Form	9	9(]
	-		
Form			•

Department of the Treasury

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instruc	ctions and t	he latest ii	nformation.	Inspection		
AF	or th	e 2023 calend	lar year, or tax year beginning	and e	ending	-			
B C a	heck if pplicab	le: C Name o	forganization			D Employer identific	ation number		
X	Addre	ess WYOM	ING OUTDOOR COUNCIL						
	Name		usiness as	**_*****	* *				
	Initial return	<u>~</u>	and street (or P.O. box if mail is not delivered to street addres	ess) F	Room/suite	E Telephone number			
	Final		S. 2ND STREET		307-332-7031				
	termir ated	City or t	own, state or province, country, and ZIP or foreign post	tal code		G Gross receipts \$	2,369,043.		
	Amen return		PER, WY 82520			H(a) Is this a group ret			
	Applie tion pendi		nd address of principal officer: CARL FISHER			for subordinates?			
	-	SAME	AS C ABOVE			H(b) Are all subordinates inc			
		empt status:	\underline{X} 501(c)(3) $_$ 501(c) () (insert no.) $_$ WYOMINGOUTDOORCOUNCIL•ORG	_ 4947(a)(1) o	or 527	1	ist. See instructions		
-	Vebsi		X Corporation Trust Association Oth	or		H(c) Group exemption	state of legal domicile: WY		
	orm o	Summary			L Year		State of legal domicile: W I		
			be the organization's mission or most significant activitie		VYOMTN	G OUTTOOR CO	DUNCTL'S		
JCe	'	MISSION	IS TO PROTECT WYOMING'S ENV	VIRONME	ENT AN	D OUALITY OF	F LIFE NOW		
Governance	2	Check this bo							
ove	3		ting members of the governing body (Part VI, line 1a)			1 1	12		
Ğ	4		lependent voting members of the governing body (Part				12		
ss 8	5		of individuals employed in calendar year 2023 (Part V, li				19		
Activities &	6		6	0					
Acti	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12				0.		
_			business taxable income from Form 990-T, Part I, line 1				0.		
						Prior Year	Current Year		
e	8	Contributions	and grants (Part VIII, line 1h)			2,407,075.	2,177,742.		
ent	9	•	ce revenue (Part VIII, line 2g)			0.	0.		
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)			107,989.	190,945.		
_	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,519.	356.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A			2,516,583.	2,369,043. 5,700.		
	13					10,609.	5,700.		
	14					987,976.	1,060,160.		
Expenses	15		r compensation, employee benefits (Part IX, column (A),			907,970.	1,000,100.		
)en		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 306, 426.				0.	0.		
Ă			ing expenses (Part IX, column (D), line 25)		338,920.	386,021.			
	17 18		es (Part IX, column (A), lines 11a-11d, 11f-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 2			1,337,505.	1,451,881.		
	19	-	expenses. Subtract line 18 from line 12			1,179,078.	917,162.		
or	19	1 GAGUNG 1622			Be	ginning of Current Year	End of Year		
Net Assets (Fund Balanc	20	Total assets (Part X, line 16)			7,893,114.	10,123,626.		
Ass 1 Ba	21		; (Part X, line 26)		·····	45,173.	417,712.		
-Unc			fund balances. Subtract line 21 from line 20			7,847,941.	9,705,914.		
Pa	irt II	Signatur							

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

Sign	Signature of officer			Date							
Here CARL FISHER, EXECUTIVE DIRECTOR											
Type or print name and title											
Print/Type preparer's name Preparer's signature Date Check PTIN											
Paid	SARAH L SWEENEY, CPA			oon omprojou	₽00363170						
Preparer	Firm's name SUMMIT WEST CPA G	ROUP, P.C.		Firm's EIN **-	* * * * * * *						
Use Only	Firm's address 945 LINCOLN ST										
LANDER, WY 82520 Phone no. 307-332-4											
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No						
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12-21-23			Form 990 (2023)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2023) WYOMING OUTDOOR COUNCIL	**_*****	Page 2
	rt III Statement of Program Service Accomplishments		1 ugo
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	THE WYOMING OUTDOOR COUNCIL'S MISSION IS TO PROTECT WYOM		
	ENVIRONMENT AND QUALITY OF LIFE NOW AND FOR FUTURE GENER	ATIONS.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	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?	Yes	XNo
	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 869,578 • including grants of \$ 5,700 •) (Revenu	e \$)
	THE WYOMING OUTDOOR COUNCIL WORKS TO ENSURE THAT WYOMING		/
	WITH CLEAN AIR AND WATER, OPEN SPACE, THRIVING WILDLIFE,		110
	HEALTHY COMMUNITIES, INFORMED CITIZENS, AND A SUSTAINABI	JE ECONOMY A	ND
	QUALITY OF LIFE.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenu	e\$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue)
10			/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	960 579		

