying Exper ditures" means amou			(a) Filing organization's totals	<b>(b)</b> Affiliated group totals			
1a Total lobbying expenditures to inf	luence public opinion (	grassroots lobbying)						
<b>b</b> Total lobbying expenditures to inf	7,855.							
c Total lobbying expenditures (add	7,855.							
d Other exempt purpose expenditur				1,195,425.				
e Total exempt purpose expenditure		1,203,280.						
	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.							
If the amount on line 1e, column (a)		bying nontaxable am	ount is:					
Not over \$500,000		the amount on line 1e.	200 OVOK \$500 000					
Over \$500,000 but not over \$1,000,000 but not over \$1,		O plus 15% of the exc O plus 10% of the exc						
Over \$1,500,000 but not over \$		0 plus 5% of the exce						
Over \$17,000,000	\$1,000,0	•	Δ3 6761 Φ1,000,000.					
	Ţ Ţ,,,,,,,,							
g Grassroots nontaxable amount (e	nter 25% of line 1f)			48,832.				
h Subtract line 1g from line 1a. If ze	ro or less, enter -0	<u>.</u>		0.				
i Subtract line 1f from line 1c. If zer	o or less, enter -0			0.				
j If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiza	ation file Form 4720	_				
reporting section 4911 tax for this	•		<u></u>	L	Yes No			
(Some organizations t	that made a section 5	eraging Period Under 01(h) election do not ate instructions for lin	have to complete all	of the five columns b	elow.			
	Lobbying Exper	nditures During 4-Yea	r Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> Total			
2a Lobbying nontaxable amount	198,254.	177,912.	196,754.	195,328.	768,248.			
<b>b</b> Lobbying ceiling amount					1 150 250			
(150% of line 2a, column(e))					1,152,372.			
c Total lobbying expenditures	27,483.	6,639.	13,635.	7,855.	55,612.			
d Grassroots nontaxable amount	49,564.	44,478.	49,189.	48,832.	192,063.			
e Grassroots ceiling amount								
(150% of line 2d, column (e))					288,095.			

Schedule C (Form 990 or 990-EZ) 2020

f Grassroots lobbying expenditures

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

The lobbying activity.  1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?	s No	Amoun
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?		
or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?		
a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?		
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?		
d Mailings to members, legislators, or the public?         e Publications, or published or broadcast statements?         f Grants to other organizations for lobbying purposes?	<b>I</b>	
Publications, or published or broadcast statements?     Grants to other organizations for lobbying purposes?	_	+
f Grants to other organizations for lobbying purposes?		+
		1
g Direct contact with legislators, their staffs, government officials, or a legislative body?		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i Other activities?		+
j Total. Add lines 1c through 1i		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		
art III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5), or s	ection
501(c)(6).		
		Yes
Were substantially all (90% or more) dues received nondeductible by members?		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior		
art III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"		
answered "Yes."	OTT (b) T di	t III A, IIIIC (
Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
expenses for which the section 527(f) tax was paid).		
a Current year	2a	
	2b	
b Carryover from last year c Total	2b 2c	
b Carryover from last year c Total	2c	
b Carryover from last year c Total	2c	
<ul> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> </ul>	2c 3	
b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	2c 3	
b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	2c 3	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WYOMING OUTDOOR COUNCIL

Employer identification number 83-0259411

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) 🕍 Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		I
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•	<b>\</b> \$	ura ura da ara	2(1.)(4)(7)(2)
8	Does each conservation easement reported on line 2(d) above and a action 4.70(h)(A)(D)(i)0.	· ·	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial staten	nents that describes the
Pai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections or	of Δrt Historical Treasures or C	Other Similar Assets
. u	Complete if the organization answered "Yes" on Form		And Girman Addets.
	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıa	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
h	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	c exhibition, education, or research in full	riciance of public scrvice,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		·
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		a. ga, provido
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part Y		

