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)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

ΑF	or the	2018 calendar year, or tax year beginning DE	±C I, ⊿UI8 and	ending N	OV 30, 2019	1
B c	heck if pplicable	C Name of organization			D Employer identif	ication number
	Addres		NDATION			
	Name change	-			83-0	264363
	Initial return Final	Number and street (or P.O. box if mail is not delive to the province of the pr	vered to street address)	Room/suite		
	/return -termin	PO BOX 666				·578-8613
	ated ∏Amend	City or town, state or province, country, and 2 CODY, WY 82414	ZIP or foreign postal code		G Gross receipts \$	773,014.
	⊒return ∃Applica	CODI, WI 02414	п ртормасц		H(a) Is this a group r	
	⊥tiòn pendin	9 55 CROWN DRIVE, SHERIDAN	N, WY 82801		for subordinate H(b) Are all subordinates	—
	· 0.v. 0.v.o		◀ (insert no.) 4947(a)(1)	or 527	1	
		e: NWW.WYOMINGWILDSHEEP.OF		01 321	H(c) Group exemption	a list. (see instructions)
			sociation Other	I Voor		M State of legal domicile: WY
		Summary	outer Duter	L TEAL	or iornialion. ±505	VI State of legal domicile. W 1
		Briefly describe the organization's mission or most:	significant activities: TO P	КОМОТЕ	AND ENHANC	'E
эсе	' '	INCREASING POPULATIONS OF	INDIGENOUS WIL	D SHEE	P IN NORTH	AMERICA AND
naı	-	Check this box if the organization discon				
ve		Number of voting members of the governing body (3	12
Activities & Governance		Number of independent voting members of the gov			·····	12
S &		Total number of individuals employed in calendar ye				0
/itie		Total number of volunteers (estimate if necessary)				0
cti		Total unrelated business revenue from Part VIII, col				0.
٩		Net unrelated business taxable income from Form 9				0.
					Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)			184,107.	
					0.	_
eve	10	nvestment income (Part VIII, column (A), lines 3, 4,			19,018.	
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		122,158.	
	12	Total revenue - add lines 8 through 11 (must equal F	Part VIII, column (A), line 12)		325,283.	
	13 (Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		4,035.	
		Benefits paid to or for members (Part IX, column (A)			0.	
es		Salaries, other compensation, employee benefits (P			0.	1
Expenses	16a l	Professional fundraising fees (Part IX, column (A), lir	ne 11e)		0.	0.
ž		Total fundraising expenses (Part IX, column (D), line		0.	275 222	0.40
ш		Other expenses (Part IX, column (A), lines 11a-11d,			275,222.	
	18	Total expenses. Add lines 13-17 (must equal Part IX	K, column (A), line 25)		279,257.	
· s	19	Revenue less expenses. Subtract line 18 from line 1	12		46,026.	
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year
sse Bala		Total assets (Part X, line 16)			839,602.	975,612.
let A ind		Total liabilities (Part X, line 26)			839,602.	975,612.
_	rt II	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		039,002.	9/3,012.
		ties of perjury, I declare that I have examined this return, i	including accompanying echedule	e and etatem	ante and to the heet of m	y knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer				ly knowledge and belief, it is
uuo,	COLLECT	, and complete. Declaration of proparer (other than officer	1) is based on all information of w	non proparoi	inas arry knowledge.	
Sigr	.	Signature of officer			I Date	
Her	- 1	KURT EISENACH, PRESIDEN	VТ			
HEI	-	Type or print name and title	., _			
		,	Preparer's signature	T	Date Check	PTIN
Paid			i roparor o orginaturo		if self-emplo	ved
Prep		Firm's name			Firm's EIN	you
Use		Firm's address			Tim o Env	
-	_				Phone no.	
May	the IE	2S discuss this return with the preparer shown above	ve? (see instructions)			Ves No

