

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

**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WYOMING COMMUNITY FOUNDATION</b>		<b>D</b> Employer identification number <b>83-0287513</b>
	Doing business as		<b>E</b> Telephone number <b>(307) 721-8300</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>13,732,707.</b>
	<b>1472 N. 5TH, STE 201</b>	<b>201</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>LARAMIE, WY 82072</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>CRAIG SHOWALTER</b> <b>1472 N 5TH ST STE 201, LARAMIE, WY 82072</b>		If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.WYCF.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1989</b>	<b>M</b> State of legal domicile: <b>WY</b>

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATION'S MISSION IS TO CONNECT PEOPLE WHO CARE WITH THE CAUSES THAT MATTER TO BUILD A</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>16</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>23</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>8,778,760.</b>	<b>7,317,580.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>4,536,976.</b>	<b>4,248,515.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,912,107.</b>	<b>2,165,997.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>15,227,843.</b>	<b>13,732,092.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>6,161,816.</b>	<b>4,740,438.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,574,964.</b>	<b>1,720,816.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>570,609.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,063,248.</b>	<b>3,244,080.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>10,800,028.</b>	<b>9,705,334.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>4,427,815.</b>	<b>4,026,758.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>144,340,385.</b>	<b>End of Year</b> <b>165,472,634.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>35,012,254.</b>	<b>35,622,553.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>109,328,131.</b>	<b>129,850,081.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>CRAIG SHOWALTER, PRESIDENT</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DENNIS TSCHACHER, CPA</b>	Preparer's signature <b>DENNIS TSCHACHER, CP</b>	Date <b>08/25/20</b>	Check if self-employed <input checked="" type="checkbox"/>	PTIN <b>P00297942</b>
	Firm's name ▶ <b>BDO USA, LLP</b>	Firm's EIN ▶ <b>13-5381590</b>	Firm's address ▶ <b>505 SOUTH 3RD STREET, SUITE 100 LARAMIE, WY 82070</b>	Phone no. <b>(307) 755-1040</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE ORGANIZATION'S MISSION IS TO CONNECT PEOPLE WHO CARE WITH CAUSES THAT MATTER TO BUILD A BETTER WYOMING. THE WYOMING COMMUNITY FOUNDATION IS A CHARITABLE ORGANIZATION WHICH BUILDS AND PRESERVES FUNDS ESTABLISHED BY INDIVIDUALS, FAMILIES, CORPORATIONS, AGENCIES AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 127,509. including grants of \$ ) (Revenue \$ 166,017. ) WYOMING WILDLIFE FOUNDATION (WWF): THE WYOMING COMMUNITY FOUNDATION ACQUIRED THE ASSETS AND ASSUMED THE LIABILITIES OF WWF ON JANUARY 1, 2012. THE WWF EXISTS TO SUPPORT A BROAD RANGE OF CHARITABLE PROGRAMS AND ACTIVITIES FOR THE CONSERVATION OF WILDLIFE AND WILDLIFE HABITAT. ITS PROGRAMS AND ACTIVITIES HAVE HISTORICALLY BEEN SUGGESTED BY OTHER GROUPS AND IT HAS SERVED PRIMARILY IN A FIDUCIARY CAPACITY. FOR EXAMPLE, WWF CONTINUES TO SERVE AS THE ADMINISTRATOR FOR THE WYOMING GOVERNOR'S BIG LICENSE COALITION PROVIDING FINANCIAL AND GRANT ADMINISTRATIVE SUPPORT. THROUGH NEW CONTINUING FUNDRAISING INITIATIVES, WWF HAS STARTED TO TAKE ASSET AND PROGRAM-DEVELOPMENT INITIATIVES IN SUPPORT OF ITS MISSION.

4b (Code: ) (Expenses \$ 278,625. including grants of \$ ) (Revenue \$ 174,622. ) THE WYOMING AFTERSCHOOL ALLIANCE (WYAA) WAS CREATED IN 2007 TO SUPPORT AND PROMOTE QUALITY, EDUCATION-BASED OUT OF SCHOOL TIME (OST) PROGRAMS THAT POSITIVELY IMPACT WYOMING'S YOUTH AND FAMILIES. WYAA IS A LINCHPIN, CONNECTING AFTERSCHOOL PROVIDERS TO THE NECESSARY RESOURCES, TECHNICAL ASSISTANCE AND TRAINING OPPORTUNITIES.

4c (Code: ) (Expenses \$ 154,353. including grants of \$ ) (Revenue \$ 201,662. ) WYOMING WOMEN'S FOUNDATION (WYWF): THE WYWF HAS GRANTED DOLLARS TO NONPROFITS IN WYOMING SINCE 2000. GRANTS HAVE BEEN MADE TO ORGANIZATIONS IN THE STATE THAT FIT WITHIN THE MISSION "THE WYOMING WOMEN'S FOUNDATION INVESTS IN THE ECONOMIC SELF-SUFFICIENCY OF WOMEN AND OPPORTUNITIES FOR GIRLS IN WYOMING." WYWF CONTINUES TO WORK TOWARDS EDUCATING ALL OF WYOMING ON THE WAGE GAP DISPARITY BETWEEN MEN AND WOMEN AS WELL AS STUDIES ON WHAT IT TAKES TO BE SELF-SUFFICIENT IN WYOMING COMMUNITIES.

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,290,162. including grants of \$ 4,740,438.) (Revenue \$ )

4e Total program service expenses 7,850,649.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included on line 1a, above, who are independent (16); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X)

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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? (X); 16b 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?

Section 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)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 WYOMING COMMUNITY FOUNDATION - 307-721-8300 1472 N. 5TH STREET, SUITE 201, LARAMIE, WY 82072