	t III Organizations Maintaining C	collections of Ar		reasures. or	Othe	r Simil	ar Asse	ts/continu	ued)		
3	Using the organization's acquisition, accessi		-					•	<u> </u>		
•	collection items (check all that apply):	on, and other record	o, or look arry or arr	o lonowing that i	mano o	grimoarie	400 01 110				
а	Public exhibition	d	I can or ex	change program	n						
b	Scholarly research	e	Other	oriange program							
C	Preservation for future generations	C									
4											
							ose III Fai	t AIII.			
5	During the year, did the organization solicit o							Yes	□ Na		
Dai	to be sold to raise funds rather than to be matter to be matter than to be matter to be matter than to be matter to be sold to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to be sold to raise funds rather than to be matter to								No_		
ı aı	reported an amount on Form 990, Par		ite ii trie organizati	on answered if	es on	romi 990	, Part IV,	lifie 9, or			
10	Is the organization an agent, trustee, custodi		ion, for contribution	no or other see	oto not i	inaludad					
ıa								Yes	□ No		
<b>L</b>	on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII							_ res	□□ NO		
D	ir "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					A			
	De sincipa de deserva					4-		Amount			
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance					. <b>1</b> f					
	Did the organization include an amount on Fo					ty?	L	Yes	└─ No		
	If "Yes," explain the arrangement in Part XIII.							<u></u>			
Pai	t V Endowment Funds. Complete in	f the organization an	swered "Yes" on F	orm 990, Part IV	V, line 1	0.					
		(a) Current year	(b) Prior year	(c) Two years	back (	<b>d)</b> Three y	ears back	· · ·	years back		
1a	Beginning of year balance	3,753,999.	3,274,760	3,430,	482.	2,9	93,236.	2,	807,051.		
b	Contributions								21,855.		
	Net investment earnings, gains, and losses	890,633.	781,237	. 21,	626.	5	585,411. 164,330				
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	14,337.	301,998	. 177,	348.	148,165.					
f	Administrative expenses										
	End of year balance	4,630,295.	3,753,999	. 3,274,	760.	3,4	30,482.	2,	993,236.		
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column	(a)) held as:							
а	Board designated or quasi-endowment	77.0000	%	. ,,							
	Permanent endowment ► 23.0000	%	7								
	' <u>-</u>	<del></del>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	•	ation that are held	and administere	ed for th	ne organiz	ation				
	by:	ocion or the organiza	anor mar aro mora	arra aarriii ilotoro	JG 101 til	io organi.	ation	Ţ-	Yes No		
	(i) Unrelated organizations							3a(i)	X		
	(ii) Related organizations							· <del>- · · · -</del>	X		
h	If "Yes" on line 3a(ii), are the related organiza								<del></del>		
4				·				. SD			
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		writerit turius.								
Fai	Complete if the organization answered		Dort IV line 11e	Caa Farm 000 I	Dort V	lina 10					
	·		· · · · · · · · · · · · · · · · · · ·				-1	(-I) D I			
	Description of property	(a) Cost or ot	' '	t or other		cumulate	ed	(d) Book	value		
		basis (investm	·	(other)	aep	reciation		1 /	- 000		
	Land			L6,000.		72 0	E /		,000.		
	Buildings		<u>_</u>	L9,262.		72,9	24 •	46	308.		
	Leasehold improvements			1 562		20 0			- 20-		
	Equipment			51,563.		29,2			2,325.		
	Other			78,584.		21,8	44.		762.		
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, column (B), line	10c.)				141	.,395.		

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 WYOMING OUTI	DOOR COUNCIL	83	-0259411 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.	·	· -	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

(8)

Pa	Reconciliation of Revenue per Audited Financial Sta		Revenue per R	eturn	•
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				0 500 210
1	Total revenue, gains, and other support per audited financial statements			1	2,520,310.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	222 224		
а	<b>5</b> , ,		830,204.		
b					
С	1 7 0				
d	Other (Describe in Part XIII.)	2d			222
е	J			2e	830,204.
3	Subtract line 2e from line 1			3	1,690,106.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,292.		
b	Other (Describe in Part XIII.)	4b			27 222
С	Add lines <b>4a</b> and <b>4b</b>			4c	37,292.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	.)		5	1,727,398.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, li				
1	Total expenses and losses per audited financial statements			1	1,195,425.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1	,		3	1,195,425.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5		8.)		5	1,195,425.
Pa	ert XIII Supplemental Information.				
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional infori	mation.		

