			** PUBLIC DISCLOSURE COPY *		OMB No. 1545-0047					
F au	Q	an	Return of Organization Exempt From		0040					
For (Re	Form JJU (Rev. January 2020) Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.									
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										
A For the 2019 calendar year, or tax year beginning DEC 1, 2019 and ending NOV 30, 2020										
	Check if		f organization	D Employer identifica	ation number					
a a	pplicab	le:								
	Addr	ge WYOM	ING WILD SHEEP FOUNDATION							
	Name Chan	ge Doing b	usiness as	83-026436	3					
	Initial returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/su OX 666	uite E Telephone number 307-399-4	383					
	⊥returr termi ated	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	803,131.					
	Amer 	nded CODV	WY 82414	H(a) Is this a group retu						
	Appli		nd address of principal officer: ZACH MCDERMOTT	for subordinates?						
	pend	^{ing} 14 GR	EEN MEADOWS DRIVE, SHERIDAN, WY 82801							
1	Tax-ex	empt status:			st. (see instructions)					
			WYOMINGWILDSHEEP.ORG	H(c) Group exemption						
				'ear of formation: 1983 M						
Pa	art I	Summary			otato of logal activity					
	1	Briefly describ	e the organization's mission or most significant activities: TO PROMO	TE AND ENHANCE						
Governance			ING POPULATIONS OF INDIGENOUS WILD SHE		ERICA AND					
nar	2		x x if the organization discontinued its operations or disposed of m		ts.					
ver	3		ting members of the governing body (Part VI, line 1a)		11					
	4		lependent voting members of the governing body (Part VI, line 1b)		11					
ა ა	5		0							
itie	6		of individuals employed in calendar year 2019 (Part V, line 2a) of volunteers (estimate if necessary)		30					
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.					
<			business taxable income from Form 990-T, line 39		0.					
				Prior Year	Current Year					
đ	8	Contributions	and grants (Part VIII, line 1h)	193,350.	408,316.					
ňu	9	Program servi	ce revenue (Part VIII, line 2g)	0.	0.					
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	50,822.	18,444.					
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	169,940.	53,838.					
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	414,112.	480,598.					
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	19,450.	6,000.					
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.					
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.					
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.					
zpe	b	Total fundrais	ing expenses (Part IX, column (D), line 25)							
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	249,967.	299,270.					
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	269,417.	305,270.					
	19	Revenue less	expenses. Subtract line 18 from line 12	144,695.	175,328.					
t Assets or d Balances				Beginning of Current Year	End of Year					
Sset	20	Total assets (F		975,612.	1,193,313.					
Net As	-		(Part X, line 26)	0.	0.					
	22		fund balances. Subtract line 21 from line 20	975,612.	1,193,313.					
	art II			and the second	and a data shared to the Archite					
			I declare that I have examined this return, including accompanying schedules and stat		nowledge and belief, it is					
true	, corre	ci, and complete	. Declaration of preparer (other than officer) is based on all information of which prepa	arer nas any knowledge.						

Sign	Signature of officer		Date							
Here	ZACH MCDERMOTT, PRESIDENT									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature Date	Check PTIN							
Paid	DIRK A. MONTGOMERY, CPA		self-employed P00970884							
Preparer	Firm's name 🍺 PORTER, MUIRHEAD	, CORNIA & HOWARD, CPAS	Firm's EIN ▶ 83-0220400							
Use Only	Firm's address PO BOX 2750									
	CASPER, WY 82602		Phone no. (307)265-4311							
May the IRS discuss this return with the preparer shown above? (see instructions)										
932001 01-20	D-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2019)							

01-20-20LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2019)SEESCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) 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	<u></u>	X
1	Briefly describe the organization's mission: <u>TO PROMOTE AND ENHANCE INCREASING POPULATIONS OF I</u>		EP
	ON THE NORTH AMERICAN CONTINENT, TO SAFEGUARD AGAI		
	EXTINCTION OF SUCH SPECIES AND TO FUND PROGRAMS FOR		
	MANAGEMENT OF THESE POPULATIONS, KEEPING ALL ADMIN		A
2	Did the organization undertake any significant program services during the year which were not lister		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	1 services? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program s	services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocati	ons to others, the total expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 199,129. including grants of \$) (Revenue \$)
	GRANTS TO VARIOUS FEDERAL AND STATE GOVERNMENTS, II	NDIVIDUALS, AS WELI	
	AS UNIVERSITIES FOR VEGETATION ENHANCEMENT, HABITA	T IMPROVEMENT, SHEE	EP
	RELOCATION, VACCINATIONS TO PREVENT DISEASES AND VA	ARIOUS OTHER STUDIE	ES
		LATION OF GUZZLER	
	WATER SOURCES, HARVEST AND HORN STUDY, CAPTURE STU		
41.	(Code:) (Expenses \$ 70,754. including grants of \$ 6,000) (Revenue \$	
4b		ND THE PUBLIC AS WE	, ד ד <u>י</u> ד
	AS WEBSITE SUPPORT. MEETINGS AND NETWORKING WITH		200
	OTHER ORGANIZATIONS WHO HAVE A DIRECT OR INDIRECT	•	
		OST ASSOCIATED WITH	1
	THE EXECUTIVE DIRECTOR.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 269,883.		
		Form 99	90 (2019)