WYOMING OUTDOOR COUNCIL Form 990 (2023) 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		- 23
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			v
	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	44.		x
Ч	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11c		- 23
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		XX
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		- 22
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
~~	Schedule L, Part I	25b		
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	27		- 23
28	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a16			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	х	
	(gambling) winnings to prize winners?	1c	47	

Form	990 (2023) WYOMING OUTDOOR COUNCIL **-***	* * *	Pa	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
-	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a h				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
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			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	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?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

Form 990 (2023)

WYOMING OUTDOOR COUNCIL

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12										
	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 12										
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		X X							
4											
5											
6	Did the organization have members or stockholders?	6		Х							
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		Х							
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		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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								
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								
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on 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	X								
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								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v							
	taxable entity during the year?	16a		X							
b	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										
	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE		· ··								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	is only) availa	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d finai	ncial								
00	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 307-332-7031										
	$\frac{1112}{236} \text{ S. 2ND STREET LANDER WY 82520}$										

Part VII	Compensation of Office	rs, Directors,	Trustees, K	ey Employees,	Highest	Compensated
	Employees, and Indepe	ndent Contra	ctors			

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 the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	Ľ	(C)			(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one) than	one	Reportable	Reportable	Estimated
	hours per	box	Positic lo not check mo ox, unless perso		more than one erson is both an lirector/trustee)			compensation	compensation	amount of
	week		cer ar	nd a d I	irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-1120)	and related
	below	d ual t	Institutional trustee		Key employee	st cor	5	1000 1120)		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			0
(1) LISA MCGEE	40.00									
FORMER EXECUTIVE DIRECTOR		1					x	117,956.	0.	0.
(2) CAROL BILBROUGH	1.00									
VICE PRESIDENT		x		х				0.	0.	Ο.
(3) TOM CHRISTIANSEN	1.00									
SECRETARY		x		Х				0.	0.	0.
(4) LARAMIE CUMMINGS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) PAUL HOWARD	1.00									
PRESIDENT		X		X				0.	0.	0.
(6) CHRIS PFISTER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) ORVILLE ST. CLAIRE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SEAN STAUTH	1.00									
TREASURER		Х		Х				0.	0.	0.
(9) CAROLINE BYRD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) SABRINA KING	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DARREN CALHOUN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SHANNON ROCHELLE	1.00									
BOARD MEMBER		X						0.	0.	0.
(13) CARL FISHER	40.00									
EXECUTIVE DIRECTOR		X		х				0.	0.	0.
		<u> </u>								
		-								

	n 990 (2023)	WYOMING	OUTDOOR	C	JUL	IC]	ГL				**_**	* * *	* * *	P	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	1	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatior from related	ו	an	(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa rom the anizat d relat anizati	e tion ted	
16	Subtotal									117,956.		0.			0.
с	Total from o	continuation sheets to Part V ines 1b and 1c)	II, Section A							0.		0.			
2	Total numbe	er of individuals (including but r),000 of reportable	I Э			1
3	0	nization list any former officer, /es," complete Schedule J for s	,	,	,	•	,	,		phest compensated emp	,		3	Yes X	No
4		vidual listed on line 1a, is the si organizations greater than \$15									the organization		4		x
5	rendered to	son listed on line 1a receive or the organization? <i>If "Yes," con</i>	-				-			-			5		x
Sec 1	•	endent Contractors is table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pensa	ation 1	from	
	the organiza	tion. Report compensation for (A) Name and business					vith	or w	ithir	n the organization's tax (B) Description of s		C	((ompe	C) nsatio	'n
	Name and business address NONE Description of services Corr														
2		er of independent contractors (compensation from the organ	•	ot lii	mite	d to		se li: 0	stec	d above) who received n	nore than				