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

WYOMING OUTDOOR COUNCIL

Employer identification number 83-0259411

		6. Complete if the organization answe	ered "\	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	filers are not
	required to complete this pa						
		ised funds through any of the followi					
	Mail solicitations				overnment grants		
	nternet and email solicitation				nment grants		
c X	Phone solicitations	g X Special	fundra	aising	events		
d X	n-person solicitations						
2 a Did the	e organization have a written	or oral agreement with any individual	l (inclu	ding o	fficers, directors, tru		
key em	ployees listed in Form 990, F	Part VII) or entity in connection with p	orofess	ional f	fundraising services?	X Yes	L No
<b>b</b> If "Yes	," list the 10 highest paid ind	ividuals or entities (fundraisers) pursu	uant to	agree	ements under which	the fundraiser is to b	e
compe	nsated at least \$5,000 by the	e organization.					
			T			(-) A	
(i) Name	and address of individual	<b>an</b> • · · · ·	(III) fund	Did aiser ustody	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
	entity (fundraiser)	(ii) Activity	or cor	itrol of	from activity	fundraiser	to (or retained by) organization
	• •		contrib	utions?		listed in col. (i)	organization
COMPASS GF	ROUP - 2961-A HUNTER	FUNDRAISING CONSULTING	Yes	No			
MILL ROAD,	OAKTON, VA 22124	SERVICES		х	1,642,284.	40,000.	1,602,284.
	•						
		1					
Total					1,642,284.	40,000.	1,602,284.
		on is registered or licensed to solicit		utions			egistration
or licens		3				,	3
	-						

		of fundraising event contributions and g	_			pis greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
ne			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		<b>&gt;</b>	
	11	Net income summary. Subtract line 10 from	line 3, column (d)		<b>&gt;</b>	
Pa	art I	<b>III Gaming.</b> Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Ф			(a) Ringo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enne			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
Sevenue			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue			(c) Other gaming	
	1 2	Gross revenue			(c) Other gaming	
	1 2 3	Cash prizes			(c) Other gaming	
Direct Expenses Revenue		Cash prizes			(c) Other gaming	
		Cash prizes  Noncash prizes		bingo/progressive bingo		col. (a) through col. (c))
	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs			(c) Other gaming  Yes% No	col. (a) through col. (c))
	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes %	bingo/progressive bingo  Yes%	Yes %	col. (a) through col. (c))
	3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes% No h 5 in column (d)	Yes%	Yes% No	col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line 7	Yes % No h 5 in column (d) 7 from line 1, column (d)	Yes%	Yes% No	col. (a) through col. (c))
<b>o</b> Direct Expenses	3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line interest the state(s) in which the organization conditions.	Yes %  No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities:	Yes% No	Yes% No	col. (a) through col. (c))
<b>o</b> Direct Expenses	3 4 5 6 7 8 Entra list	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line inter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes %  No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities:	Yes% No	Yes% No	col. (a) through col. (c))
<b>o</b> Direct Expenses	3 4 5 6 7 8 Entra list	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line interest the state(s) in which the organization conditions.	Yes%  No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: activities in each of these	Yes% No	Yes% No	col. (a) through col. (c))
<b>o</b> Direct Expenses	3 4 5 6 7 8 Entra list	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line inter the state(s) in which the organization conduct the organization licensed to conduct gaming a	Yes%  No  h 5 in column (d)  7 from line 1, column (d)  ucts gaming activities: activities in each of these	Yes% No	Yes% No	col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8 End a ls 1 f " West a Wes	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line in the state(s) in which the organization conduct organization licensed to conduct gaming a line, "explain:  ere any of the organization's gaming licenses in the state organization in the organization licensed to conduct gaming a line, "explain:	Yes%  No  h 5 in column (d)  7 from line 1, column (d) ucts gaming activities: activities in each of these	Yes% No  states?	Yes%No ▶	col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8 End a ls 1 f " West a Wes	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line interest the state(s) in which the organization conduct organization licensed to conduct gaming at No," explain:	Yes%  No  h 5 in column (d)  7 from line 1, column (d) ucts gaming activities: activities in each of these	Yes% No  states?	Yes%No ▶	col. (a) through col. (c))