<u>Form 990 (</u>				SHEEP	FOUNDATION
Part IV	Checklist	of Required Sch	edules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
-	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	v
e	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			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		<u> </u>
12a		10-		x
Ŀ.	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Δ
b				
	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	עדו		
15	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	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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."			<u> </u>
	complete Schedule G, Part III	19		х
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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	х	

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 Form 990 (2019)
 WYOMING WILD SHEEP
 FOUNDATION

 Part IV
 Checklist of Required Schedules (continued)
 (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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Х	
rd				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b 1b	-		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

Form	990 (2019) WYOMING WILD SHEEP FOUNDATION 83-0264	363	Р	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	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 Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	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 contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d	d If "Yes," indicate the number of Forms 8282 filed during the year						
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	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.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	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						
	organization is licensed to issue qualified health plans 13b						
	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						

Form 990 (201	9)
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WYOMING WILD SHEEP FOUNDATION

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	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).			
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			
	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			
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))	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JONI MILLER - 307-332-9119			
	6722 HWY 28, LANDER, WY 82520			

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.

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

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

(A) Name and title	(B) Average	(do		Pos) than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	offi	box, unless person is officer and a director					compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RYAN AMUNDSON	2.00				<u>×</u>	1 0		0	0	
DIRECTOR		Х						0.	0.	0.
(2) JAMES OWENS DIRECTOR	2.00	x						0.	0.	0.
(3) MACK MILLER	2.00									
DIRECTOR		х						0.	0.	0.
(4) BRUCE PERRYMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(5) KURT EISENACH	2.00									
PAST PRESIDENT		Х						0.	0.	0.
(6) JOHN W HARRIS	2.00									_
DIRECTOR		Х						0.	0.	0.
(7) STEVE KILPATRICK	30.00									
EXECUTIVE DIRECTOR		х						71,518.	0.	0.
(8) GREG POPE	2.00									0
DIRECTOR	15 00	Х	<u> </u>		<u> </u>			0.	0.	0.
(9) KATIE CHEESBROUGH EXECUTIVE DIRECTOR	15.00	v							0	0
(10) PAT PACE	2.00	Х						0.	0.	0.
SECRETARY	2.00			x				0.	0.	0.
(11) JONI MILLER	10.00							0.	0.	0.
TREASURER	10.00			x				0.	0.	0.
(12) SCOTT BUTLER	4.00									
VICE PRESIDENT				x				0.	0.	0.
(13) ZACHARY MCDERMOTT	4.00									
PRESIDENT				x				0.	0.	0.
		-	-							
	1	1		I	I	1	1	1	1	Gauss 990 (0010)

Form 990 (2019)

	<u>990 (2019)</u> WYOMING V	VILD SHE	EP	' F	<u>'OU</u>	ND	AT	IO	N	83-02	6436	53	Pa	ge 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	loy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week			(C Posi heck i ss per	C) ition more rson is		one 1 an	(D) Reportable compensation from	(E) Reportable compensation from related	ı	Estir amo	F) matec unt o her	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	ompe fror orgar	ensati n the nizatio related	n d
1b	Subtotal								71,518.		0.			0.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 71,518.		0.			0.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable				0
												Y	'es	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>				•	-		Ŭ	• • •	•		3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150										4	4		X
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>											5		Х
	tion B. Independent Contractors									100.000 (
1	Complete this table for your five highest con the organization. Report compensation for t								the organization's tax y		ensation		1	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Com	(C) npens	ation	
2	Total number of independent contractors (ir	ncluding but no	ot lin	nited	tot	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ration 🕨				0)							

	<u>1 990 (</u> rt VII		EEP FOU	NDATION		83-0264	363 Page 9
Га	rt vii	Check if Schedule O contains a response or no	ote to any line	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h	Fundraising events 1c Related organizations 1d 9 Government grants (contributions) 1e 21 All other contributions, gifts, grants, and similar amounts not included above 1f 5 Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f But	1,526. 9,745. 4,151. 52,894. ■ siness Code	408,316.			
Prog	•	All other program service revenue					
venue	3 4 5 6 a b c d 7 a b	Investment income (including dividends, interest, a other similar amounts) Income from investment of tax-exempt bond proce Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	and eeds	13,018.			13,018.
Other Rev	d 8 a b 9 a b c 10 a b	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	0,108.	5,426.			5,426.
Miscellaneous Revenue	11 a b c d		isiness Code				
	12	Total revenue. See instructions		480,598.	0.	0.	72,282.