Forn	1990	WYOMING OUTDOOR COUNC	IL	**_*	****** Page 9
	rt VI				
		Check if Schedule O contains a response or note to any li	ne in this Part VIII		
			(A) Total revenue Rela	(B) (C) ated or exempt Unrelat ction revenue business re	ted Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e			
Contributiand and Other	ę	 f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 	2,177,742.		
Program Service Revenue		a Business Code b c Code Code Code Code Code Code Code Code			
Prograr Rev	e f	d e f All other program service revenue g Total. Add lines 2a-2f			
	3 4 5	Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	190,945. 1	190,945.	
	ł	a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 6c			
evenue	ł	 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses			
Other Reve		c Gain or (loss) 7c d Net gain or (loss)			
U	ł	including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b			
	9 a	c Net income or (loss) from fundraising events a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b			
	0 10 a	c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances 10a			
sno		b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code a MISCELLANEOUS SALES 900099	356.	356.	
Miscellaneous Revenue	ł	a initial cost prime b			
<u> </u>		e Total. Add lines 11a-11d	356. 2,369,043. 1	191,301.	0. 0.

WYOMING OUTDOOR COUNCIL

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 response or note to any line in this Part IX							
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		елрензез	general expenses	expenses		
•	and domestic governments. See Part IV, line 21	1,200.	1,200.				
2	Grants and other assistance to domestic						
2		4,500.	4,500.				
•	individuals. See Part IV, line 22	4,500.	4,5000				
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,	117 056	20 400	20 400			
	trustees, and key employees	117,956.	29,489.	29,489.	58,978.		
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	746,562.	477,403.	142,290.	126,869.		
8	Pension plan accruals and contributions (include				-		
	section 401(k) and 403(b) employer contributions)	29,986.	16,930.	5,542.	7,514. 21,580.		
9	Other employee benefits	100,536.	59,351.	19,605.			
10	Payroll taxes	65,120.	38,087.	12,674.	14,359.		
11	Fees for services (nonemployees):						
а	Management						
	Legal	2,000.	2,000.				
	Accounting	47,658.		47,658.			
	Lobbying						
	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g							
•	column (A), amount, list line 11g expenses on Sch 0.)	109,810.	72,326.	8,936.	28,548.		
12	Advertising and promotion	7,118.	6,191.	378.	549.		
13	Office expenses	19,796.	5,711.	12,956.	1,129.		
14	Information technology	47,001.	27,685.	16,283.	3,033.		
15	Royalties	•		,			
16	Occupancy	12,569.	3,954.	7,297.	1,318.		
17	Travel	53,251.	44,119.	1,504.	7,628.		
18	Payments of travel or entertainment expenses	,	/		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
10	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	27,548.	24,856.	1,061.	1,631.		
20		_ , , , , , , , , , , , , , , , , , , ,	,		_,		
20 21	Payments to affiliates						
21	Depreciation, depletion, and amortization	19,010.	11,406.	3,802.	3,802.		
22 23	Incurrence	17,118.	±±, ±00•	17,118.	5,0021		
23 24	Other expenses. Itemize expenses not covered	-,,0.					
24	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.) PRINTING & POSTAGE	66,549.	37,078.	1,295.	28,176.		
a L		41,013.	260.	40,749.	<u> </u>		
b	MEMBERSHIPS, DUES & PUB	5,886.	4,493.	918.	475.		
C	REPAIRS AND MAINTENANCE	4,205.	2,539.	833.	833.		
d		-94,511.	4,009.	-94,511.	033.		
	All other expenses		869,578.	275,877.	306 126		
25	Total functional expenses. Add lines 1 through 24e	1,451,881.	.00,0,0,0.	4/5,0//•	306,426.		
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)				Form 990 (2022)		

NG OUTDOOR COUNCIL

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	720,571.	1	1,707,423.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	344,203.	3	145,624.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
◄	9	Prepaid expenses and deferred charges	28,545.	9	27,065.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,811,173.			
	b	basis. Complete Part VI of Schedule D10a2,811,173.Less: accumulated depreciation10b171,998.	682,483. 6,117,312.	10c	2,639,175. 5,604,339.
	11	Investments - publicly traded securities	6,117,312.	11	5,604,339.
	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	10 100 000
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,893,114.		10,123,626.
	17	Accounts payable and accrued expenses	45,173.	17	417,712.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
bilid		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 25	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of O ob a shale D		25	
	26	Total liabilities. Add lines 17 through 25	45,173.	26	417,712.
	20	Organizations that follow FASB ASC 958, check here		20	
sec		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	6,696,700.	27	8,484,510.
Bal	28	Net assets with donor restrictions	1,151,241.	28	1,221,404.
pu		Organizations that do not follow FASB ASC 958, check here			<u> </u>
ЪЧ		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	7,847,941.	32	9,705,914.
_	33	Total liabilities and net assets/fund balances	7,893,114.	33	10,123,626.