Sch	nedule G (Form 990 or 990-EZ) 2020 WYOMING OUTDOOR COUNCIL 83-0	)259	411	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No.
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		<b>V</b>	
40	to administer charitable gaming?	·	Yes	∟ No
	Indicate the percentage of gaming activity conducted in:	ا ءمدا		0.4
	a The organization's facility			<u>%</u>
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 🕻	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ►\$			
	If "Yes," enter name and address of the third party:			
Ì	on res, enter name and address of the time party.			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, Iin	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule 6	G (Form 990 or 990-EZ)	WYOMING OUTDOOR	COUNCIL	83-0259411 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	ormation (continued)		

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

# **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Name of the organization

Employer identification number

	W	YOMIN	G U	OLDOOK C	AUU.	СТГ					103	-02	<b>394</b>	тт		
Part I	Excess Bene															
	Complete if the c	organization						ine 25a or 25l	b, or	Form 990-EZ, P	art V,	ine 40	)b.	1	_	
1 (a) Na	me of disqualified p	erson	( <b>b</b> ) R	elationship bet person and or			lified	(0	c) De	escription of tran	sactio	n				cted?
				person and or	garnze	ation								Ye	es	No
														+		
														+		
														1		
2 Enter	the amount of tax is	ncurred by	the o	rganization man	agers	or disc	qualifie	ed persons du	ring	the year under						
												<b>&gt;</b> \$				
3 Enter	the amount of tax,	if any, on li	ne 2, a	above, reimburs	ed by	the or	ganiza	tion				<b>&gt;</b> \$				
Part II	Loans to and	l/or Fron	n Int	erested Per	eone	:										
i dit ii	Complete if the c						' Dart \	V line 38a or	Forn	n 000 Part IV lin	o 26.	or if th	o oraș	nizati	nn -	
							., ı aıı	v, line ooa or	OIII	11 990, 1 art IV, III	16 20,	01 11 11	ie orga	ıı ıızatı	511	
(a	(a) Name of (b) Relati			m 990, Part X, line 5, 6, or 22.  nship (c) Purpose (d) Loan to or (e)			e) Original	(f	) Balance due	(g)	In	(h) Approved by board or committee?		(i) W	ritten	
inter							ncipal amount			default?		comm	ommittee? agreer		ment?	
						From					Yes	No	Yes	No	Yes	No
otal																
Part III	Grants or As			_												
(=\ \ \	Complete if the o	_								(al) Time			(-)	N D		
(a) N	ame of interested p	person	(	<ul><li>b) Relationship interested pers</li></ul>				c) Amount of assistance		(d) Type assistan				) Purp assista		ſ
				the organiza												
			+									$\perp$				
			+									_				
			+									+				
			-									-				

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

Schedule L (Form 990 or 990-EZ) 2020

Complete if the organization answer	red "Yes" on Form 990, Part IV, line 28a, 28	8b. or 28c.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
LAUREN HEERSCHAP	BOARD MEMBER	2,050	CONTRACTED	Yes	No X	
			001(11110112			
				+		
Part V Supplemental Information.			<u> </u>			
Provide additional information for re	esponses to questions on Schedule L (see	instructions).				
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	TED PERSONS:	;		
(A) NAME OF PERSON: LAUR	EN HEERSCHAP					
(D) DESCRIPTION OF TRANS	ACTION: CONTRACTED TO	WORK ON MA	AP DEVELOPME	<u>INT</u>		

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

WYOMING OUTDOOR COUNCIL

Employer identification number 83-0259411

Pai	rt I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributio	•	ts			
1	Art - Works of art			, , ,						
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	X	4	50,836.	FAIR MARKET	VALUE	3			
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous		,							
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ()									
26	Other ( )									
27	Other ()									
28 29	Other ( )	tation durin	a the text year fer s	ontributions						
29	Number of Forms 8283 received by the organifor which the organization completed Form 82									
	101 Which the organization completed 1 of 11 62	.00, Fait <b>v</b> , L	Joi lee Acki lowledg	Jennent 29		Yes	No			
30a	During the year, did the organization receive b	v contributio	on any property rei	norted in Part I lines 1 throu	oh 28 that it	163	NO			
Jua	must hold for at least three years from the dat	•		•	•					
	exempt purposes for the entire holding period					0a	x			
h	If "Yes," describe the arrangement in Part II.	•				ou				
31										
	Does the organization hire or use third parties					31	X			
			-	on, process, or son noneasin	-	2a	X			
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,					
	describe in Part II.		, p. 3. p. sport	,	,					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WYOMING OUTDOOR COUNCIL