WYOMING WILD SHEEP FOUNDATION 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).

	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
,	Grants and other assistance to domestic organizations		0,10000	general expenses	
	and domestic governments. See Part IV, line 21	6,000.	6,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
;	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
Ļ	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
;	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
)	Other employee benefits				
	Payroll taxes				
	Fees for services (nonemployees):				
	Management	49,683.	31,196.	18,487.	
		49,003.	51,150.	10,40,7	
b					
	Accounting				
	, , , , , , , , , , , , , , , , , , ,				
-	Professional fundraising services. See Part IV, line 17	5,721.		5,721.	
f	Investment management fees	5,721.		5,721.	
g	Other. (If line 11g amount exceeds 10% of line 25,	8,658.	8,658.		
	column (A) amount, list line 11g expenses on Sch 0.)	0,050.	0,050.		
2	Advertising and promotion	3,470.		3,470.	
3	Office expenses	5,470.		5,470.	
	Information technology				
5	Royalties				
5	Occupancy	1 776	1 776		
		1,776.	1,776.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 002	1 000		
	Conferences, conventions, and meetings	1,093.	1,093.		
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	74.	74.	4 600	
	Insurance	4,628.		4,628.	
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT SHEEP PROJECTS	199,129.	199,129.		
b	PRINTING/PUBLICATION CO	14,703.	14,703.		
c	DONATED PROPERTY EXPENS	3,081.	,,	3,081.	
d	RAMSHORN SOCIETY EXPENS	2,668.	2,668.		
	All other expenses	4,586.	4,586.		
	Total functional expenses. Add lines 1 through 24e	305,270.	269,883.	35,387.	
; ;	Joint costs. Complete this line only if the organization	505,270.	205,005.		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

if following SOP 98-2 (ASC 958-720)

WYOMING WILD SHEEP FOUNDATION	Ν
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83-0264363 Page 11

		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			240,854.	1	423,486.
	2	Savings and temporary cash investments	7,846.	2	8,259.		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
		Land, buildings, and equipment: cost or other	I I			-	
	iou	basis. Complete Part VI of Schedule D	10a	2,264.			
	b	Less: accumulated depreciation		2,264. 2,078.	260.	10c	186.
	11	Investments - publicly traded securities	· · · · · ·			11	
	12	Investments - other securities. See Part IV, line			656,652.	12	691,382.
	13	Investments - program-related. See Part IV, line			050,052.	13	051,502.
	13 14				14		
		Intangible assets Other assets. See Part IV, line 11			70,000.	14	70,000.
	15 16				975,612.	15	1,193,313
	16	Total assets. Add lines 1 through 15 (must equ			575,012.	17	1,1,5,51,51,51,51
	17 10	Accounts payable and accrued expenses				17	
	18	Grants payable				10 19	
	19 00	Deferred revenue					
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
lat		controlled entity or family member of any of the		Г		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	s 1 7-24).	Complete Part X			
		of Schedule D		·····	0	25	0
	26				0.	26	0.
<u>ہ</u>		Organizations that follow FASB ASC 958, che	eck here				
Š		and complete lines 27, 28, 32, and 33.					
alar	27			······ -		27	
ñ B	28	Net assets with donor restrictions				28	
ŭ		Organizations that do not follow FASB ASC 9	58, chec	k here 🕨 🔟			
ي ب		and complete lines 29 through 33.			<u>,</u>		
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			0.	29	0.
Sei	30	Paid-in or capital surplus, or land, building, or ea			0.	30	0.
t≱	31	Retained earnings, endowment, accumulated in			975,612.	31	1,193,313.
Se	32	Total net assets or fund balances			975,612.	32	1,193,313.
1	33	Total liabilities and net assets/fund balances			975,612.	33	1,193,313.