Form **990** (2023)

Form 990 (2023)	WYOMI
Part X	Ba	ance Sheet	

Form	990 (2023) WYOMING OUTDOOR COUNCIL	**_***	* * * *	Pag	ge 12
Par	t 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	2,369		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,451	1,8	81.
3	Revenue less expenses. Subtract line 2 from line 1	3			62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,84		
5	Net unrealized gains (losses) on investments	5	93!	5,8	11.
	Donated services and use of facilities	6			
	Investment expenses	7			
	Prior period adjustments	8	ļ	5,0	00.
	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	9,70	5,9	14.
	t 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 🛛 🛣 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2023)

١

Department of the Treasury

Internal Revenue Service

(Form 990)

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			
	2023			
	Open to Public Inspection			
Employer identification number				

Name of the organization

	WYOM	ING OUTDOO	R COUNCIL				*	*_****	
Part I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The orga 1 2 3 4	 anization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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, other and state. 								
5 6 7 X 8 9	 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). 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.) 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 norma activities related to its exer income and unrelated busi See section 509(a)(2). (Co	npt functions, subjec ness taxable income mplete Part III.)	et to certain exceptions; (less section 511 tax) fr	and (2) no om busine	more than sses acqu	n 33 1/3% of i iired by the or	ts support	from gross investment	
11 12 b c d	 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 on 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 								
	Check this box if the orga functionally integrated, o ter the number of supported	r Type III non-functio organizations	nally integrated support			а Туре I, Туре	II, Type III		
g Pro	ovide the following information (i) Name of supported organization	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)	
Total									

Schedule A (Form 990) 2023

WYOMING OUTDOOR COUNCIL

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	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	1549637.	1485789.	1337812.	2482247.	2177742.	9033227.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1549637.	1485789.	1337812.	2482247.	2177742.	9033227.		
5	The portion of total contributions								
_	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						1358063.		
6	Public support. Subtract line 5 from line 4.						7675164.		
	ction B. Total Support						/0/01010		
-	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(a) 2023	(f) Total		
	Amounts from line 4	1549637.	1485789.	1337812.	2482247.	(e) 2023 2177742.	(f) Total 9033227.		
8	Gross income from interest,	101007.	11057051	13370121	210221/1	21///120	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
0									
	dividends, payments received on								
	securities loans, rents, royalties,	764,451.	880,365.	80,306.	89,065.	190,945.	2005132.		
~	and income from similar sources	704,451.	000,303.	00,500.	09,003.	190,943.	2003132.		
9	Net income from unrelated business								
	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.)						11038359.		
	Total support. Add lines 7 through 10						11030333.		
12	1	· ·	,			12			
13	First 5 years. If the Form 990 is for th	-							
<u> </u>	organization, check this box and stor	here	rooptogo				L		
-	ction C. Computation of Publ		-				69.53 %		
	Public support percentage for 2023 (14	65 04		
	Public support percentage from 2022					15	,-		
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or n	nore, check this bo	x and		
	stop here. The organization qualifies		0						
b	33 1/3% support test - 2022. If the c								
	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 te	-		• • • •					
b	10% -facts-and-circumstances tes	0				-	10% or		
	more, and if the organization meets the						[]		
	organization meets the facts-and-circ								
18	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								

Schedule A (Form 990) 2023

WYOMING OUTDOOR COUNCIL

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.)

Se	ction A. Public Support		, , ,				
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						·
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
	Amounts from line 6	(,	(),	(0, _0_)	(,	(0/202	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	, , , , , , , , , , , , , , , , , , ,						
	· · · · · · · · · · · · · · · · · · ·						
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			l			
14	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) org	janization,
<u> </u>	check this box and stop here						<u></u>
-	ction C. Computation of Publ					45	
	Public support percentage for 2023 (15	%
<u>16</u>	Public support percentage from 2022 ction D. Computation of Inve	· · · · ·				16	%
	•						
17	1 0					17	%
18	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2023. If the	-					
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2022. If the	•					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	a box on line 14, 19	a, or 19b, check th	nis box and see in	structions	<u></u>