Page 2

Form	n 990 (2018) WYOMING WILD SHEEP FOUNDATION	83-0264363	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	TO PROMOTE AND ENHANCE INCREASING POPULATIONS OF IN	DIGENOUS WILD SH	EEP
	ON THE NORTH AMERICAN CONTINENT, TO SAFEGUARD AGAIN	ST THE DECLINE C	R
	EXTINCTION OF SUCH SPECIES AND TO FUND PROGRAMS FOR		
	MANAGEMENT OF THESE POPULATIONS, KEEPING ALL ADMINI	STRATIVE COSTS T	O A
2	Did the organization undertake any significant program services during the year which were not listed or		
	prior Form 990 or 990-EZ?		X No
	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 s	ervices?	X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program ser	vices as measured by expense	s
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation		
	revenue, if any, for each program service reported.	o to others, the total expenses,	ana
4a	170 760) (Payanua \$,
Tu	GRANTS TO VARIOUS FEDERAL AND STATE GOVERNMENTS, IN	DTVTDUALS AS WE	<u>'T.T.</u>
	AS UNIVERSITIES FOR VEGETATION ENHANCEMENT, HABITAT		
	RELOCATION, VACCINATIONS TO PREVENT DISEASES AND VA		
		ATION OF GUZZLER	
	WATER SOURCES, HARVEST AND HORN STUDY, CAPTURE STUD		
	WATER SOURCES, HARVEST AND HORN STODI, CAPTORE STOD	IES AND GENETICS	'•
	70 544		
4b	· · · · · · · · · · · · · · · · · · ·) (Revenue \$)
	EDUCATIONAL INFORMATION MAILED TO THE MEMBERSHIP AN		
	AS WEBSITE SUPPORT. MEETINGS AND NETWORKING WITH F	-	
	OTHER ORGANIZATIONS WHO HAVE A DIRECT OR INDIRECT I		
	SHEEP. PUBLICAITON MATERIAL COSTS TO INFORM THE PU		
		ST ASSOCIATED WI	TH
	THE EXECUTIVE DIRECTOR.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)		
40	,	١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 249,306 •)	
46			

Form 990 (2018) WYOMING WILD 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)?		х	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
	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		Α.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		Α.
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			3,7
	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	40		X
	Schedule D, Parts XI and XII	12a		Λ
D	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	22	

Form 990 (2018) WYOMING WILD SHEEP Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			х
04 -	Schedule J	23		
24 a	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			х
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	274		
2 00	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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			7.7
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	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?	36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	 0,		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

WYOMING WILD SHEEP FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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		X
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 A	ccounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter 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	-			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ū			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
	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 the first seven access.		-		х
	to file Form 8282?		7с		Λ
	If "Yes," indicate the number of Forms 8282 filed during the year		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		7g		
g h	If the organization received a contribution of qualified intellectual property, and the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of the organization file organiz		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711		
Ū	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Didd		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	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	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l I			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c	44		v
		- 0	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule to the second of the sec		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		х
	excess parachute payment(s) during the year?		15		Λ
16	If "Yes," see instructions and file Form 4720, Schedule N.	t incomo?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	LINCOME?	16		Λ
	If "Yes," complete Form 4720, Schedule O.				

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

	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	2							
	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 in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	2							
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, or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		Х					
,	more members of the governing body?	7a	х						
b									
	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:	75							
а	The governing body?	8a	х						
b	Each committee with authority to act on behalf of the governing body?	8b		X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00							
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
000	tion D. 1 diloico (mis occión di requesis information about policies not required by the internal revenue code.)		Yes	No					
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	Ioa							
J	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120							
·	in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		Х					
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	17							
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	х						
	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100							
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure	100							
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3	S)s only) avail	able					
.5	for public inspection. Indicate how you made these available. Check all that apply.	., C 0/11y	, availe						
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finan	ıcial						
13	statements available to the public during the tax year.	iu iiilal	oiai						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
20	JONI MILLER - 307-332-9119								
	6722 HWY 28, LANDER, WY 82520								