Form **990** (2019)

Part X | Balance Sheet

Form	aan	(201	a
FUIII	990	(201	Э,

	990 (2019) WYOMING WILD SHEEP FOUNDATION	83-02	264363	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	480		
2	Total expenses (must equal Part IX, column (A), line 25)	2	305	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	175	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			12.
5	Net unrealized gains (losses) on investments	5	42	:,3'	73.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,193	, 31	<u>13.</u>
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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b	200	L

Form **990** (2019)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)

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
2019
Open to Public Inspection

Nam	ame of the organization Employer identification number											
	WYOMING WILD SHEEP FOUNDATION 8											
Par	tl	I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
The c	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	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 orga	nization described in se	ection 170	(b)(1)(A)(ii	i).					
4		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:										
5		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 gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).					
7		An organization that normal	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ie general j	oublic described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org				-		-	-			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	e or			
	77	university:										
10	X	An organization that normal										
		activities related to its exem							-			
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	aπer June 30, 1975.			
		See section 509(a)(2). (Cor		volute test for public co	fatu Caa	nontion EC	O(a)(A)					
11 12		An organization organized a An organization organized a	-	•	-			rn / out tho	nurnance of one or			
12		more publicly supported or	•	•	•		-	•	• •			
		lines 12a through 12d that	-									
а		Type I. A supporting orga			-			-	aivina			
u	L	the supported organization	-	-	• • • •	-						
		organization. You must c							, p p o :9			
b		Type II. A supporting orga			tion with its	s supporte	d organizatio	n(s), by hav	ving			
		control or management of	-				-		•			
		organization(s). You mus	t complete Part IV,	Sections A and C.								
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functional	ly integrate	ed with,			
		its supported organizatior	n(s) (see instructions)	. You must complete l	Part IV, Se	ctions A,	D, and E.					
d] Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)			
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	an attentiv	/eness			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	II, Type III				
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiza	ation.						
f		r the number of supported o	•									
g		ride the following information) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monoton	(vi) Amount of other			
	(i	organization		(described on lines 1-10	in your governi	ng document?	support (see ir		support (see instructions)			
				above (see instructions))	Yes	No						
Tota												

Schedule A (Form 990 or 990-EZ) 2019 WYOMING WILD SHEEP FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
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) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(1) TOTAI
-	Amounts from line 4						
8	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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage			, ,	
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this	box and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
b	33 1/3% support test - 2018. If the o	organization did no	ot check a box on				
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-		-
b	10% -facts-and-circumstances test	0			•		
~	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				ions
				,,,	.,		F

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 WYOMING WILD SHEEP FOUNDATION 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	44,243.	65,276.	80,346.	101,379.	178,551.	469,795.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	33,168.		21,958.			145,013.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	77,411.	127,202.	102,304.	124,516.	183,375.	614,808.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
	Add lines 7a and 7b						614,808.
8 90/	Public support. (Subtract line 7c from line 6.)						014,000.
		() 0015	(1) 0010	() 0017	(1) 0010	() 0010	(0
	ndar year (or fiscal year beginning in)	(a) 2015 77, 411 .	(b) 2016 127,202.	(c) 2017 102,304.	(d)2018 124,516.	(e) 2019 183,375.	(f) Total 614,808.
	Amounts from line 6 Gross income from interest,	//,411•	127,202.	102,304.	124,510.	103,375.	014,000.
108	dividends, payments received on securities loans, rents, royalties,	5,608.	17,440.	17,201.	15,769.	62,489.	118,507.
	and income from similar sources	5,000.	1/,440.	17,201.	15,709.	02,409.	110,507.
	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	5,608.	17,440.	17,201.	15,769.	62,489.	118,507.
11	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.)	83,019.	144,642.	119,505.	140,285.	245,864.	733,315.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3) organiza	ition,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (I	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	83.84 %
	Public support percentage from 2018					16	89.84 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)19 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	16.16 %
18	18 Investment income percentage from 2018 Schedule A, Part III, line 17					18	10.16 %
19 a	33 1/3% support tests - 2019. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar	-	•	· ·			►X
b	33 1/3% support tests - 2018. If the	-					
20	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio						
		IL GIG HOL OHOUN A					

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 WYOMING WILD SHEEP FOUNDATION

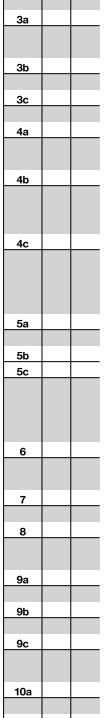
Part IV Supporting Organizations

(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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 disgualified 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.)