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) W. WADE BEAVERS MEMBER	1.00	X						0.	0.	0.
(2) SUSAN SAMUELSON MEMBER	1.00	X						0.	0.	0.
(3) ROGER MCMANNIS MEMBER	1.00	X						0.	0.	0.
(4) FRANK BOLEY MEMBER	1.00	X						0.	0.	0.
(5) MARY BETH RIEMONDY MEMBER	1.00	X						0.	0.	0.
(6) KRISTIN WILKERSON MEMBER	1.00	X						0.	0.	0.
(7) JASON CAMPBELL MEMBER	1.00	X						0.	0.	0.
(8) ERIN TAYLOR MEMBER	1.00	X						0.	0.	0.
(9) STEVEN CRANFILL MEMBER	1.00	X						0.	0.	0.
(10) BOB MCLAURIN MEMBER	1.00	X						0.	0.	0.
(11) RUSTY BELL MEMBER	1.00	X						0.	0.	0.
(12) RICK FAGNANT SECRETARY	2.00	X		X				0.	0.	0.
(13) JONI KUMOR TREASURER	2.00	X		X				0.	0.	0.
(14) PAT MCGUIRE VICE CHAIR	2.00	X		X				0.	0.	0.
(15) IRENE ARCHIBALD MEMBER	1.00	X						0.	0.	0.
(16) REED ARMIJO BOARD CHAIR	2.00	X		X				0.	0.	0.
(17) SAMIN DADELAHI COO	40.00			X				121,593.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CRAIG SHOWALTER PRESIDENT & CEO	40.00			X				230,831.	0.	0.
(19) MISTY GEHLE CFO	40.00			X				117,807.	0.	0.
<b>1b Subtotal</b>								470,231.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								470,231.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	7,317,580.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		7,317,580.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		4,249,130.		4,249,130.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	(i) Real	7,200.			
			(ii) Personal				
			<b>6b</b>	Less: rental expenses ...	0.		
	<b>6c</b>	Rental income or (loss) .....	7,200.				
	<b>d</b>	Net rental income or (loss) .....		7,200.		7,200.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities				
			(ii) Other				
			<b>7b</b>	Less: cost or other basis and sales expenses .....	615.		
			<b>7c</b>	Gain or (loss) .....	-615.		
	<b>d</b>	Net gain or (loss) .....		-615.	-615.		
	<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>				
<b>8b</b>			Less: direct expenses .....				
<b>c</b>			Net income or (loss) from fundraising events .....				
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
		<b>9b</b>	Less: direct expenses .....				
		<b>c</b>	Net income or (loss) from gaming activities .....				
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
		<b>10b</b>	Less: cost of goods sold .....				
		<b>c</b>	Net income or (loss) from sales of inventory .....				
Miscellaneous Revenue	<b>11 a</b>	WCF MANAGEMENT FEE INCOME	900099	1,555,893.	1,555,893.		
	<b>b</b>	SPECIAL EVENTS	900099	487,032.	487,032.		
	<b>c</b>	BIG GAME LICENSE SALES	900099	115,872.	115,872.		
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		2,158,797.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		13,732,092.	2,158,182.	0.	4,256,330.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,740,438.	4,740,438.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	485,763.	93,633.	338,575.	53,555.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,235,053.	442,895.	437,732.	354,426.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....				
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	19,870.	5,577.	14,293.	
<b>c</b> Accounting .....	27,749.		27,749.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	259,791.		259,791.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....	89,855.	56,718.		33,137.
<b>13</b> Office expenses .....	128,488.	73,440.	27,125.	27,923.
<b>14</b> Information technology .....	89,279.	33,167.	33,033.	23,079.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	43,014.	7,548.	30,353.	5,113.
<b>17</b> Travel .....	117,112.	54,191.	37,042.	25,879.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	52,179.	40,617.	11,562.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	80,105.	29,759.	29,639.	20,707.
<b>23</b> Insurance .....	28,959.	13,204.	9,275.	6,480.
<b>24</b> 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 O.)				
<b>a</b> <b>ADMINISTRATIVE FEES</b>	1,207,903.	1,207,903.		
<b>b</b> <b>SPECIAL EVENTS</b>	663,026.	663,026.		
<b>c</b> <b>CONSULTANTS</b>	375,320.	361,819.		13,501.
<b>d</b> <b>REPAIRS &amp; MAINTENANCE</b>	20,105.	1,445.	18,660.	
<b>e</b> All other expenses	41,325.	25,269.	9,247.	6,809.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	9,705,334.	7,850,649.	1,284,076.	570,609.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	7,405,817.	<b>2</b>	7,489,172.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	18,744.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,166,938.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 388,705.	759,974.	<b>10c</b> 778,233.
	<b>11</b> Investments - publicly traded securities .....	132,651,650.	<b>11</b>	154,944,507.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,506,064.	<b>12</b>	2,179,266.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	16,880.	<b>15</b>	62,712.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	144,340,385.	<b>16</b>	165,472,634.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	202,566.	<b>17</b>	174,856.
	<b>18</b> Grants payable .....	2,176,339.	<b>18</b>	2,213,845.
	<b>19</b> Deferred revenue .....	500.	<b>19</b>	500.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	8,065,435.	<b>21</b>	7,472,589.
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	24,567,414.	<b>25</b>	25,760,763.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	35,012,254.	<b>26</b>	35,622,553.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	109,328,131.	<b>27</b>	129,850,081.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	109,328,131.	<b>32</b>	129,850,081.
<b>33</b> Total liabilities and net assets/fund balances .....	144,340,385.	<b>33</b>	165,472,634.	

**Part 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	13,732,092.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,705,334.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,026,758.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	109,328,131.
5	Net unrealized gains (losses) on investments	5	16,478,521.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	16,671.
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	129,850,081.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

<b>Name of the organization</b> WYOMING COMMUNITY FOUNDATION	<b>Employer identification number</b> 83-0287513
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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 government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....

**g Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	8283588.	9101899.	16464771.	8778761.	7317580.	49946599.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	8283588.	9101899.	16464771.	8778761.	7317580.	49946599.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						49946599.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	8283588.	9101899.	16464771.	8778761.	7317580.	49946599.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	-2269276.	2763907.	4243163.	4545276.	4256330.	13539400.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						63485999.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	78.67 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	79.80 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

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

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

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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 Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>	<b>(iii) Distributable Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

WYOMING COMMUNITY FOUNDATION

Employer identification number

83-0287513

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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 ..... ▶ \$ \_\_\_\_\_

**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).

Name of organization  <b>WYOMING COMMUNITY FOUNDATION</b>	Employer identification number  <b>83-0287513</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization  <b>WYOMING COMMUNITY FOUNDATION</b>	Employer identification number  <b>83-0287513</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.  
 ► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