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

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

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

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

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

(A)	(B)	Docition						(D)	(E)	(F)	
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated amount of other	
	hours per week	offi	, unie cer an	ss pei id a d	rson irecto	is bot or/trus	n an tee)	compensation from	compensation from related		
	(list any	ector						the	organizations	compensation	
	hours for related	Individual trustee or director	ee			sated		organization	(W-2/1099-MISC)	from the	
	organizations	rustee	Institutional trustee		/ee	Highest compensated employee		(W-2/1099-MISC)		organization and related	
	below	idualt	utiona	<u>ا</u>	Key employee	est co oyee	er			organizations	
	line)	Indiv	Instit	Officer	Key e	High empl	Former			-	
(1) PAT PACE	2.00										
DIRECTOR		Х						0.	0.	0	
(2) RYAN AMUNDSON	2.00								_	_	
DIRECTOR		Х						0.	0.	0	
(3) JAMES OWENS	2.00	ļ									
DIRECTOR		Х						0.	0.	0	
(4) MICK MICKELSEN	2.00	١,,							0	•	
DIRECTOR	2 00	Х						0.	0.	0	
(5) JAMES RINEHART	2.00	↓							0	•	
DIRECTOR (6) JOHN W HARRIS	2.00	Х						0.	0.	0	
	2.00	X						0.	0.	0	
DIRECTOR (7) STEVE KILPATRICK	30.00	^						0.	0.	0	
EXECUTIVE DIRECTOR	30.00	X						70,689.	0.	0	
(8) GREG POPE	2.00	1						70,005.	0.	0	
DIRECTOR	2.00	\mathbf{x}						0.	0.	0	
(9) JONI MILLER	10.00	 						0.0			
TREASURER		1		x				0.	0.	0	
(10) KURT EISENACH	10.00										
PRESIDENT				х				0.	0.	0	
(11) SCOTT BUTLER	4.00										
SECRETARY				Х				0.	0.	0	
(12) ZACHARY MCDERMOTT	4.00										
VICE PRESIDENT				Х				0.	0.	0	
		4									
						\vdash					
		4									
		-	_			\vdash					
		1	1								

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Par	T VII Section A. Officers, Directors, Trus	tees, Key Em	nployees, and Highest Compensated Employees (continue							es (continued)			
	T VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director op objection op	not c	Pos heck	ition more erson lirecto		one th an stee)	(D) Reportable compensation from the	es (continued) (E) Reportable compensatio from related organization (W-2/1099-MIS	on I s	Estin amou otl compe fron organ and r	nated unt of her ensation in the ization elated zations
			-										
С	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization	II, Section A			· · · · · · · · · · · · · · · · · · ·			<u> </u>	70,689. 0. 70,689. eceived more than \$100	0,000 of reportab	0. 0. 0.		0.
3 4 5 Sec 1	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some series of the seri	uch individual um of reportab 0,000? If "Yes, accrue comper uplete Schedul ompensated inc	ole co ," co nsati le J f	omp mple ion f for se	ensa ete S from uch	atior Sche any pers	n and edule y uni son	d ot e J r relat	her compensation from for such individual ted organization or individual that received more than	the organization idual for services \$100,000 of com		3 4 5	es No X X X
	(A) Name and business			INC					(B) Description of s		C	(C) ompensa	ation
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	mite	d to	tho (se li:	stec	d above) who received n	nore than			00 (22 (2)

83-0264363 WYOMING WILD SHEEP FOUNDATION Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (**D)** Revenue excluded (C) Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 14,334. **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 179,016. similar amounts not included above ____ | 1f g Noncash contributions included in lines 1a-1f: \$ 193,350. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 42,137. 42,137. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 145,072.assets other than inventory b Less: cost or other basis 136,387. and sales expenses **c** Gain or (loss) 8,685. 8,685. 8,685. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 a 392,455 Other b Less: direct expenses b 222,515. 169,940. 169,940. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b **d** All other revenue

414,112.