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b



1

2

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 WYOMING WILD SHEEP FOUNDATION Part IV Supporting Organizations (continued)

In the the organization accepted a glif or contribution from any of the following persons? Image: the second of the organization of the second organization? Image: the second of the organization of the second organization? Image: the second of the organization of the second organization? Image: the second of the organization of the second organization? Image: the second of the organization of the second organization? Image: the second of the organization of the second organization of the supported organization of the supported organization of the support organization of the support organization of the support organization of the organization of the support organization organization organization organization of the support organizat				Yes	No
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 b A family member of a person described in (a) balance? c A 39% controlled entity of a person described in (a) (b) abave? /// Yes' to a, b, or c, provide detail in Part V. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If <i>No</i>, "execute in Part V in ower supported organization, describe how the powers to generation's activities, if the arganization hard more the upported organization, describe how the powers to generation's activities, if any, appled to such powers during the tay poort of the benefit of any usported organization? If "Yes," explain in Part V in ow supported organization of the supported organization, and the organization of the supported organization? If "Yes," explain in Part V in ovorting such benefit can year, Pit Yes, " explain in Part V in ovorting such benefit can year, Pit Yes," explain in Part V in ovorting such benefit can year, Pit Yes, " explain in Part V in ovorting such benefit can year, Pit Yes," wapperted organization? If "Yes," explain in Part V in ovorting such benefit can year, Pit Yes, " explain in Part V in ovorting such benefit can year, Pit Yes," explain in Part V in ovorting such benefit can year, Pit Yes, " explain in Part V in ovorting such benefit can year, Pit Yes," explain in Part V in ovorting such benefit can year, Pit Yes, " explain in Part V in ovorting such benefit can year, Pit Yes, " explain Part V in ovorting a supported organization." 1 Were a majority of the organization's surported organization (%)? If Yo, " describe in Part V in ovorting a supported organization (%)? If Yo, " describe in Part V in ovorting a supported organization, Pit Yes, " explain in Part V in ovorting a supported organization, Pit Yes, " explain in Part V in ovorting a supported organization, Pit Yes, " explain in Part V	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		below, the governing body of a supported organization?	11a		
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that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. 2b a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 4a					
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of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization's position that its supported organization(s) would have engaged in these Image: Comparization these Image: Compar	b				
reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. 1 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 1 trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 1	~				
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 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 			2b		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3a trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 4	3	÷			
trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each Image: Comparison of the support of the sup		• • • • • • • • • • • • • • • • • • • •			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-		3a		
	b				
		of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co			, -
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 WYOMING WILD SHEEP FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2019 WYOMING WILD SHEEP FOUNDATION

Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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 the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6	Current Year
 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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 the organization is responsive (provide details in Part VI). See instructions. 	
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3 Administrative expenses paid to accomplish exempt purposes of supported organizations 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 the organization is responsive (provide details in Part VI). See instructions.	
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 the organization is responsive (provide details in Part VI). See instructions.	
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 the organization is responsive (provide details in Part VI). See instructions.	
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 the organization is responsive (provide details in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	 (iii)
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	(iii)
(provide details in Part VI). See instructions.	(iii)
	(iii)
9 Distributable amount for 2019 from Section C, line 6	(iii)
	(iii)
10 Line 8 amount divided by line 9 amount	(iii)
(i) (ii)	
Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2019	Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6	
2 Underdistributions, if any, for years prior to 2019 (reason-	
able cause required- explain in Part VI). See instructions.	
3 Excess distributions carryover, if any, to 2019	
a From 2014	
b From 2015	
c From 2016	
d From 2017	
e From 2018	
f Total of lines 3a through e	
g Applied to underdistributions of prior years	
h Applied to 2019 distributable amount	
i Carryover from 2014 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	
4 Distributions for 2019 from Section D,	
line 7: \$	
a Applied to underdistributions of prior years	
b Applied to 2019 distributable amount	
c Remainder. Subtract lines 4a and 4b from 4.	
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h	
and 4b from line 1. For result greater than zero, explain in	
Part VI. See instructions.	
7 Excess distributions carryover to 2020. Add lines 3j and 4c.	
8 Breakdown of line 7:	
a Excess from 2015	
b Excess from 2016	
c Excess from 2017	
d Excess from 2018	
e Excess from 2019	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 WYOMING WILD SHEEP FOUNDATION	83-0264363 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li 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; I Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY *

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

2019

Employer identification number

Name of the or	agnization
Name of the of	yanization

Organization type (check one):

v	VYOMING	WILD	SHEEP	FOUNDATION	
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83-0264363

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization
	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, II, and III.