Employer identification number 83-0259411

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FUTURE GENERATIONS
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION MAKES ITS DRAFT FORM 990 AVAILABLE VIA EMAIL TO ALL BOARD
MEMBERS FOR REVIEW AND COMMENTS PRIOR TO ITS FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH YEAR THE BOARD UNDERGOES A SHORT BIAS DISCUSSION TO IDENTIFY POTENTIAL
CONFLICTS OF INTEREST. THESE BIASES ARE RECORDED IN THE BOARD MEETING
MINUTES. IN ADDITION, AT ANY TIME A DIRECTOR IS REQUIRED TO EXCUSE HIM OR
HERSELF FROM A DISCUSSION OR DECISION MAKING PROCESS IF HE/SHE HAS A
CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONDUCTED A REVIEW OF THE
EXECUTIVE DIRECTOR'S SALARY.
FORM 990, PART VI, SECTION C, LINE 19:
ALL DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

**Depreciation and Amortization** (Including Information on Listed Property)

990

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to your tax return. ► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

WYC	MING OUTDOOR COUNC				м 990 ра			83-0259411
Par	t   Election To Expense Certain Prop	erty Under Section 1	79 Note: If you h	ave any lis	sted property, o	omplete Part	V before y	
<b>1</b> N	Maximum amount (see instructions)						1	1,040,000.
<b>2</b> T	otal cost of section 179 property pla	ced in service (see	instructions)					
<b>3</b> T	hreshold cost of section 179 propert	y before reduction	in limitation					2,590,000.
4 F	leduction in limitation. Subtract line 3	from line 2. If zero	or less, enter -0	)-				
<b>5</b> D	ollar limitation for tax year. Subtract line 4 from lir	ne 1. If zero or less, enter	-0 If married filing s	eparately, see	instructions		5	
6	(a) Description of p	property	(k	o) Cost (busin	ess use only)	(c) Elected	cost	
	isted property. Enter the amount fror							
	otal elected cost of section 179 prop				A .			
	entative deduction. Enter the <b>smalle</b>							
	Carryover of disallowed deduction from							
	dusiness income limitation. Enter the							
	ection 179 expense deduction. Add						12	
	carryover of disallowed deduction to			$\overline{}$	▶  13			
Par	Don't use Part II or Part III below fo							
	Operation 2 operation and the		-	$\overline{}$				
	pecial depreciation allowance for quality				7	-		
	ne tax year							
	Property subject to section 168(f)(1) e		19,372.					
	t III MACRS Depreciation (Don'	t include listed pro	norty Soo instru				16	10,012.
ı uı	WACKS Depreciation (Doil	t include listed pro	Section Sectio					
47 N	MACRS deductions for assets placed	in convice in toy ye					17	
	you are electing to group any assets placed in se						"" <b>  ''                                </b>	
10 "	Section B - Asset						∟ ation Syste	<u> </u>
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for dep (business/invest only - see instr	reciation ment use	(d) Recovery period	(e) Convention		(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
	Desidential mental area est.	/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
<u> </u>	Name and a state of the state o	/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets	Placed in Service	During 2020 Ta	ax Year Us	sing the Altern	ative Depred	iation Sys	tem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)							
<b>21</b> L	isted property. Enter amount from lin	ne 28					21	
22 T	otal. Add amounts from line 12, lines	s 14 through 17, lin	es 19 and 20 in	column (g	), and line 21.			
Е	nter here and on the appropriate line	s of your return. Pa	artnerships and	S corporat	tions - see instr		22	19,372.