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

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

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

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

Name of organization <b>WYOMING COMMUNITY FOUNDATION</b>	Employer identification number <b>83-0287513</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ► \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ► \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	4,540.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	4,540.													
<b>d</b>	Other exempt purpose expenditures .....	9,700,794.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	9,705,334.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	635,267.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	158,817.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	688,177.	590,108.	690,001.	635,267.	2,603,553.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,905,330.
<b>c</b> Total lobbying expenditures	3,900.	3,900.	4,500.	4,540.	16,840.
<b>d</b> Grassroots nontaxable amount		147,527.	172,500.	158,817.	478,844.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					718,266.
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year .....	<b>2a</b>
<b>b</b> Carryover from last year .....	<b>2b</b>
<b>c</b> Total .....	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization **WYOMING COMMUNITY FOUNDATION** Employer identification number **83-0287513**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	80	368
2 Aggregate value of contributions to (during year) .....	1,112,175.	7,602,070.
3 Aggregate value of grants from (during year) .....	1,252,161.	8,322,139.
4 Aggregate value at end of year .....	39,791,081.	125,681,553.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(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, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a 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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	79,597,060.	87,196,758.	73,969,483.	67,081,539.	85,102,195.
b Contributions	1,067,999.	6,448,399.	3,848,449.	2,800,588.	4,011,269.
c Net investment earnings, gains, and losses	4,993,748.	-8,702,367.	13,195,388.	7,762,086.	-18,479,483.
d Grants or scholarships	4,858,862.	3,761,559.	2,745,366.	2,605,901.	2,496,030.
e Other expenditures for facilities and programs					
f Administrative expenses	384,301.	1,584,171.	1,071,196.	1,068,829.	1,056,412.
g End of year balance	80,415,644.	79,597,060.	87,196,758.	73,969,483.	67,081,539.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		78,400.		78,400.
b Buildings		657,200.	79,927.	577,273.
c Leasehold improvements				
d Equipment		190,919.	150,432.	40,487.
e Other		240,419.	158,346.	82,073.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				778,233.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS AGENCY ENDOWMENTS	25,760,763.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	25,760,763.

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 30,210,613. Adjustments include net unrealized gains of 16,478,521. Final total revenue after adjustments is 13,732,092.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 9,705,334. Final total expenses after adjustments is 9,705,334.

Part 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.

Series of horizontal lines provided for entering supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **WYOMING COMMUNITY FOUNDATION** Employer identification number **83-0287513**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALBANY COUNTY LIBRARY FOUNDATION 310 S. 8TH ST. LARAMIE, WY 82070	83-0240069		5,333.	0.			LIBRARY SAFETY AND SECURITY
AMERICAN CANCER SOCIETY PO BOX 1446 CASPER, WY 82602	13-1788491		14,076.	0.			FREMONT COUNTY BREAST CANCER SCREENING
AMERICAN LEGION FRED COE POST 20 PO BOX 2001 CODY, WY 82414			11,435.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
AMERICAN PHILOSOPHICAL SOCIETY 104 SOUTH 5TH ST. PHILADELPHIA, PA 19106	23-1353269		23,313.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
AUDUBON ROCKIES 410 MCKEAN RD MOORCROFT, WY 82721	13-1624102		10,000.	0.			WYOMING COMMUNITY NATURALIST PROGRAM
BEAUFORT MEMORIAL HOSPITAL ENDOWMENT FOUNDATION - PO BOX 2233 - BEAUFORT, SC 29901	57-0792360		10,000.	0.			UNRESTRICTED

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **161.**

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

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

Schedule I (Form 990) (2019)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF NORTHWEST WYOMING - 335 N GILBERT ST - THERMOPOLIS, WY 82443	83-0293830		5,064.	0.			PROGRAM EXPANSION
BIG HORN COUNTY 4-H BOX 587 GREYBULL, WY 82426	83-6000102		9,000.	0.			LEARNING ENHANCEMENT THROUGH BIG HORN COUNTY 4-H
BOYS & GIRLS CLUB OF DOUGLAS PO BOX 1557 DOUGLAS, WY 82633	27-0716777		71,520.	0.			DIRECTOR OF RESOURCE DEVELOPMENT
BOYS & GIRLS CLUB OF SWEETWATER COUNTY - 736 MASSACHUSETTS AVE - ROCK SPRINGS, WY 82901	27-3565963		8,000.	0.			GENERAL OPERATING
BOYS & GIRLS CLUBS OF CENTRAL WYOMING - 1701 EAST K STREET - CASPER, WY 82601	23-7060727		60,000.	0.			UNRESTRICTED
BOYS AND GIRLS CLUB OF EASTERN SHOSHONE TRIBE - PO BOX 538 - FT. WASHAKIE, WY 82514			50,786.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
BUFFALO BILL CENTER OF THE WEST 720 SHERIDAN AVE. CODY, WY 82414	83-0180403		21,108.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
BUFFALO CHILDREN'S CENTER INC 151 S. KLONDIKE BUFFALO, WY 82834	83-0218428		10,000.	0.			PRE-SCHOOL/ PRE-K SCHOLARSHIPS
BUFFALO SENIOR CENTER, INC. PO BOX 941 BUFFALO, WY 82834	83-0223075		5,500.	0.			GENERAL OPERATING

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BURGOON KEMMERER ELEMENTARY PARENT TEACHER ORGANIZATION - 11 ADAVILLE DRIVE - DIAMONDVILLE, WY 83116	83-0285354		6,500.	0.			CANYON ELEMENTARY SCHOOL PLAYGROUND EQUIPMENT
BY WESTERN HANDS PO BOX 1661 CODY, WY 82414	47-5018853		42,412.	0.			1:2 CHALLENGE MATH FOR AUGUST 1 THROUGH SEPTEMBER 30, 2019
CASA OF NATRONA COUNTY 350 BIG HORN RD., STE. 101 CASPER, WY 82601	83-0331392		7,500.	0.			ADVOCATE RECRUITMENT AND RETENTION
CASPER ARTISTS GUILD ET. AL - ART 321 - 321 W. MIDWEST AVE. - CASPER, WY 82601	83-0241107		21,700.	0.			UNRESTRICTED/GENERAL OPERATING
CASPER DOWNTOWN DEVELOPMENT AUTHORITY - 341 W. YELLOWSTONE HWY. - CASPER, WY 82601			31,182.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
CHEYENNE ALANO CLUB 1904 EAST 15TH STREET CHEYENNE, WY 82001	82-2525945		10,000.	0.			GENERAL OPERATING
CHILD DEVELOPMENT CENTER OF NATRONA COUNTY, INC. - 2020 E. 12TH ST. - CASPER, WY 82601	83-0207123		15,715.	0.			IMPROVING EDUCATION FOR CDC CHILDREN AND STAFF
CHILDREN, HORSES AND ADULTS IN PARTNERSHIP FOR THERAPEUTIC RIDING - PMB 201, 1590 SUGARLAND, SUITE B - SHERIDAN, WY 82801	72-1578867		10,000.	0.			SCHOLARSHIP FUNDING
CHILDREN'S ADVOCACY PROJECT 350 NORTH ASH CASPER, WY 82601	20-5891831		25,000.	0.			GENERAL OPERATING

Schedule I (Form 990)