WYOMING OUTDOOR COUNCIL

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

Schedule A	(Form 990) 2023	WYOMING	OUTDOOR	COUNCIL
Part IV	Supporting Org	ganizations _{(contin}	ued)	

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section (C. Type I	I Supporting (Organizations
-----------	-----------	----------------	---------------

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	1	

Section D. All	Type III	Supporting	Organizations
----------------	----------	------------	---------------

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- а The organization satisfied the Activities Test. Complete line 2 below.
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes

332026 12-21-23

Fail	v	
1		Check here if the organization sati

sfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete 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		
e	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		
<u> </u>				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 WYOMING OUTDOOK COUNCEL Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

332027 12-21-23

Schedule A (Fo	orm 990) 2023
----------------	---------	--------

Schedule A (Form 990) 2023 WYOMING OUTDOOR COUNCIL Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (a)

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt 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 purpos	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 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-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	WYOMING	OUTDOOR	COUNCIL	** _ ****** Page 8
	Supplemental Infor	mation. Provid 2, 3b, 3c, 4b, 4c	e the explanatio , 5a, 6, 9a, 9b, 9	ns required by Part II, line 0c, 11a, 11b, and 11c; Pa	10; Part II, line 17a or 17b; Part III, line 12; t IV, Section B, lines 1 and 2; Part IV, Section C, b; Part V, line 1; Part V, Section B, line 1e; Part V,
	line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	lines 2 and 3; Par 8; and Part V, Se	t IV, Section E, I ction E, lines 2, s	ines 1c, 2a, 2b, 3a, and 3 5, and 6. Also complete th	b; Part V, line 1; Part V, Section B, line 1e; Part V, is part for any additional information.

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.



2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization

WYOMING OUTDOOR COUNCIL

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

	527	political	organization
--	-----	-----------	--------------

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule

Form 990-PF

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

323452 12-26-23

Schedule B	(Form	990)	(2023)
------------	-------	------	--------

WYOMING OUTDOOR COUNCIL

Name of organization

Employer identification number

_***

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,076,734. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 140,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 3 X Person Payroll 79,270. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Х 4 Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 60,000. Noncash \$ (Complete Part II for noncash contributions.)

Page 2

Name of organization

_***

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

_***

WYOMING OUTDOOR COUNCIL

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of or	rganization			Employer identification number
WYOMII	NG OUTDOOR COUNCIL			**_****
	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	a) through (e) and the following line er , charitable, etc., contributions of \$1,000 or	try For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
	Transferee's name, address,	(e) Transfer of g		of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
-		(e) Transfer of g	ft	
-	Transferee's name, address,	and ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
-		(e) Transfer of g	ft	
-	Transferee's name, address,	and ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
ŀ		(e) Transfer of g	[ft	
ŀ	Transferee's name, address,	and ZIP + 4	Relationship	of transferor to transferee

Schedule B (Form 990) (2023)

If the organization answered "Yes" on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Campaign /	Activities), then:	
 Section 501(c)(3) organizations: Con 	nplete Parts I-A and B. Do not corr	nplete Part I-C.			
 Section 501(c) (other than section 50 	01(c)(3)) organizations: Complete I	Parts I-A and C below.	Do not complete Part I-B.		
 Section 527 organizations: Complete 	e Part I-A only.				
If the organization answered "Yes" on	Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lin	e 47 (Lobbying Activities), then:	
 Section 501(c)(3) organizations that 					
 Section 501(c)(3) organizations that 	·		•	•	I-A.
If the organization answered "Yes" on	•	·		•	
Tax) (see separate instructions), then:			,	, ,	. ,
 Section 501(c)(4), (5), or (6) organiza 	tions: Complete Part III.				
Name of organization	-		Empl	oyer identification	number
WYOMING	OUTDOOR COUNCIL			**_****	* *
	ganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.	
				-	
1 Provide a description of the organiz	zation's direct and indirect politica	l campaign activities ir	n Part IV.		
2 Political campaign activity expendit					
3 Volunteer hours for political campai					
Part I-B Complete if the org	panization is exempt unde	r section 501(c)(3).		
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955	\$		
2 Enter the amount of any excise tax					
3 If the organization incurred a section					No
 4a Was a correction made? b If "Yes," describe in Part IV. 					
	ganization is exempt unde	er section 501(c)	except section 501((c)(3)	
1 Enter the amount directly expended					
2 Enter the amount of the filing organ		-			
exempt function activities			Φ		
3 Total exempt function expenditures			•		
line 17b					
4 Did the filing organization file Form					└── No
5 Enter the names, addresses, and e					
made payments. For each organiza					
contributions received that were provided that were provided that were provided to the second state of the				ite segregated func	l or a
political action committee (PAC). If	additional space is needed, provid	te information in Part I	V.	1	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of p	
			filing organization's	contributions rece	
			funds. If none, enter -0	promptly and o delivered to a se	
				political organi	zation.
				If none, ente	r -0

Political Campaign and Lobbying Activities

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.