0.

e Total. Add lines 11a-11d

Total revenue. See instructions

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 respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			,	·
	and domestic governments. See Part IV, line 21	19,450.	19,450.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	87,111. 6,500.	78,900. 6,500.	8,211.	
b	Legal	6,500.	6,500.		
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	8,182.	8,182.		
12	Advertising and promotion	0.010		0.010	
13	Office expenses	2,040.		2,040.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 044	1 000	2 0 4 4	
19	Conferences, conventions, and meetings	3,044.	1,000.	2,044.	
20	Interest				
21	Payments to affiliates	74.	74.		
22	Depreciation, depletion, and amortization	4,615.	/ 4 •	4,615.	
23	Insurance	4,013.		4,013.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) DIRECT SHEEP PROJECTS	99,851.	99,851.		
a b	PRINTING/PUBLICATION CO	20,934.	20,934.		
С	CONSERVATION FUND	6,596.	6,596.		
c d	MERCHANDISE	3,141.	0,000	3,141.	
u e	All other expenses	7,879.	7,819.	60.	
25	Total functional expenses. Add lines 1 through 24e	269,417.	249,306.	20,111.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization				•
_0	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 (2018) Part X Balance Sheet

Pai	π λ	Balance Sneet					
		Check if Schedule O contains a response or not	te to any line ir	this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			211,322.	1	240,854.
	2	Savings and temporary cash investments			11,879.	2	7,846.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer officers,	directors,			
		trustees, key employees, and highest compens	ated employee	es. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	ified persons (a	as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B),	, and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) v	oluntary			
ets		employees' beneficiary organizations (see instr)		_		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		2,264.			
	b	Less: accumulated depreciation		2,004.	334.	10c	260.
	11	Investments - publicly traded securities	E 4 6 0 6 E	11	(56 (50		
	12	Investments - other securities. See Part IV, line	546,067.	12	656,652.		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		50.00	14		
	15	Other assets. See Part IV, line 11	L	70,000.	15	70,000.	
	16	Total assets. Add lines 1 through 15 (must equ			839,602.	16	975,612.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		_		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines	, ,				
		Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958		and and			
ces		complete lines 27 through 29, and lines 33 ar				07	
a	27	Unrestricted net assets				27	
Fund Balances	28	Temporarily restricted net assets				28	
pur	29	•				29	
		Organizations that do not follow SFAS 117 (A	(SC 958), cned	ck nere			
s or	00	and complete lines 30 through 34.			0.	00	0.
set	30	Capital stock or trust principal, or current funds			0.	30	0.
Net Assets	31	Paid-in or capital surplus, or land, building, or ed		Г	839,602.	31 32	975,612.
Ne.	32	Retained earnings, endowment, accumulated in		_	839,602.	33	975,612.
	33	Total liabilities and not assets/fund balances			839,602.		975,612.
	34	Total liabilities and net assets/fund balances			039,004.	34	213,014.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		4,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9,6	
5	Net unrealized gains (losses) on investments	5		8,7	80.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	7,4	65.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	97	5,6	12.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	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 reviewed	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.			
Ī	review, or compilation of its financial statements and selection of an independent accountant?	•	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	55		
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
	e. addite, explain, Estreadio e dira decembe diry exept taken to diracigo each addite				

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

Employer identification number Name of the organization WYOMING WILD SHEEP FOUNDATION 83-0264363 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	<u> </u>					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1					
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•	•	•	•	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4					, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)	1		12	1
	First five years. If the Form 990 is for						
	organization, check this box and stop	J	, ,	,	•		▶
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (I			column (f))		14	C
	Public support percentage from 2017						Ç
	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the co						
_	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				· · · · · · · · · · · · · · · · · · ·	~	
h	10% -facts-and-circumstances test						
D		_				•	
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
ΙÖ	Private foundation. If the organizatio	n dia not check a	DOX ON TIME 13, 10	oa, 100, 1/a, or 1/	D, CHECK THIS DOX	and see instruction	ıs ▶ ∟