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

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

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

Name of organization

Employer identification number

83-0264363

WYOMING WILD SHEEP FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person X Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 36,300. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. X 6 Person Payroll 11,200. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

83-0264363

WYOMING WILD SHEEP FOUNDATION

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

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of o	rganization	Employer identification number						
WYOMII	NG WILD SHEEP FOUNDATION	J		83-0264363				
Part III		ions to organizations described in se	ction 501(c)(7), (8), or (10) t					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. on	ce.) ▶ \$				
(a) No.			() =					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
-		(a) Transfor of sift						
		(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
-	(a) Transfer of sift							
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
		[
(a) No. from			(I) D					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
-	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee				
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dee	cription of how gift is held				
Part I	(b) Purpose of gift		(d) Des					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee				

Department of the Treasury

Part

1

2

3 A 4

5 D

6 D

Part 1 Ρ

2

а b

С d Ν

3

4

5 D

6 S 7 A 8 D

9

o Part

1a If

b If

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.



Internal Revenue Service	-

e of the organization WYOMING WILD SHEEP	FOUNDATION	Emp	bloyer identificat 83-0264	
rt I Organizations Maintaining Donor Advised		r Accoun		
organization answered "Yes" on Form 990, Part IV, line				
	(a) Donor advised funds	(b) Fun	ds and other acc	ounts
Total number at end of year		. ,		
Aggregate value of contributions to (during year)				
Aggregate value of grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	funds		
are the organization's property, subject to the organization's	-		Yes	No
Did the organization inform all grantees, donors, and donor a				
for charitable purposes and not for the benefit of the donor or				
		•	Yes	No
t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	rt IV, line 7.		
Purpose(s) of conservation easements held by the organization				
Preservation of land for public use (for example, recreat		historically	important land a	rea
Protection of natural habitat	Preservation of a			
Preservation of open space				
Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservat	tion easement or	the last
day of the tax year.			Held at the End o	
Total number of conservation easements		2a		
Number of conservation easements on a certified historic stru				
Number of conservation easements included in (c) acquired a				
listed in the National Register	-			
Number of conservation easements modified, transferred, rele			during the tax	
year 🕨		0	U	
Number of states where property subject to conservation eas	ement is located >			
Does the organization have a written policy regarding the peri				
violations, and enforcement of the conservation easements it			Yes	No No
Staff and volunteer hours devoted to monitoring, inspecting, I				year
•				
Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservatio	n easement	s during the yea	
►\$				
Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)		
and section 170(h)(4)(B)(ii)?			Yes	No No
In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement an	d	
balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statement	s that desc	ribes the	
organization's accounting for conservation easements.				
rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Simila	r Assets.	
Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement and	balance sh	neet works	
of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furth	nerance of p	bublic	
service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.			
If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue statement and bal	ance sheet	works of	
art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of put	olic service,	
provide the following amounts relating to these items:				

	provide the following amounte folding to these follows.			
	(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 treasures, or other similar assets for financial gain, pro	ovid	е	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$_	
b	Assets included in Form 990. Part X		\$	

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

Schedule D (Form 990) 2019

Sche		WILD SHEEP						64363		age 2
Par	t III Organizations Maintaining Co	ollections of Art,	Historical Tre	asures, or O	ther S	Similar /	Assets	contir	<u>ued)</u>	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that ma	ke sign	ificant us	e of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's	exempt	t purpose	in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of	art, historical treas	sures, or other sir	nilar as	sets				
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Complet	e if the organizatio	n answered "Yes	s" on Fo	orm 990, F	Part IV, I	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution	s or other assets	not inc	luded				
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:							
								Amount	č	
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					?	🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provided on Part	XIII					
Par	t V Endowment Funds. Complete in	f the organization ans	wered "Yes" on Fo	rm 990, Part IV, I	line 10.					
		(a) Current year	(b) Prior year	(c) Two years ba	ick (d)) Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance	362,108.	277,820.	200,58	36.	120),449.			
b	Contributions	15,641.	59,000.	80,38	30.	66	5,675.		115,	653.
с	Net investment earnings, gains, and losses	33,127.	27,533.	11,78	30.	15	5,031.		5,	590.
d	Grants or scholarships					1	1,000.			
е	Other expenditures for facilities									
	and programs	15,000.		13,50	00.					
f	Administrative expenses	5,507.	2,245.	1,42	26.		569.			794.
g	End of year balance	390,369.	362,108.	277,82	20.	200),586.		120,	449.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a) held as:						
а	Board designated or guasi-endowment	,	%	,						
	Permanent endowment 79.00	%								
	Term endowment 21.00									
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.								
3a	Are there endowment funds not in the posses	•	ion that are held ar	nd administered f	or the c	organizati	on			
	by:	5				5		ſ	Yes	No
	(i) Unrelated organizations							3a(i)	х	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	rt X, lin	e 10.				
	Description of property	(a) Cost or ot				umulated		(d) Bool	k valu	e
		basis (investm		(other)		eciation		()		
1 a	Land		1							
	Buildings									
	Leasehold improvements									
	Equipment									
	Other			2,264.		2,078	8.		1	86.
	. Add lines 1a through 1e. (Column (d) must ed		column (R) line 1			<u>, , , , , , , , , , , , , , , , , , , </u>				86.
		quai i Unii 330, Fail A		vo.į		<u></u>	chedule	D (Form		
						50		- (1 0111)	_010