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

. Inspection

20

23

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990)

Schedule C (Form 990) 2023		orm 9	90) 2023 WYOMING OUTDOOR COUNCIL	**_*	* * * * * *	Page 2
Ρ	Part II-A		nplete if the organization is exempt under section 501(c)(3) and fil tion 501(h)).	ed Form 5768 (el	ection un	der
A B	Check Check		if the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures). if the filing organization checked box A and "limited control" provisions apply.	group member's nam	e, address, E	EIN,
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated total	• •

			totais	
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a le	14,673.		
с	Total lobbying expenditures (add lines 1a an	14,673.		
			952,783.	
е	Total exempt purpose expenditures (add line	es 1c and 1d)	967,456.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	170,118.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% c	f line 1f)	42,530.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
i	If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720		

reporting section 4911 tax for this year?

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total	
2a Lobbying nontaxable amount	195,328.	201,285.	160,202.	170,118.	726,933.	
b Lobbying ceiling amount (150% of line 2a, column(e))					1,090,400.	
c Total lobbying expenditures	7,855.	8,897.	8,349.	14,673.	39,774.	
d Grassroots nontaxable amount	48,832.	50,321.	40,051.	42,530.	181,734.	
e Grassroots ceiling amount (150% of line 2d, column (e))					272,601.	
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

🗌 No

___ Yes

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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(k)
of the	obbying activity.	Yes	No	Amo	ount
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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
-	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3. is
	answered "Yes."				,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D

(Form	990)
-------	------

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.

OMB No. 1545-0047 3 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

WYOMING OUTDOOR COUNCIL

Employer identification number **_*****

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		nds or Accounts.Complete if the
		(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 a	dvised funds
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
0	for charitable purposes and not for the benefit of the donor of		-
		, , , , , , , ,	ľ m m
Pa		nanization answered "Yes" on Form 9	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (for example, recrea		n of a historically important land area
	Protection of natural habitat		n of a certified historic structure
	Preservation of open space		nor a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualit	ind conservation contribution in the f	orm of a consonvation assement on the last
2	day of the tax year.	led conservation contribution in the fo	Held at the End of the Tax Year
2	Total number of conservation easements		
a b			
0	Number of conservation easements on a certified historic str	ucture included on line 23	
4	Number of conservation easements included on line 2c acqu		
u	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
U	year	cased, extinguished, or terminated b	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
-			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing cons	ervation easements during the vear
		5	5,
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial sta	tements that describes the
	organization's accounting for conservation easements.	-	
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stateme	ent and balance sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research	in furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these	items.
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue statement a	and balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023

Sche		OUTDOOR CO				**_**		Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	ner Simil	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	significant	use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further t	he organization's ex	empt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit of	receive donations of	of art, historical trea	sures, or other simil	ar assets		-		_
	to be sold to raise funds rather than to be ma		0			L	Yes		No
Par	t IV Escrow and Custodial Arran		e if the organization	n answered "Yes" o	n Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	-	•			۱	7		7
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:				A		
							Amoun	t	
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
T	Ending balance				<u>1f</u>		Yes		
	Did the organization include an amount on Fo If "Yes," explain the arrangement in Part XIII.				• • • • • • •	L	l tes		J No ∣
Par						<u></u>			
		(a) Current year		(c) Two years back		/ears back	(e) Four	vears	back
19	Beginning of year balance	6,117,313.	5,508,778.			,		,274,	
	Contributions	-,,				,	_	,,	
	Net investment earnings, gains, and losses	398,637.	608,535.	915,774	. 8	390,633.		781.	237.
	Grants or scholarships	, -		,		, -		,	
	Other expenditures for facilities								
•	and programs	1,600,000.				14,337.	. 301,998		998.
f	Administrative expenses	39,311.		37,291		,		,	
	End of year balance	4,876,639.	6,117,313.			530,295.	3	,753,	999.
2	Provide the estimated percentage of the curr		e (line 1a. column (a					<u>, ,</u>	
а	Board designated or quasi-endowment	75.0000	%						
	Permanent endowment 18.0000	%	7						
с	Term endowment 7.0000 g	6							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	the				
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		Х
	(ii) Related organizations?						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11a. S	See Form 990, Part 2	X, line 10.				
	Description of property	(a) Cost or of		. ,	Accumulate		(d) Boo	k value	э
		basis (investr	,	. ,	epreciation				~ ~
	Land			4,131.				$\frac{4,1}{2}$	
	Buildings		2,31	5,631.	77,2	47.	2,23	8,3	84.
	Leasehold improvements			4 0 7 2				<u> </u>	<u></u>
	Equipment			4,073.	39,3			$\frac{4}{1}, \frac{7}{2}$	
	Other			7,338.	55,4	09.		1,9	
Tota	Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, line 10c, column	n (B))			2,63		