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CHILDREN'S DISCOVERY CENTER PO BOX 1572 PINEDALE, WY 82941	84-1429476		21,500.	0.			GENERAL OPERATING
CHILDREN'S HOSPITAL COLORADO FOUNDATION - 13123 E. 16TH AVE., BOX 045 - AURORA, CO 80045	84-0813462		7,476.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
CITIZENS FOR A CIVIC AUDITORIUM DBA THE LYRIC - PO BOX 76 - CASPER, WY 82602	83-0330897		7,000.	0.			GENERAL OPERATING
CITY OF CASPER 200 N. DAVID ST. CASPER, WY 82601			10,000.	0.			FIRST STREET WETLANDS PROJECT
CITY OF CODY PO BOX 2200 CODY, WY 82414	83-6000052		78,027.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
CITY OF KEMMERER 220 ST. HWY. 233 KEMMERER, WY 83101	83-6000070		92,850.	0.			GENERAL OPERATING
CITY OF POWELL 270 N. CLARK ST. POWELL, WY 82435			23,998.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
CLIMB WYOMING 1001 W. 31ST ST. CHEYENNE, WY 82001	20-1523033		75,000.	0.			FINAL OF THREE YEAR UNRESTRICTED GRANT TO CLIMB WYOMING
COLORADO SCHOOL OF MINES FOUNDATION - PO BOX 4005 - GOLDEN, CO 80402-4005	84-0509064		25,000.	0.			RUBLE FAMILY ENDOWED SCHOLARSHIP FUND

Schedule I (Form 990)

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COLORADO STATE UNIVERSITY FOUNDATION - PO BOX 1870 - FT. COLLINS, CO 80522-1870	23-7098397		10,000.	0.			EQUINE SCIENCES, LEGENDS IN RANCHING
CONVERSE COUNTY LIBRARY FOUNDATION 300 E WALNUT DOUGLAS, WY 82633	74-2230572		9,530.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
CONVERSE COUNTY SHERIFF'S OFFICE 107 N. 5TH ST., STE. 239 DOUGLAS, WY 82633			5,020.	0.			K-9 PROGRAM
CROOK COUNTY LIBRARY FOUNDATION, INC. - PO BOX 910 - SUNDANCE, WY 82729	83-0269103		28,082.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
DUBOIS MEDICAL CENTER, INC DBA DUFFY THERAPY AND FITNESS CENTER - PO BOX 1203 - DUBOIS, WY 82513	23-7007055		25,000.	0.			DUFFY THERAPY AND FITNESS CENTER EXPANSION
DUBOIS MUSEUM PO BOX 896 DUBOIS, WY 82513	83-0240756		8,692.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
DUBOIS RODEO ASSOCIATION PO BOX 584 CROWHEART, WY 82512	27-3070288		10,000.	0.			BLEACHERS FOR ARENA
DUBOIS VOLUNTEERS, INC. PO BOX 59 DUBOIS, WY 82513	74-2452980		9,056.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
EPPSON CENTER FOR SENIORS 1560 N. 3RD ST. LARAMIE, WY 82070	83-0217836		6,625.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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EQUALITY STATE POLICY CENTER 419 S. 5TH ST., STE. 1 LARAMIE, WY 82070	83-0305144		15,000.	0.			WYOMING THROUGH A GENDER LENS
EVANSTON HUNGRY CHILDREN BACKPACK PROGRAM INC. - 1148 FRONT STREET - EVANSTON, WY 82930	47-1297556		24,171.	0.			UNRESTRICTED
EVANSTON YOUTH CLUB FOR BOYS & GIRLS - 419 4TH ST. - EVANSTON, WY 82930	31-1777768		34,421.	0.			UNRESTRICTED
FOSSIL COUNTRY FUTURES INC. PO BOX 854 KEMMERER, WY 83101	74-2504351		28,513.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
FRIDAY FOOD BAG FOUNDATION PO BOX 1186 CHEYENNE, WY 82003	27-1587170		7,500.	0.			GENERAL OPERATING
GREATER HULETT COMMUNITY CENTER PO BOX 453 HULETT, WY 82720	26-0190224		57,872.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
GREATER WYOMING BIG BROTHERS BIG SISTERS - 1010 S. 6TH ST. - LARAMIE, WY 82070	51-0188774		7,498.	0.			DINE AND DISCOVER PROGRAM
HABITAT FOR HUMANITY OF THE EASTERN BIG HORNS - PO BOX 6196 - SHERIDAN, WY 82801	83-0309911		10,000.	0.			AFFORDABLE HOUSING SOLUTIONS FOR FAMILIES IN NEED
HAITI OUTREACH MINISTRIES PO BOX 71042 DURHAM, NC 27722	54-1650694		25,000.	0.			STUDENT SPONSORSHIPS

Schedule I (Form 990)

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HIGH COUNTRY SENIOR CITIZENS PO BOX 918 DUBOIS, WY 82513	83-0237513		10,000.	0.			GENERAL OPERATING
HOLY CROSS CENTER, INC. 1030 N. LINCOLN CASPER, WY 82601	83-0283605		10,000.	0.			UNRESTRICTED
HOLY TRINITY EPISCOPAL CHURCH PO BOX 950 THERMOPOLIS, WY 82443	83-0251716		40,519.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
HORIZON INTERNATIONAL 350 JH WALKER DRIVE PENDLTON, IN 46064	35-2154451		10,000.	0.			UNIVERSITY SCHOLARSHIP ENDOWMENT FUND
HOUSTON FIRST CHURCH OF GOD 14400 NORTHWEST FWY. HOUSTON, TX 77040	74-1255649		68,000.	0.			AFRICAN ORPHANAGE SHOES AND SOCKS
IRIS CLUBHOUSE 615 S. DAVID CASPER, WY 82601-3124	81-4865384		15,000.	0.			GENERAL OPERATING
IVINSON MEMORIAL HOSPITAL 255 N. 30TH ST. LARAMIE, WY 82072	30-0975387		15,600.	0.			BREAST BOUTIQUE AT THE MEREDITH & JEANNIE RAY CANCER CENTER
JACKSON HOLE LAND TRUST PO BOX 2897 JACKSON, WY 83001	74-2138785		10,000.	0.			GUN BARREL FLATS CONSERVATION EASEMENT
JASONS FRIENDS FOUNDATION INC 340 W. B ST., STE. 101 CASPER, WY 82601	83-0316451		10,000.	0.			BRENT'S PLACE LODGING PROJECT

Schedule I (Form 990)