	D SHEEP FOUNDA	ATION 83	8-0264363 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(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 LESS			
(C) CASH AT FMV	247,372.	END-OF-YEAR MARKET	VALUE
(D) GENERAL FUND ACCOUNT -	101 (77		
(E) STOCKS LESS CASH AT FMV	121,677.	END-OF-YEAR MARKET	VALUE
(F) CONSERVATION FUND ACCOUNT			
(G) – MUTUAL FUNDS LESS CASH	200.222	END OF YEAD MADKER	177 T T T T
(H) AT FMV	322,333. 691,382.	END-OF-YEAR MARKET	VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	091,302.		
Complete if the organization answered "Yes" of	on Form 000 Dart IV/ line 1	11a Saa Form 000 Dart V lina 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(h) De alexador
		IND	(b) Book value
	JNSERVATION FO		70,000.
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 15.)		70,000.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of (a) Description of liability	on Form 990, Part IV, line 1	The or 11f. See Form 990, Part X, line 25	b. (b) Book value
(1) Federal income taxes			
<u>(2)</u> (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
• Lieblik, feu une estein teu ne estiene de Deut VIII eus viele		the event of the state of the second state of	

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

Sche	dule D (Form 990) 2019 WYOMING WILD SHEEP FOUN	IDATION	83-0264363 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	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:		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>)</u>	
Pa	t XII Reconciliation of Expenses per Audited Financial St	•	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pal	rt XIII Supplemental Information.		

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

PART V, LINE 4:

THIS ENDOWMENT WAS DEVELOPED TO EMPHASIZE THE IMPORTANCE OF HABITAT	
CONSERVATION, YOUTH INVOLVEMENT, AND CONTINUING RESEARCH TO AID THE	
LONG-TERM CONSERVATION OF BIGHORN SHEEP IN WYOMING. THIS PERMANENT FUND	
WILL HAVE AN INVIOLABLE CORPUS. INTEREST FROM THE CORPUS SHALL BE USED	
ANNUALLY OR PERIODICALLY FOR BIGHORN SHEEP TRANSPLANTS, HABITAT PROJECTS,	
YOUTH DEVELOPMENT, AND RESEARCH DEVELOPMENT. THE AMOUNT PRESENTED IN PART	
V IS THE FAIR MARKET VALUE OF INVESTMENTS.	

SCHEDULE G	Suppleme	ntal Informatio	on Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ) 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.								or if the	2019
Department of the Treasury Internal Revenue Service	κ.		ach to Form 990						Open to Public Inspection
Name of the organization		to www.irs.gov/F	orm990 for instru	uction	s and	the latest informati	on.		ntification number
Name of the organization		WILD SHE		יסדיז	J			83-0264	
Part I Fundrais						n Form 990, Part IV, I	ine 1		
	complete this part		igamzation anotro	iou i	00 01	i i olili 000, i uli i i, i			
1 Indicate whether the	e organization rais	ed funds through a	any of the followin	g activ	ities. (Check all that apply.			
a 🔄 Mail solicitat					•	overnment grants			
	email solicitations					nment grants			
c Phone solicit d In-person sol			g 🔄 Special	Tunara	lising e	events			
2 a Did the organizatio		r oral agreement w	vith anv individual	(incluc	lina of	ficers. directors. trus	tees.	or	
						undraising services?	,	Yes	No
b If "Yes," list the 10	highest paid indiv	iduals or entities (f	undraisers) pursu	ant to	agreer	ments under which th	ne fu	ndraiser is to be)
compensated at le	ast \$5,000 by the	organization.							
				(iii) fundr	Did			Amount paid	(vi) Amount paid
(i) Name and address or entity (fund		(ii) Ac	tivity	fùndr have c or cor	ustody	(iv) Gross receipts from activity	to (or retained by) fundraiser	to (or retained by)
or only (land				contrib		non douvry	lis	ted in col. (i)	organization
				Yes	No				
Total									
 List all states in whi or licensing. 	ch the organizatio	n is registered or li	censed to solicit c	ontrib	utions	or has been notified	it is	exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 WYOMING WILD SHEEP FOUNDATION