23

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

016252 12-18-20

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

Section A Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)  24a (b) (c) (a) (b) (c) (d) (b) (c) (d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		· · · · · · · · · · · · · · · · · · ·	<u> </u>	c) of Section A,								mita for	2000000	nor outor	nobilos I		
(g) (b) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d							ution	_	_	_			`				
(list vehicles first)   Service   user porcaritage   other basis   occording the tax year and   used more than 500% in a qualified business use:   25	248		(b) (c)		(d) (e)						(f)	(				(	(i)
used more than 50% in a qualified business use:  26 Property used more than 50% in a qualified business use:  27 Property used 50% or less in a qualified business use:  28 Poperty used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used 50% or less in a qualified business use:  29 Property used amounts in column (b), line 26 Enter here and on line 7, page 1  29 Property used amounts in column (b), line 26 Enter here and on line 7, page 1  29 Property used amounts in column (b), line 26 Enter here and on line 7, page 1  29 Property used amounts in column (b), line 26 Enter here and on line 7, page 1  29 Property used amounts in column (b), line 26 Enter here and on line 7, page 1  29 Property used amounts in column (b), line 26 Enter here and on line 7, page 1  29 Property used amounts in column (b), line 26 Enter here and on line 7, page 1  29 Property used this section for vehicles used by an provided vehicles to your empty yees for include commuting miles of vehicles used by empty line in the vehicle vehicles of those vehicles.  20 Total other personal line driven during the year.  30 Total other personal line for personal use of vehicles of the vehicle used by empty line for vehicles and line for vehicles used by empty line for vehicles and line for vehicles used by empty line for the line fo		Type of property (list vehicles first)	placed in	investment	t CUSLUI		(business/investment								sectio	n 179	
27 Property used more than 50% in a qualified business use:	25	Special depreciation alle	owance for q	ualified listed p	roperty	placed	in se	rvice	durin	g the t	ax year ar	nd					
27 Property used 50% or less in a qualified business use:		used more than 50% in	a qualified b	usiness use									. 25				
36   96   96   97   97   97   97   97   9	26	Property used more that	n 50% in a c	ualified busine	ss use:							_		_			
27 Property used 50% or less in a qualified business use:			1 1	%													
Property used 50% or less in a qualified business use:			: :	%													
38   36   37.1   38.1   36   37.1   38.1			1 1	%													
96	27	Property used 50% or le	ess in a quali	ified business u	ise:									_			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			1 1	%								S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			1 1	%								S/L -					
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1  Section B - Information on Use of Vehicles  Section B - Information on Use of Vehicles  Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (don't include commuting miles)  31 Total commuting miles driven during the year (32 Total other personal (noncommuting) miles driven during the year (don't include commuting miles driven during the year (Add lines 30 through 32 Total other personal (noncommuting) miles driven during the year.  34 Was the vehicle available for personal use during the year.  35 Total miles driven during the year.  36 Is another vehicle available for personal use during off-city hours?  36 Is another vehicle available for personal use?  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  40 Do you provide more than five vehicles to yen propease as personal use?  41 Do you meet the requirements concerning qualified automobile demonstration use?  42 Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  43 Amortization of costs that began before your 2020 tax year.  44 Amortization of costs that began before your 2020 tax year.			1 1	%								S/L -					
Section 6 - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.    Value	28	Add amounts in column	(h), lines 25	through 27. En	ter here	e and or	ı line	21, p	age 1				28				
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year (don't include commuting miles)  31 Total commuting miles driven during the year  22 Total other personal (noncommuting) miles driven					(a	a)		(b)			(c)	(	d)	(0	e)	(f	)
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32 Total other personal (noncommuting) miles driven.  33 Total miles driven during the year.  Add lines 30 through 32.  34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle available for personal use than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  39 Do you treat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles, undertain the information received?  41 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and etain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI   Amortization   Qualified automobile demonstration use?    Qualified automobile demonstration use?   Qualified automobile demonstration use?   Qualified automobile demonstration use?   Qualified automobile demonstration use?   Qualified automobile demonstration use?   Qualified automobile demonstration use?   Qualified automobile demonstration use?   Qualified automobile demonstration use?   Qualified automobile demonstration use?   Qualified automobile demonstration use?   Qualified automobile demonstration use?   Qualified automobile demonstration use?   Qualified automobile demonstration use?   Qualified automobile demonstration use?   Qualified automobile demonstration us	31	Total commuting miles															
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35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.  Part VI Amortization  (a)  Description of costs  (b)  Date amortizable amount amount begins  Amortizable amount begins  Amount is a Amortization for this year  42 Amortization of costs that begins during your 2020 tax year:  43 Amortization of costs that began before your 2020 tax year	34		•		res	NO	Te	5	NO	res	NO	res	NO	res	NO	res	NO
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