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JOEYS FLY FISHING FOUNDATION 109 S. MAIN ST., STE. B SHERIDAN, WY 82801	20-8989230		8,947.	0.			DINING FOR A CAUSE
JOHNSON COUNTY FAMILY YMCA 101 KLONDIKE DRIVE BUFFALO, WY 82834	83-0237890		19,500.	0.			AQUATICS CENTER - POOL RESURFACING & PAINTING
LARAMIE COUNTY LIBRARY FOUNDATION 2200 PIONEER AVE. CHEYENNE, WY 82001-3610	83-0272048		20,000.	0.			EDUCATIONAL COMPUTERS AT LARAMIE COUNTY LIBRARY SYSTEM
LARAMIE INTERFAITH 712 CANBY LARAMIE, WY 82073	83-0288049		50,612.	0.			STOCK GIFT RESTRICTED TO LARAMIE INTERFAITH CAMPAIGN
LARAMIE PUBLIC ART COALITION 203 S. 2ND STREET LARAMIE, WY 82070	84-1839915		35,000.	0.			OPERATING FUNDS
LEADERSHIP WYOMING 350 BIG HORN RD. SUITE #300 CASPER, WY 82601	74-2254800		41,000.	0.			SCHOLARSHIPS, SUPPORT AND RECRUITMENT FOR NATIVE AMERICAN PARTICIPATION IN LEADERSHIP WYOMING.
LINCOLN COUNTY LIBRARY FOUNDATION 519 EMERALD ST. KEMMERER, WY 83101	74-2119501		44,902.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
LITTLE SNAKE RIVER MUSEUM PO BOX 13 SAVERY, WY 82332			25,000.	0.			EDUCATIONAL AND INFORMATIONAL DISPLAYS IN HONOR OF RONALD AND SHIRLEY BERRY
MAIN STREET PINEDALE PO BOX 2529 PINEDALE, WY 82941	27-4524363		10,000.	0.			FACADE GRANT PROGRAM/TOWN IMPROVEMENT PROJECTS

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MEMORIAL HOSPITAL OF CARBON COUNTY FOUNDATION - 2221 W. ELM ST. - RAWLINS, WY 82301	74-2449481		7,500.	0.			WOMEN'S BREAST IMAGING AWARENESS AND FINANCIAL ASSISTANCE
MEMORIAL HOSPITAL OF SWEETWATER COUNTY FOUNDATION - 1200 COLLEGE DR. - ROCK SPRINGS, WY 82901	83-0449421		15,000.	0.			\$5,000 FOR AREA OF GREATEST NEED/UNRESTRICTED, \$10,000 FOR HEALING HOUSE
MOTHER SETON HOUSING, INC PO BOX 1557 CASPER, WY 82601	74-2560848		8,023.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
NATIONAL BIGHORN SHEEP INTERPRETIVE ASSOC., INC. - PO BOX 1435 - DUBOIS, WY 82513	83-0301605		33,500.	0.			UNRESTRICTED
NATIONAL COWBOY & WESTERN HERITAGE MUSEUM - 1700 NE 63RD ST. - OKLAHOMA CITY, OK 73111	30-0341029		100,000.	0.			DALLY HORN
NATIONAL PARK SERVICE PO BOX 170 MOOSE, WY 83012-0170	53-0197094		17,000.	0.			TETON RANGE BIGHORN SHEEP CAPTURE AND HEALTH ASSESSMENT
NATRONA COUNTY PUBLIC LIBRARY FOUNDATION - 307 E. 2ND ST. - CASPER, WY 82601	23-7248551		10,702.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
NATRONA COUNTY RESTORATIVE JUSTICE 201 N. DAVID ST., OFFICE 156 CASPER, WY 82601	81-2935745		15,000.	0.			GENERAL OPERATING
NEW HOPE HUMANE SOCIETY PO BOX 1704 WORLAND, WY 82401	83-0305303		54,784.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION

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NEW MUSEUM AT THE BRADFORD BRINTON RANCH DBA THE BRINTON MUSEUM - PO BOX 460 - BIG HORN, WY 82833	45-3588359		8,000.	0.			HUNT FOR THE HORNE TOAD
NICOLAYSEN ART MUSEUM 400 EAST COLLINS DR. CASPER, WY 82601	83-0230592		17,500.	0.			GENERAL OPERATING
NIOBRARA COUNTY LIBRARY FOUNDATION, INC. - PO BOX 510 - LUSK, WY 82225-0510	74-2432194		126,541.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
OLDER AND BOLDER CLUB 613 16TH ST. CODY, WY 82414	74-2526697		35,053.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
OLIVIA CALDWELL FOUNDATION 419 S WASHINGTON ST. CASPER, WY 82601	46-4209103		10,000.	0.			SPECIALTY OUTREACH CLINIC FOR CHILDREN DESIGN
PINEDALE FINE ARTS PO BOX 1586 PINEDALE, WY 82941	74-2291655		25,382.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
PLATTE COUNTY LIBRARY FOUNDATION 904 9TH ST. WHEATLAND, WY 82201			30,893.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
PLATTE RIVER TRAILS TRUST PO BOX 1228 CASPER, WY 82601	74-2302478		37,391.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
POPULATION-ENVIRONMENT BALANCE PO BOX 268 SAN FRANCISCO, CA 94104-0268	23-7288859		6,000.	0.			UNRESTRICTED

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POWDER RIVER BASIN RESOURCE COUNCIL - 934 N. MAIN ST. - SHERIDAN, WY 82801	74-2183158		10,000.	0.			UNRESTRICTED
POWELL HEALTH CARE COALITION- DBA HERITAGE HEALTH CENTER - PO BOX 23 - POWELL, WY 82435	46-0955812		15,000.	0.			GENERAL OPERATING
PROJECT SCHOOLHOUSE PO BOX 609 AUSTIN, TX 78767	20-1705489		12,800.	0.			DINING FOR A CAUSE
RAINHORSE PO BOX 55 HYATTVILLE, WY 82428	27-3475138		11,508.	0.			THREE PROGRAMS OF EQUINE ASSISTED ACTIVITIES AND THERAPY
RAY LOVATO RECYCLING CENTER 100 SHERIDAN STREET ROCK SPRINGS, WY 82901	82-1797971		7,500.	0.			24-HOUR COMMUNITY RECYCLING DROP-OFF IMPROVEMENTS
REACH 4A STAR RIDING ACADEMY (R4ASRA) - 4250 N. 6 MILE RD. - CASPER, WY 82601	26-3850702		11,000.	0.			GENERAL OPERATING
ROCK CREEK DISABLED OUTDOORS, INC. 450 HEWITT STREET WILLARD, WI 54493	20-0503923		21,000.	0.			UNRESTRICTED
ROCKY MOUNTAIN ELK FOUNDATION - NATIONAL HQ - 5705 GRANT CREEK - CHEYENNE, WY 82003	81-0421425		28,000.	0.			GRAND CANYON OF THE BLACK HILLS ACQUISITION
ROOTED IN WYOMING PO BOX 382 SHERIDAN, WY 82801	83-3579373		100,000.	0.			GENERAL OPERATING