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	elow, please comp	nete Fart II.)						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
	Gifts, grants, contributions, and	(-,	(-, : :	(-/	(-)	(=,====	(-)		
-	membership fees received. (Do not								
	include any "unusual grants.")	33,945.	44,243.	65,276.	80,346.	101,379.	325,189.		
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	31,712.	33,168.	61,926.	21,958.		171,901.		
_	organization's tax-exempt purpose	51,712.	33,100.	01,520.	21,750.	23,137.	1/1,001.		
3	Gross receipts from activities that are not an unrelated trade or business 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	· · · ·	65,657.	77,411.	127,202.	102,304.	124,516.	497,090.		
	Total. Add lines 1 through 5	00,007.	,,,=++•	101,000	102,304.	10 1 ,010•	401,090•		
	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
c	Add lines 7a and 7b						0.		
8	Public support. (Subtract line 7c from line 6.)						497,090.		
Se	ction B. Total Support								
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016 127, 202.	(d) 2017 102,304.	(e) 2018 124, 516.	(f) Total 497,090.		
9	Amounts from line 6	65,657.	77,411.	127,202.	102,304.	124,516.	497,090.		
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	189.	5,608.	17,440.	17,201.	15,769.	56,207.		
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
(Add lines 10a and 10b	189.	5,608.	17,440.	17,201.	15,769.	56,207.		
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		,	,		•	,		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	65,846.	83,019.	144,642.	119,505.	140,285.	553,297.		
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,		
	check this box and stop here						▶└		
Se	ction C. Computation of Publ	ic Support Per	rcentage						
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	89.84 %		
	Public support percentage from 2017					16	90.95 %		
Se	ction D. Computation of Inves	stment Income	e Percentage						
17	Investment income percentage for 20	18 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	10.16 %		
18	Investment income percentage from 2	2017 Schedule A, F	Part III, line 17			18	9.05 %		
198	33 1/3% support tests - 2018. If the	organization did ne	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1			
t	more than 33 1/3%, check this box at 33 1/3% support tests - 2017. If the						▶ X		
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The orga	nization qualifies a	s a publicly suppo	rted organization			
20									

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

		Yes	No
	1		
	_		
	2		
	3a		
	3b		
	0.5		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0-		
	9a		
	9b		
	9с		
	100		
	10a		
	10b		
m 9	90 or 99	90-EZ	2018

Pa	rt IV	Supporting Organizations (continued)			
	_			Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
		5. 1)po 1 oupporting 0. gameations		Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to		103	140
•		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
		·		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
		•		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activit	ties Test. Answer (a) and (b) below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 ti	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c 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): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 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 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 WYOMING WILD SHEEP FOUNDATION 83-0264363 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

83-0264363

2018

Name of the organization Employer identification number

WYOMING WILD SHEEP FOUNDATION

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

WYOMING WILD SHEEP FOUNDATION

83-0264363

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$13,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name address and ZIP + 4	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

WYOMING WILD SHEEP FOUNDATION

83-0264363

Part II	art 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. 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		
		 \$			

Name of organization Employer identification number

WYOMING WILD SHEEP FOUNDATION

83-0264363

Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a)	tions to organizations describe	ed in section 5	01(c)(7), (8), or (10) that total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,0	00 or less for th	ne year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
-		(e) Transfer	of gift			
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer	 of gift			
	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		
		of gift				
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
_	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee		
		-				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

WYOMING WILD SHEEP FOUNDATION

Employer identification number 83-0264363

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		

a Busing the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check at that apply): a Public exhibition	Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her	Simila	ar Asse	ts (continu	ied)
a Public exhibition	3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a signi	ificant ι	use of its	collection	items
b Scholarly research e Other Preservation for future generations 4 Provides a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds a finisher than to be maintained as part of the organization sollection? 7 Ves No Part IV Part		(check all that apply):								
c	а	Public exhibition	d	Loan or exc	hange programs					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	b	Scholarly research	е	Other						
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	С	Preservation for future generations								
Section Description Des	4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's e	xemp	t purpo	se in Par	t XIII.	
To be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a is the organization and an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. for escrow or custodial account liability Yes No 1b if "Yes," explain the arrangement in Part XIII and complete the following table: Calculation of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability Yes No 1b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII If Yes No 1b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII If Yes No 1b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII If Yes No 1b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII If Yes No 1a if Administrative very entered the following the organization answered "Yes" on Form 990, Part IV, line 10. 1a if Administrative expenses 27, 230, 200, 586, 120, 449, 115, 563, 11	5									
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part Xy, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XY		to be sold to raise funds rather than to be ma	aintained as part of th	he organization's co	ollection?				Yes	☐ No
Teleproted an amount on Form 990, Part X, line 21. Yes No Yes No No Yes No No Yes No No Yes No No No No No No No N	Par								line 9, or	
No No No No No No No No										
b If "Yes," explain the arrangement in Part XIII and complete the following table: C	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets r	not inc	luded			
b If "Yes," explain the arrangement in Part XIII and complete the following table: C		on Form 990, Part X?							Yes	☐ No
C Beginning balance	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
d Additions during the year									Amount	
d Additions during the year	С	Beginning balance					1c			
e Distributions during the year							-			
the finding balance							1e			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XI, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization in Part XIII Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization in Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete	_						1f			
b f*Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	2a	Did the organization include an amount on Fe	orm 990. Part X. line	21, for escrow or cu	ustodial account lia	ability?	 ?		Yes	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		_				-				
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years years (e) Four years										
1a Beginning of year balance 277,820. 200,586. 120,449.		<u>'</u>				$\overline{}$	Three y	ears back	(e) Four \	ears back
b Contributions	1a	Beginning of year balance			` ,	- ` `			,	
C Net investment earnings, gains, and losses 27,533. 11,780. 15,031. 5,590.			59,000.				1	15,653.		
d Grants or scholarships			27,533.	11,780.	15,031			5,590.		
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2, 245, 1,426, 569, 794, 120,449, 277,820, 200,586, 120,449, 200,586, 120,449, 200,586, 120,449, 200,586, 120,449, 200,586, 200,5			, 1	, -	•	+		, -		
Taylor					,					
f Administrative expenses 2,245 1,426 569 794	•			13 500.						
g End of year balance 362,108, 277,820, 200,586, 120,449, Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f		2 245.	· · · · · · · · · · · · · · · · · · ·	569) .		794.		
Part VI						4-	1			
a Board designated or quasi-endowment ▶				-	· · · · · · · · · · · · · · · · · · ·	<u> </u>		,		
b Permanent endowment ▶ 81.00		· -	ent year end balance		ij) rielu as.					
c Temporarily restricted endowment ▶ 19.00 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other Other 2,264. 2,004. 266.			0/2							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iv) x (iv) x (iv) x (iv) x (iv) x (iv) Accumulated depreciation (iv) Accumu										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iiii) related organizations (iiiii) related organizations (iiii) related organizations (iiiii) related organizations (iiiiii) related organizations (iiiiii) related organizations (iiiiii) related organizations (iiiiiiii) related organizations (iiiiiiiii) related organizations (iiiiiiiiiiiiiii) related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	C	· · · · · · · · · · · · · · · · · · ·								
by:	20		•	ation that are hold a	nd administered fo	r tha	oraoniz	otion		
(ii) unrelated organizations (iii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other 2,264. 2,004. 260.	Sa		SSION OF THE Organiza	alion mai are neio a	na administered it	n the	organiz	alion	Г	/os No
(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other 2,264. 240 3a(ii) X X 3d(ii) X A		•							-	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Other									(-7	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (c) Accumulated depreciation Land b Buildings c Leasehold improvements d Equipment c Other both cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value depreciation (d) Book value	h	If "Voo" on line 20(ii) are the related organize	tions listed as requir	ad an Cahadula D2					3a(II)	—
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation									30	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 2,264. 2,004.	_			wment iunus.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Cost or other basis (other) (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or ot	ı uı			Dort IV line 11e 9	oo Form 000 Dort	V lin	o 10			
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 2,264. 2,004. 260.			1	· · · · · · · · · · · · · · · · · · ·	1				(al) Dools	
1a Land b Buildings c Leasehold improvements d Equipment e Other 2,264. 2,004. 260.		Description of property	1 ' '					a	(a) Book	value
b Buildings C Leasehold improvements c Leasehold improvements C Leasehold improvements d Equipment C 2,264. 2,004. 260.	٠.	Land	<u> </u>	Dasis	(Otrier)	aehi e	CialiUiT			
c Leasehold improvements d Equipment e Other 2,264. 2,004. 260.										
d Equipment										
e Other 2,264. 2,004. 260.										
					2 264		2 00	74		260
							۷,00	74.		