Schedule D (Form 990) 2023

Part VII Investments - Other Securities Complete if the organization answered "Yes" of	n Form 990 Part IV line	11b See Form 000 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear 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, line 12, col. (B))			
Part VIII Investments - Program Related.		·	
Complete if the organization answered "Yes" of	n Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	n Form 990. Part IV line	11e or 11f. See Form 990 Part X line 25	
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			.,
(2)			
(3)			
(3) (4)			
(5)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		
10101, 100001111 10/ 11031 Equal 1 0111 330, Fait A, 1118 23, COL			

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...

Sche	dule D (Form 990) 2023 WYOMING OUTDOOR COUNCIL			**_	****** Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per F	Returr	<u>י</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	3,304,854.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	935,811.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	935,811.
3	Subtract line 2e from line 1			3	2,369,043.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,369,043.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per	Retu	Irn
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				1 151 001
1	Total expenses and losses per audited financial statements			1	1,451,881.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	A 1			
а	Donated services and use of facilities			-	
b	Prior year adjustments			-	
С	Other losses			-	
d	Other (Describe in Part XIII.)				0
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,451,881.
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			-	
b	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	1,451,881.
Pa	rt XIII Supplemental Information				

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

SCHEDULE I (Form 990)		OMB No. 1545-0047 2023 Open to Public							
Internal Revenue Service			Go to www.irs	Attach to Forn .gov/Form990 for		ation.		Inspe	
Name of the organizati	on WYOMING O	Employer identification number							
Part I General In	nformation on Grants a		UNCIL						
	zation maintain records t		amount of the grants	or assistance, the	arantees' eligibilit	v for the grants or ass	istance, and the selec	tion	
-	ward the grants or assis		-					22	No
2 Describe in Part	IV the organization's pro								
	d Other Assistance to					anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and ad	Image: recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, roncash assistance (g) Description of noncash assistance 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance				(h) Purpose of grant or assistance				
					8				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

WYOMING OUTDOOR COUNCIL

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

sc	HEDULE J	Compensation Information	01	OMB No. 1545-0047				
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest				2023		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		2020				
	rtment of the Treasury	Attach to Form 990.	0	Open to Public				
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	F rom Low on Salar at	Inspection				
Nan	ne of the organizatior	WYOMING OUTDOOR COUNCIL	**_**	ntification number				
Do	rt I Question	s Regarding Compensation						
10		s negaraling compensation			Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	1 990		165	NO		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments Health or social club dues or initiation fees							
	Discretionary s	spending account Personal services (such as maid, chauffer						
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3		ny, of the following the organization used to establish the compensation of the organization'						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		ompensation consultant						
	Form 990 of of	ther organizations	ommittee					
4	During the year, did any person listed on Form 000. Part VII. Section A line to with respect to the filing							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
~	organization or a related organization:			4a		х		
a b						X		
				4b 4c		X		
U	c Participate in or receive payment from an equity-based compensation arrangement?							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the revenues of:							
а	The organization?	organization?				X X		
		d organization?						
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the n	5						
		anization?		6a		X		
		ed organization?		6b		Х		
		r 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				37		
		ies 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				37		
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		d the organization also follow the rebuttable presumption procedure described in						
_		53.4958-6(c)?		9				
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Schedule .	J (Forn	n 990)	2023		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LISA MCGEE	(i)	117,956.	0.	0.	0.	0.	117,956.	0.
FORMER EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number **_****

WYOMING OUTDOOR COUNCIL

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

AND FOR 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.