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SENIOR CITIZENS COUNCIL DBA HUB ON SMITH - 211 SMITH ST. - SHERIDAN, WY 82801	83-0222330		40,000.	0.			COMMUNITY LIVING- DEMENTIA CARE YEAR 3 MATCH
SHERIDAN YMCA 417 N. JEFFERSON SHERIDAN, WY 82801	83-0186708		55,099.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
SONRISE CHURCH PO BOX 415 TORRINGTON, WY 82240	45-1679278		25,000.	0.			THE REMODEL AND RE-PURPOSE OF THE SHOPKO BUILDING IN TORRINGTON
SOUTH LINCOLN HOSPITAL DISTRICT 711 ONYX STREET KEMMERER, WY 83101	83-0128950		11,500.	0.			COMMUNITY BOARD ROOM
SPRING ISLAND TRUST 40 MOBLEY OAKES LN. OKATIE, SC 29909	57-0905093		10,000.	0.			UNRESTRICTED
ST. ALBAN'S EPISCOPAL CHURCH PO BOX 84 WORLAND, WY 82401	83-0237671		26,158.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
SUBLETTE COUNTY CONSERVATION DISTRICT - PO BOX 647 - PINEDALE, WY 82941			8,000.	0.			FORAGE RESERVE VEGETATION MONITORING
SUBLETTE COUNTY SEXUAL ASSAULT FAMILY VIOLENCE TASK FORCE - PO BOX 1236 - PINEDALE, WY 82941	83-0263297		11,500.	0.			GENERAL OPERATING
SWEETWATER COUNTY CHILD DEVELOPMENT CENTER, INC. - 1715 HITCHING POST - GREEN RIVER, WY 82935	83-0244948		9,255.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION

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SWEETWATER COUNTY LIBRARY FOUNDATION - 300 NORTH 1ST EAST - GREEN RIVER, WY 82935	74-2308713		70,358.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
THE FOOD GROUP, INC. PO BOX 6702 SHERIDAN, WY 82801	61-1762787		14,100.	0.			DINING FOR A CAUSE
THE LIBRARY FOUNDATION, INC. 2101 S. 4-J RD. GILLETTE, WY 82716	83-0234279		10,828.	0.			THE SOUND ROOM PROJECT
THE MUSEUM OF THE AMERICAN WEST 1445 MAIN ST. LANDER, WY 82520	83-0327259		16,281.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
THE NATURE CONSERVANCY IN WYOMING 258 MAIN ST., STE. 200 LANDER, WY 82520	53-0242652		23,313.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
TONGUE RIVER VALLEY COMMUNITY CENTER - PO BOX 1100 - DAYTON, WY 82836	83-0336999		74,438.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
TOWN OF BIG PINEY PO BOX 70 BIG PINEY, WY 83113	83-6000823		10,500.	0.			GENERAL OPERATING
TRADITIONAL COWBOY ARTS ASSOCIATION - PO BOX 2002 - CEDAREGE, CO 81413	82-0504580		12,000.	0.			TCCA FELLOWSHIP
TROUT UNLIMITED 220 N 8TH STREET LANDER, WY 82520	38-1612715		10,000.	0.			LOWER SWIFT CREEK STREAM RESTORATION AND STABILIZATION PROJECT

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U.S. DEPARTMENT OF THE INTERIOR, BUREAU OF LAND MANAGEMENT - 5353 YELLOWSTONE RD. - CHEYENNE, WY 82009	84-0437540		8,050.	0.			SHERWOOD RESTORATION PROJECT
UCROSS FOUNDATION 30 BIG RED LANE CLEARMONT, WY 82835	74-2188539		15,006.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
UINTA COUNTY LIBRARY FOUNDATION 701 MAIN ST. EVANSTON, WY 82930	83-0232414		35,572.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
UINTA SENIOR CITIZENS, INC. PO BOX 728 EVANSTON, WY 82930	83-0215583		24,171.	0.			MEAL PROGRAM
UNION PRESBYTERIAN CHURCH PO BOX 128 EVANSTON, WY 82931			5,542.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
UNITED WAY OF SOUTHWEST WYOMING 510 SOUTH MAIN ST ROCK SPRINGS, WY 82901	83-0233314		6,000.	0.			DOLLY PARTON'S IMAGINATION LIBRARY
UNIVERSITY OF WASHINGTON GRANT AND CONTRACT ACCOUNTING CHICAGO, IL 60693	91-6001537		12,500.	0.			PROPOSAL FOR A SELF-SUFFICIENCY STANDARD UPDATE BRIEF FOR THE STATE OF WYOMING
UNIVERSITY OF WYOMING 1000 E UNIVERSITY AVE LARAMIE, WY 82071	83-6000331		323,750.	0.			EVALUATING THE EFFICACY OF TREATMENTS FOR ENHANCING MOOSE HABITAT
UNIVERSITY OF WYOMING ART MUSEUM 1000 E. UNIVERSITY, DEPT. 3807 LARAMIE, WY 82071			6,460.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION

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UNIVERSITY OF WYOMING FOUNDATION 222 S. 22ND ST. LARAMIE, WY 82070	83-0201971		42,000.	0.			JOHN P. ELLBOGEN FOUNDATION AHC CIVICS EDUCATION EXCELLENCE FUND
UPTON REDEVELOPMENT CORPORATION INC. - PO BOX 731 - UPTON, WY 82730	82-2775782		10,000.	0.			TO SUPPORT UPTON AREA COMMUNITY PROGRAMS, PROJECTS AND NON-PROFIT ORGANIZATIONS
VANDERBILT UNIVERSITY MEDICAL CENTER DEVELOPMENT - 3322 WEST END AVENUE - NASHVILLE, TN 37203	35-2528741		20,000.	0.			2019 ANNUAL DISTRIBUTION
WASHAKIE MUSEUM AND CULTURAL CENTER - 2200 BIG HORN AVE. - WORLAND, WY 82401	83-0274740		209,373.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
WATER FOR WILDLIFE 545 MAIN STREET LANDER, WY 82520	23-7449875		10,000.	0.			WATER FOR WILDLIFE FOUNDATION 2019 WATER/HABITAT PROJECTS PROGRAM
WESTON COUNTY LIBRARY FOUNDATION PO BOX 243 NEWCASTLE, WY 82701			31,885.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
WILLIAM H. AND CARRIE GOTTSCHKE FOUNDATION - PO BOX 790 - THERMOPOLIS, WY 82443	83-0182821		13,026.	0.			BIG HORN BASIN THERAPY BEFORE OPIOIDS
WIND RIVER DEVELOPMENT FUND (WRDF) PO BOX 661 FT. WASHAKIE, WY 82514	83-0337192		9,500.	0.			SCHOLARSHIPS FOR UNIV. OF WISCONSIN - OSHKOSH, HUMAN SERVICES LEADERSHIP B. S. DEGREE PROGRAM
WIND RIVER VALLEY ARTIST'S GUILD PO BOX 26 DUBOIS, WY 82513	51-0189034		5,532.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMENS SELF-HELP CENTER, INC. DBA SELF HELP CENTER, INC. - 740 LUKER LANE - EVANSVILLE, WY 82636	83-0241173		12,500.	0.			VIOLENCE PREVENTION AND EDUCATION FOR YOUTH
WYOMING AGRICULTURE IN THE CLASSROOM - PO BOX 347 - CHEYENNE, WY 82009	83-0285445		89,513.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
WYOMING BREAST CANCER INITIATIVE PO BOX 2541 CHEYENNE, WY 82003	83-2544418		95,000.	0.			INNOVATIVE GRANT
WYOMING COMMUNITY FOUNDATION 1472 N. 5TH ST., STE. 201 LARAMIE, WY 82072	83-0287513		30,000.	0.			ANNUAL OPERATING SUPPORT
WYOMING DEMENTIA CARE PO BOX 1493 CASPER, WY 82602	80-0196873		7,289.	0.			GENERAL OPERATING
WYOMING DEPARTMENT OF WORKFORCE SERVICES - 614 SOUTH GREELEY HWY - CHEYENNE, WY 82007			20,000.	0.			DADS MAKING A DIFFERENCE
WYOMING FOOD FOR THOUGHT PROJECT 900 SAINT JOHN STREET CASPER, WY 82604	46-1291957		20,000.	0.			GENERAL OPERATING
WYOMING FOUNDATION FOR CANCER CARE 441 LANDMARK DR. CASPER, WY 82609	81-5130255		15,000.	0.			ANGELS BREAST BOUTIQUE
WYOMING GAME AND FISH DEPARTMENT 5400 BISHOP BLVD. CHEYENNE, WY 82006	83-0208667		196,562.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYOMING PBS FOUNDATION 2660 PECK AVE RIVERTON, WY 82501	83-0324253		44,620.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
WYOMING PUBLIC MEDIA DEPT. 3984, 1000 E UNIVERSITY AVE. LARAMIE, WY 82071-3984	83-6000331		5,808.	0.			UNRESTRICTED
WYOMING RESCUE MISSION PO BOX 2030 CASPER, WY 82601	74-2347412		25,000.	0.			UNRESTRICTED
WYOMING SENIOR CITIZENS, INC. PO BOX BD, 106 W. ADAMS CASPER, WY 82601	83-0228594		15,000.	0.			NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM
WYOMING STATE HISTORICAL SOCIETY PO BOX 247 WHEATLAND, WY 82201	83-6007647		12,714.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
WYOMING STATE PARKS AND CULTURAL RESOURCES - 2301 CENTRAL AVE. - CHEYENNE, WY 82002			13,000.	0.			PEAK WELLNESS SUMMER YOUTH PROGRAMS AT CURT GOWDY STATE PARK, SUMMER 2019
WYOMING STOCK GROWERS AGRICULTURAL LAND TRUST - PO BOX 268 - CHEYENNE, WY 82003	83-6047954		21,867.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
WYOMING STOCK GROWERS ENDOWMENT TRUST - PO BOX 206 - CHEYENNE, WY 82003	83-0234278		10,000.	0.			UNRESTRICTED
WYOMING SYMPHONY ORCHESTRA INC. 225 S. DAVID, STE. B CASPER, WY 82601	83-6011424		26,253.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYOMING TERRITORIAL PARK FOUNDATION - 975 SNOWY RANGE ROAD - LARAMIE, WY 82070	83-0318392		33,082.	0.			DECEMBER 2019 ANNUAL DISTRIBUTION
WYOMING WILDLIFE FOUNDATION 1472 N. 5TH ST., STE. 201 LARAMIE, WY 82072	83-0287513		5,835.	0.			UNRESTRICTED
WYOMING WOMEN'S FOUNDATION 1472 N. 5TH ST., STE. 201 LARAMIE, WY 82072	83-0287513		10,000.	0.			GRANT TO SUPPORT THE WYOMING WOMEN'S FOUNDATION'S ANNUAL OPERATING FUND
YOUNG MUSICIANS INC. DBA THE ARTS INC. - PO BOX 394 - EVANSTON, WY 82930	31-1614657		5,500.	0.			EQUIPMENT PURCHASE
YOUTH ALTERNATIVE HOME ASSOCIATION PO BOX 943 EVANSTON, WY 82930	83-0269541		8,000.	0.			GENERAL OPERATING
YOUTH CLUBS OF PARK COUNTY 308 16TH ST. CODY, WY 82414	83-0320085		15,112.	0.			CLUB LEARN - GENERAL OPERATING
YOUTH CRISIS CENTER, INC. 1655 E. 12TH ST. CASPER, WY 82601	83-0270428		7,000.	0.			GENERAL OPERATING - YOUTH SERVICES AND DEVELOPMENT
YOUTH DEVELOPMENT SERVICES PO BOX 1328 DOUGLAS, WY 82633	83-0248559		20,000.	0.			GENERAL OPERATING
YOUTH EMERGENCY SERVICES, INC. (Y.E.S.) HOUSE - PO BOX 2151 - GILLETTE, WY 82716	83-0230126		20,000.	0.			IMPACT YOUTH MENTORSHIP PROGRAM

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF SWEETWATER COUNTY PO BOX 1667 ROCK SPRINGS, WY 82902	83-0231698		12,500.	0.			YWCA SWEETWATER COUNTY MAJOR PROJECT ASSISTANCE

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

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

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

**PART I, LINE 2:**

THE WYOMING COMMUNITY FOUNDATION PERFORMS THESE DUE DILIGENCE PROCEDURES:

- (1) CONDUCTS PRE-GRANT INQUIRIES TO DETERMINE THE PROSPECTIVE GRANTEE'S ABILITY TO COMPLY WITH THE TERMS OF A GRANT AND FULFILL PROJECT OBJECTIVES;
- (2) OBTAINS A WRITTEN GRANT AGREEMENT WITH SPECIFIC PROVISIONS SETTING FORTH MUTUAL RESPONSIBILITIES THAT IS SIGNED BY BOTH PARTIES;
- (3) REQUIRES THE GRANTEE TO PROVIDE A WRITTEN REPORT TO THE FOUNDATION (TYPICALLY ON AN ANNUAL BASIS) WITH PROOF OF FINANCIAL EXPENDITURES;
- (4) DISCLOSES TO THE IRS BASIC INFORMATION ABOUT GRANTS IN THE FOUNDATION'S ANNUAL FORM 990 AND

**Part IV** Supplemental Information

TO THE PUBLIC THROUGH ITS ANNUAL REPORT; AND (5) ACHIEVES COMPLIANCE WITH THE US PATRIOT ACT TREASURY GUIDELINES WITH RESPECT TO ANTI-TERRORIST FINANCING BY FOLLOWING A POLICY THAT INTERNATIONAL GRANTS WILL ONLY BE MADE THROUGH US-BASED AGENCIES SUBJECT TO APPROPRIATE DUE DILIGENCE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**WYOMING COMMUNITY FOUNDATION**

Employer identification number

**83-0287513**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CRAIG SHOWALTER PRESIDENT & CEO	(i)	230,831.	0.	0.	0.	0.	230,831.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

WYOMING COMMUNITY FOUNDATION

Employer identification number

83-0287513

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

BETTER WYOMING. THE WYOMING COMMUNITY FOUNDATION IS A CHARITABLE

ORGANIZATION WHICH BUILDS AND PRESERVES FUNDS ESTABLISHED BY

INDIVIDUALS, FAMILIES, CORPORATIONS, AGENCIES AND PRIVATE FOUNDATIONS.

THE WYOMING COMMUNITY FOUNDATION USES THE EARNINGS FROM THESE FUNDS TO

BENEFIT COMMUNITY NEEDS ACROSS THE STATE OF WYOMING.

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

PRIVATE FOUNDATIONS. THE WYOMING COMMUNITY FOUNDATION USES THE

EARNINGS FROM THESE FUNDS TO BENEFIT COMMUNITY NEEDS ACROSS THE STATE

OF WYOMING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE WYOMING COMMUNITY FOUNDATION (WYCF) MANAGES OVER 400 FUNDS. BY

CONDUCTING TWO COMPETITIVE GRANT CYCLES A YEAR, WYCF GIVES SUPPORT TO

CHARITABLE PROJECTS AND INITIATIVES THROUGHOUT THE STATE.

EXPENSES \$ 7,290,162. INCLUDING GRANTS OF \$ 4,740,438. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHIEF FINANCIAL OFFICER PROVIDES A COPY OF THE DRAFT 990 TO THE AUDIT

COMMITTEE. THE AUDIT COMMITTEE THEN MEETS TO REVIEW, ASK QUESTIONS OR

PROVIDE INPUT. AT THE NEXT REGULARLY SCHEDULED BOARD MEETING THE AUDIT

COMMITTEE WILL RECOMMEND THE BOARD ACCEPT THE 990 AS PRESENTED. AT THIS

MEETING THE BOARD OF DIRECTORS IS GIVEN AN OPPORTUNITY TO ASK QUESTIONS OR

VOICE CONCERNS. THEN THE FORM 990 IS FINALIZED AND FILED WITH THE IRS.

Name of the organization WYOMING COMMUNITY FOUNDATION	Employer identification number 83-0287513
--	--

FORM 990, PART VI, SECTION B, LINE 12C:

UPON ACCEPTANCE AS A MEMBER OF THE BOARD OF DIRECTORS, ALL NEW MEMBERS ATTEND NEW BOARD MEMBER ORIENTATION, AND MUST REVIEW THE CONFLICTS OF INTEREST POLICY AND COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. ANNUALLY, AT ITS FOURTH QUARTER MEETING ALL BOARD MEMBERS ARE ASKED TO UPDATE THEIR FORMS. FURTHER, AT EVERY MEETING OF THE FULL BOARD OR ITS COMMITTEES THE BOARD CHAIR WILL ASK ALL PRESENT WHETHER THEY HAVE A CONFLICT WITH RESPECT TO ITEMS ON THE AGENDA AND REMIND BOARD MEMBERS OF THEIR CONTINUED OBLIGATION TO DISCLOSE ANY POTENTIAL CONFLICT. ANY SUCH CONFLICT IS NOTED IN THE MINUTES AND THE MEMBER IS RECUSED FROM THE ROOM WHEN THAT PARTICULAR AGENDA TOPIC IS DISCUSSED, OR A MOTION OR VOTE IS MADE ON THAT TOPIC.

FORM 990, PART VI, SECTION B, LINE 15:

ANNUALLY AS THE BUDGET IS PREPARED, SALARIES BASED ON POSITIONS ARE REVIEWED AND EVALUATED AS COMPARABLE TO THE INFORMATION PROVIDED IN THE ANNUAL SALARY SURVEY PERFORMED AND COMPILED BY THE COUNCIL ON FOUNDATIONS. WHEN APPROPRIATE WYCF WILL HIRE AN INDEPENDENT CONSULTANT TO REVIEW ALL POSITIONS, JOB DESCRIPTIONS AND CURRENT SALARIES TO DETERMINE COMPENSATION IS APPROPRIATE FOR SUCH POSITION. THE FINANCE COMMITTEE CONSIDERS ALL STAFF SALARIES WHEN REVIEWING AND APPROVING THE ANNUAL OPERATING BUDGET. THE EXECUTIVE COMMITTEE MEETS ANNUALLY TO REVIEW THE COMPENSATION AND PERFORMANCE OF THE CEO AND PROVIDES THE RECOMMENDED COMPENSATION INFORMATION TO THE CFO.

FORM 990, PART VI, SECTION C, LINE 19:

WYCF MAKES AVAILABLE ITS ANNUAL REPORT ON ITS WEBSITE. WYCF ALSO COMPLETES THE PROCESS WITH POSTING APPROPRIATE INFORMATION ON GUIDESTAR (BY CANDID).



Name of the organization

WYOMING COMMUNITY FOUNDATION

Employer identification number

83-0287513

ALSO, ANYONE CAN CONTACT WYCF FOR THIS INFORMATION AT ANYTIME AND WYCF STAFF WILL PROVIDE THE INFORMATION AS AVAILABLE EITHER ELECTRONICALLY OR IN HARD COPY.

Lined area for additional text or notes.