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018 WYOMING WIL	D SHEEP FOUND	ATION 83	-0264363 Page 3
Part VII Investments - Other Securities.			, ago s
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) LIFE MEMBER ACCOUNT -			
(B) VARIOUS MUTUAL FUNDS AND			
(C) CASH AT FMV	245,841.	END-OF-YEAR MARKET	' VALUE
(D) GENERAL FUND ACCOUNT -			
(E) STOCKS AND CASH AT FMV	119,176.	END-OF-YEAR MARKET	' VALUE
(F) CONSERVATION FUND ACCOUNT			
(G) - MUTUAL FUNDS AND CASH	291,635.	END-OF-YEAR MARKET	' VALUE
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	656,652.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) PATAGONIA AZ PROPERTY - C	ONSERVATION F	UND	70,000.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	>	70,000
Part X Other Liabilities.	·	·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 29	5.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

(8)
(9)

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

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(7)

_	dule D (Form 990) 2018 WIOMING WILD SHEEP FOUND		03-020430	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State		enue per Return.	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line		1	
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:		·····	
ے a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
' a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b	<u> </u>	4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>)			
	t XII Reconciliation of Expenses per Audited Financial State			
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	•	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))	5	
Pai	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			art XI,
PAI	RT V, LINE 4:			
TH	IS ENDOWMENT WAS DEVELOPED TO EMPHASIZE	THE IMPORTA	NCE OF HABITAT	
COI	SERVATION, YOUTH INVOLVEMENT, AND CONTI	NUING RESEA	RCH TO AID THE	
LOI	NG-TERM CONSERVATION OF BIGHORN SHEEP IN	WYOMING.	THIS PERMANENT F	UND
WII	LL HAVE AN INVIOLABLE CORPUS. INTEREST	FROM THE CC	RPUS SHALL BE US	SED
ANI	NUALLY OR PERIODICALLY FOR BIGHORN SHEEP	TRANSPLANT	S, HABITAT PROJE	CTS,
JOY	JTH DEVELOPMENT, AND RESEARCH DEVELOPMEN	T.		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization 83-0264363 WYOMING WILD SHEEP FOUNDATION

Employer identification number

	Complete if the organization answe	red "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-Ez	I filers are not		
required to complete this par		na acti	vities	Check all that apply				
a Mail solicitations	b Internet and email solicitations f Solicitation of government grants							
d In-person solicitations	g ∟ Special	rarrare	aloning '	overtes				
2 a Did the organization have a written of								
key employees listed in Form 990, P				~				
b If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the		ant to	agree	ements under which	the fundraiser is to b	oe .		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
Total			•					
List all states in which the organization or licensing.		contrib	outions	s or has been notified	d it is exempt from re	egistration		

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000							
		of fundraising event contributions and gr				ots greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
				WINTER MEETING INCO	1	(add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
ne			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	326,212.	6,869.	59,374.	392,455.	
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)	326,212.	6,869.	59,374.	392,455.	
	4	Cash prizes					
	5	Noncash prizes	12,158.	3,273.	16,485.	31,916.	
enses	6	Rent/facility costs					
Direct Expenses		Food and beverages	14,933.			14,933.	
	8	Entertainment					
	9	Other direct expenses	175,666.			175,666.	
	10	Direct expense summary. Add lines 4 through			>	222,515.	
	11					169,940.	
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than		
eni		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue				3 1 3		on (a) anoagn con (c),	
_	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes % No	Yes % No		
	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>		
۵	Ent	ter the state(s) in which the organization condu	uote gaming activitios: W	Y			
		the organization licensed to conduct gaming a		Yes X No			
b	If "	No," explain: THE ORGANIZATION	CONDUCTS RA	FFLE ACTIVIT	IES WHICH IS		
		EQUIRED TO BE LICENSED					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes X No	
b	If "	Yes," explain:					

Sch	nedule G (Form 990 or 990-EZ) 2018 WYOMING WILD SHEEP FOUNDATION 83-0	264	363	Page 3
	Does the organization conduct gaming activities with nonmembers?			No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	X No
	Indicate the percentage of gaming activity conducted in:	ı		
	a The organization's facility	13a		%
	an outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b	тоо	.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name JONI MILLER			
	Address ▶ 6722 HWY 28 - LANDER, WY 82520			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
_	of gaming revenue retained by the third party \$\Bigs\\$ \$			
c	If "Yes," enter name and address of the third party:			
	Name			
16	Address Gaming manager information:			
10	Gaming manager information.			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Ш	Yes	X No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \(\) \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV		0	05 105
Г	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III	nes 9,	90, 100,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Cos metractions.			

Schedule (G (Form 990 or 990-EZ)	WYOMING WILD	SHEEP	FOUNDATION	83-0264363	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 83-0264363 WYOMING WILD SHEEP FOUNDATION Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) WILD SHEEP FOUNDATION TO CONTINUE ON THE 412 PRONGHORN TRAIL MISSION OF THE BOZEMAN, MT 59718 42-1109229 501(C)(3) 12,000. 0 ORGANIZATION. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
(a) Type of grant or assistance	recipients	cash grant	cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(1) Description of noneasin assistance
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, columi	n (b); and any other a	dditional information.	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2018
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

WYOMING WILD SHEEP FOUNDATION

Employer identification number 83-0264363

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SAFEGUARD AGAINST DECLINE AND EXTINCTION OF SUCH SPECIES. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MINIMUM. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S MEMBERS ELECT THE GOVERNING BODY OR BOARD MEMBERS. FORM 990, PART VI, SECTION A, LINE 7B: MANY DECISIONS ARE DISCUSSED AND VOTED ON BY THE ORGANIZATION'S MEMBERS FOR APPROVAL. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION DOES NOT HAVE A COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD REVIEWS THE FORM 990 OR 990-EZ AND APPROVES PRIOR TO FILING THE RETURN. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S COMPENSATION IS SET BY THE BOARD OF DIRECTORS IN CONJUNCTION WITH DISCUSSION WITH THE MEMBERSHIP.

Name of the organization WYOMING WILD SHEEP FOUNDATION	Employer identification number 83-0264363						
ALL GOVERNING DOCUMENTS, INTERNAL FINANCIAL STATEMENTS, A	ND OTHER						
FOUNDATION DOCUMENTS ARE MADE AVAILABLE TO THE MEMBERSHIP	AND PUBLIC UPON						
REQUEST.							
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FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:							
PAT PACE - 3591 JADE ROAD, CHEYENNE, WY 82009							
JONI MILLER - 6722 HWY 28, LANDER, WY 82520							
RYAN AMUNDSON - P.O. BOX 666, CODY, WY 82414							
JAMES OWENS - 27 JIM MOUNTAIN ROAD, CODY, WY 82414							
MICK MICKELSEN - P.O. BOX 666, CODY, WY 82414							
JAMES RINEHART - P.O. BOX 1130, LARAMIE, WY 82073							
KURT EISENACH - 55 CROWN DRIVE, SHERIDAN, WY 82801							
SCOTT BUTLER - 1476 TURQUOISE ROAD, CASPER, WY 82009							
JOHN W HARRIS - P.O. BOX 1282, WHEATLAND, WY 82201							
STEVE KILPATRICK - P.O. BOX 666, CODY, WY 82414							
ZACHARY MCDERMOTT - 5618 SPOILED HORSE ROAD, JACKSON, WY	83001						
GREG POPE - 16485 STATE HWY 220, CASPER, WY 82604							
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:							
PRIOR YEAR UNREALIZED GAINS ON BALANCE SHEET	-17,465.						