83-0264363 Page 2

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro			•	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				WINTER	NONE	(add col. (a) through
			CONVENTION A			col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	215,471.	4,637.		220,108.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	215,471.	4,637.		220,108.
	-					
	4	Cash prizes				
s	5	Noncash prizes	22,184.	3,745.		25,929.
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	553.			553.
	8	Entertainment				
	9	Other direct expenses				139,788.
	10	Direct expense summary. Add lines 4 through			•	166,270.
	11	Net income summary. Subtract line 10 from li				53,838.
Pa	rt I	II Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
~			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ğ			(a) Bingo	bingo/progressive bingo		col. (a) through col. (c)
Revenue						
۳	1	Gross revenue				
s	2	Cash prizes				
ense	3	Noncash prizos				
Т Т С	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	└── Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	0	Not gaming income summers. Subtract line 7	from line 1 column (d)		►	
	8	Net gaming income summary. Subtract line 7	nom line 1, column (d)			<u>I</u>
•	Ent	er the state(s) in which the organization condu	uoto goming optivition: M	v		
		he organization licensed to conduct gaming a				Yes X No
		No," explain: THE ORGANIZATION			ES WHICH IS	·
	R	EQUIRED TO BE LICENSED	UNDER WYOMING	G LAW.		
^ -	\ <u>\</u>	ro any of the organization's service lines	wokod avananded ante	minotod during the term		Yes X No
	vve	re any of the organization's gaming licenses re				Yes X No
	If "	Ves " explain:				
	lf "`	Yes," explain:				
	lf "`	Yes," explain:				

Sch	hedule G (Form 990 or 990-EZ) 2019 WYOMING WILD SHEEP FOUNDATION 83-	0264363	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No
12	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
13	Indicate the percentage of gaming activity conducted in:		
a	a The organization's facility	13a	%
	o An outside facility	13ь 100	.00 %
	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
	 o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: 		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47			
	Mandatory distributions:		
	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 	🗌 Yes	X No
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni [.]	ted States		2019
Department of the Treasury Internal Revenue Service	Comp		Attach to For s.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization	ING WILD SHEEP						Employer identification number 83-0264363
Part I General Information on	Grants and Assistance						
1 Does the organization maintair criteria used to award the gran							
2 Describe in Part IV the organiz	ation's procedures for monit	oring the use of grant	funds in the United	States.			
	stance to Domestic Organia				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
	nore than \$5,000. Part II can				(f) Method of		
1 (a) Name and address of organ or government	nization (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
WILD SHEEP FOUNDATION 412 PRONGHORN TRAIL							TO CONTINUE ON THE MISSION OF THE
BOZEMAN, MT 59718	42-1109229	501(C)(3)	6,000.	0.			ORGANIZATION.
 2 Enter total number of section 5 3 Enter total number of other org LHA For Paperwork Reduction A 	ganizations listed in the line	i table	I e line 1 table			1	Schedule I (Form 990) (2019)

Part III

Schedule I (Form 990) (2019) WYOMING WILD SHEEP FOUNDATION

Part III can be duplicated if additional space is needed.

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

83-0264363

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Employer identification number 83-0264363

OMB No. 1545-0047

WYOMING WILD SHEEP FOUNDATION

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 2:

TWO BOARD MEMBERS ARE HUSBAND AND WIFE. NEITHER VOTES IF A VOTE HAS AN

IMPACT DIRECTLY OR INDIRECTLY ON THE OTHER.

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:

FORM 990, PART VI, SECTION C, LINE 19:													
ALL GOVERNING DOCUMENTS, INTERNAL FINANCIAL STATEMENTS, AND OTHER													
FOUNDATION DOCUMENTS ARE MADE AVAILABLE TO THE MEMBERSHIP AND PUBLIC UPON													
REQUEST.													

THE EXECUTIVE DIRECTOR'S COMPENSATION IS SET BY THE BOARD OF DIRECTORS IN

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization WYOMING WILD SHEEP FOUNDATION

CONJUNCTION WITH DISCUSSION WITH THE MEMBERSHIP.

Employer identification number 83 - 0264363

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	PROGRAM SERVICES														
1	INFORMATIONAL DISPLAY BOOTH	01/11/13	200DB	10.00	НУ	17	2,264.			1,132.	1,132.	872.		74.	946.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						2,264.			1,132.	1,132.	872.		74.	946.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,264.			1,132.	1,132.	872.		74.	946.

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone