

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

A For the **2020** calendar year, or tax year beginning , **2020**, and ending , **20**

| | | | | | | |
|--|--|----------------------------------|------------|--|---|--------------------------------------|
| 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 | C Name of organization WYOMING COMMUNITY FOUNDATION | | | | D Employer identification number 83-0287513 | |
| | Doing business as | | | | E Telephone number (307) 721-8300 | |
| | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | | | |
| | 1472 N. 5TH, STE 201 | | 201 | | | |
| City or town, state or province, country, and ZIP or foreign postal code LARAMIE, WY 82072 | | | | G Gross receipts \$ 18,007,435. | | |
| F Name and address of principal officer: CRAIG SHOWALTER 1472 N. 5TH, STE 201201, LARAMIE, WY 82072 | | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| | | | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | If "No," attach a list. See instructions | | |
| I 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 | | J Website: ▶ WWW.WYCF.ORG | | | | H(c) Group exemption number ▶ |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | L Year of formation: 1989 | | M State of legal domicile: WY |

Part I Summary

| | | | |
|---|--|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO CONNECT PEOPLE WHO CARE WITH THE CAUSES THAT MATTER TO BUILD A BETTER WYOMING. THE WYOMING COMMUNITY FOUNDATION IS A CHARITABLE ORGANIZATION WHICH | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 17. |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 17. |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 18. |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 150. |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 7,317,580. | 13,190,561. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,248,515. | 2,868,915. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,165,997. | 1,947,959. |
| | | 13,732,092. | 18,007,435. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 4,740,438. | 5,334,672. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,720,816. | 1,765,387. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 531,605. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,244,080. | 3,019,668. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 9,705,334. | 10,119,727. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 4,026,758. | 7,887,708. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 165,472,634. | 184,891,246. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 35,622,553. | 36,053,655. |
| | 129,850,081. | 148,837,591. | |

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.

| | | | | | |
|---|---|-------------------------|-------------------------|---|-----------|
| Sign Here | Signature of officer | | Date | | |
| | CRAIG SHOWALTER Type or print name and title | | PRESIDENT 09/02/2021 | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MEGAN HANNEMAN, CPA | | 09/02/2021 | | P00542146 |
| | Firm's name ▶ BDO USA, LLP | Firm's EIN ▶ 13-5381590 | | Phone no. 307-755-1040 | |
| Firm's address ▶ 505 SOUTH 3RD STREET STE 100 LARAMIE, WY 82070 | | | | | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 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 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 \$ 133,097. including grants of \$) (Revenue \$ 20,490.)

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 SUGGSTED BY OTHER GROUPS AND IT HAS SERVED PRIMARILY IN A FIDUCIARY CAPACITY. THROUGH NEW CONTINUING FUNDRAISING INITIATIVES, WWF HAS STARTED TO TAKE ASSET AND PROGRAM-DEVELOPMENT INITIATIVES IN SUPPORT OF ITS MISSION.

4b (Code:) (Expenses \$ 208,429. including grants of \$) (Revenue \$ 341,859.)

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 \$ 145,440. including grants of \$) (Revenue \$ 204,186.)

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 \$ 7,850,262. including grants of \$ 5,334,672.) (Revenue \$)

4e Total program service expenses **▶** 8,337,228.

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> See instructions? | 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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> See instructions | | 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)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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 reporting, tax returns, unrelated 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 (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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.
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

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 dotted 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) CRAIG SHOWALTER PRESIDENT & CEO | 40.00 0. | | | X | | | 252,249. | 0. | 0. | |
| (2) SAMIN DADELAHI COO | 40.00 0. | | | X | | | 149,057. | 0. | 0. | |
| (3) MISTY GEHLE CFO | 40.00 0. | | | X | | | 134,074. | 0. | 0. | |
| (4) W. WADE BEAVERS MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (5) SUSAN SAMUELSON MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (6) ROGER MCMANNIS MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (7) FRANK BOLEY MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (8) MARY BETH RIEMONDY MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (9) KRISTIN WILKERSON MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (10) JASON CAMPBELL MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (11) ERIN TAYLOR MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (12) STEVEN CRANFILL MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (13) BOB MCLAURIN MEMBER | 1.00 0. | X | | | | | 0. | 0. | 0. | |
| (14) RUSTY BELL MEMBER | 1.00 0. | X | | | | | 0. | 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 dotted 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 | | | |
| (15) RICK FAGNANT SECRETARY | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (16) JONI KUMOR VICE CHAIR | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (17) PAT MCGUIRE TREASURER | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (18) IRENE ARCHIBALD MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| (19) REED ARMIJO BOARD CHAIR | 2.00 0. | X | | | | | | 0. | 0. | 0. |
| (20) CONNIE BREZIK MEMBER | 1.00 0. | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 535,380. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 535,380. | 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 former officer, director, or 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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in 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) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|--|---------------|---|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) . . | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 13,190,561. | | | | |
| | g | Noncash contributions included in lines 1a-1f. | 1g | \$ | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 13,190,561. | | | | |
| | Program Service Revenue | 2a | _____ | Business Code | | | | |
| b | | _____ | | | | | | |
| c | | _____ | | | | | | |
| d | | _____ | | | | | | |
| e | | _____ | | | | | | |
| f | | All other program service revenue | | | | | | |
| g | | Total. Add lines 2a-2f ▶ | | 0. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts). ▶ | | 2,868,915. | | | 2,868,915. | |
| | 4 | Income from investment of tax-exempt bond proceeds . ▶ | | 0. | | | | |
| | 5 | Royalties ▶ | | 0. | | | | |
| | 6a | Gross rents | 6a | (i) Real | | | | |
| | | | | (ii) Personal | 9,665. | | | |
| | | | | | | | | |
| | b | Less: rental expenses | 6b | | | | | |
| | c | Rental income or (loss) | 6c | 9,665. | | | | |
| | d | Net rental income or (loss) ▶ | | 9,665. | | | 9,665. | |
| | 7a | Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | | (ii) Other | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses . . | 7b | | | | | |
| | c | Gain or (loss) | 7c | | | | | |
| | d | Net gain or (loss) ▶ | | 0. | | | | |
| 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | 0. | | | | |
| | | | 8b | 0. | | | | |
| | | | c | Net income or (loss) from fundraising events. ▶ | 0. | | | |
| 9a | Gross income from gaming activities. See Part IV, line 19 | 9a | | 0. | | | | |
| | | | 9b | 0. | | | | |
| | | | c | Net income or (loss) from gaming activities. ▶ | 0. | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | 0. | | | | |
| | | | 10b | 0. | | | | |
| | | | c | Net income or (loss) from sales of inventory. ▶ | 0. | | | |
| Miscellaneous Revenue | 11a | WCF MANAGEMENT FEE INCOME | Business Code | 900099 | 1,650,539. | 1,650,539. | | |
| | b | BIG GAME LICENSE SALES | | 900099 | 2,874. | 2,874. | | |
| | c | SPECIAL EVENTS | | 900099 | 284,881. | 284,881. | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d ▶ | | | 1,938,294. | | | |
| 12 | Total revenue. See instructions ▶ | | | 18,007,435. | 1,938,294. | | 2,878,580. | |

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 |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 5,329,672. | 5,329,672. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 5,000. | 5,000. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 535,380. | 105,708. | 371,769. | 57,903. |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 1,230,007. | 471,030. | 436,366. | 322,611. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 0. | | | |
| 9 Other employee benefits | 0. | | | |
| 10 Payroll taxes | 0. | | | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 0. | | | |
| b Legal | 20,584. | 8,373. | 12,211. | |
| c Accounting | 0. | | | |
| d Lobbying | 4,500. | | 4,500. | |
| e Professional fundraising services. See Part IV, line 17 | 0. | | | |
| f Investment management fees | 264,919. | | 264,919. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 0. | | | |
| 12 Advertising and promotion | 96,699. | 68,100. | | 28,599. |
| 13 Office expenses | 148,417. | 94,314. | 21,049. | 33,054. |
| 14 Information technology | 94,022. | 36,720. | 36,042. | 21,260. |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 36,430. | 27,580. | 5,567. | 3,283. |
| 17 Travel | 32,662. | 16,931. | 9,895. | 5,836. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 2,096. | | 2,096. | |
| 20 Interest | 0. | | | |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 64,851. | 25,329. | 24,859. | 14,663. |
| 23 Insurance | 27,063. | 12,901. | 8,908. | 5,254. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a ADMINISTRATIVE FEES | 1,227,672. | 1,227,672. | | |
| b CONSULTANTS | 359,554. | 297,174. | 27,922. | 34,458. |
| c SPECIAL EVENTS | 580,742. | 580,742. | | |
| d REGISTRATION & TRAINING | 10,896. | 5,112. | 3,638. | 2,146. |
| e All other expenses _____ | 48,561. | 24,870. | 21,153. | 2,538. |
| 25 Total functional expenses. Add lines 1 through 24e | 10,119,727. | 8,337,228. | 1,250,894. | 531,605. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

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 |
|---|--|--------------------------|--------------|---------------------|
| Assets | 1 Cash - non-interest-bearing | 0. | 1 | 0. |
| | 2 Savings and temporary cash investments | 7,489,172. | 2 | 6,808,125. |
| | 3 Pledges and grants receivable, net | 0. | 3 | 0. |
| | 4 Accounts receivable, net. | 18,744. | 4 | 27,236. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | 0. | 5 | 0. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 Inventories for sale or use | 0. | 8 | 0. |
| | 9 Prepaid expenses and deferred charges | 0. | 9 | 0. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,239,988. | | |
| | b Less: accumulated depreciation | 10b 427,769. | 778,233. | 10c 812,219. |
| | 11 Investments - publicly traded securities. | 154,944,507. | 11 | 174,564,086. |
| | 12 Investments - other securities. See Part IV, line 11 | 2,179,266. | 12 | 2,650,000. |
| | 13 Investments - program-related. See Part IV, line 11. | 0. | 13 | 0. |
| | 14 Intangible assets | 0. | 14 | 0. |
| | 15 Other assets. See Part IV, line 11 | 62,712. | 15 | 29,580. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 165,472,634. | 16 | 184,891,246. | |
| Liabilities | 17 Accounts payable and accrued expenses | 174,856. | 17 | 160,150. |
| | 18 Grants payable | 2,213,845. | 18 | 1,906,078. |
| | 19 Deferred revenue. | 500. | 19 | 500. |
| | 20 Tax-exempt bond liabilities. | 0. | 20 | 0. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D. | 7,472,589. | 21 | 6,468,316. |
| | 22 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 | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 Unsecured notes and loans payable to unrelated third parties. | 0. | 24 | 0. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 25,760,763. | 25 | 27,518,611. |
| | 26 Total liabilities. Add lines 17 through 25. | 35,622,553. | 26 | 36,053,655. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 129,850,081. | 27 | 148,837,591. |
| | 28 Net assets with donor restrictions. | 0. | 28 | 0. |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund. | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds. | | 31 | |
| | 32 Total net assets or fund balances | 129,850,081. | 32 | 148,837,591. |
| 33 Total liabilities and net assets/fund balances. | 165,472,634. | 33 | 184,891,246. | |

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 | 18,007,435. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 10,119,727. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 7,887,708. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 129,850,081. |
| 5 | Net unrealized gains (losses) on investments | 5 | 11,071,018. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 28,784. |
| 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 | 148,837,591. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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.
- 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?
- b** 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

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

WYOMING COMMUNITY FOUNDATION

Employer identification number

83-0287513

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 | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2020

JSA
0E1210 0.030

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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First 5 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

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 74.48%; 15 Public support percentage from 2019 Schedule A, Part II, line 14 78.67%; 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2019. 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 stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2019. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First 5 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

| | | |
|---|-----------|---|
| 15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2019 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)), | 17 | % |
| 18 Investment income percentage from 2019 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 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> | | |
| 2 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> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| 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> | | |
| c 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> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| 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> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| 8 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> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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> | | |
| c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| 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 |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described in line 11a above? | | |
| c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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 |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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 |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

| | | | |
|---|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | | |
| 2 Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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> | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i> | | | |
| 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.

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | 1e | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <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). | | |

Schedule A (Form 990 or 990-EZ) 2020

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2020 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|--|---|-------------------------------------|---|--|
| 1 | Distributable amount for 2020 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | |
| a | From 2015 | | | |
| b | From 2016 | | | |
| c | From 2017 | | | |
| d | From 2018 | | | |
| e | From 2019 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2020 distributable amount | | | |
| i | Carryover from 2015 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2020 from Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2020 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | Excess from 2016 | | | |
| b | Excess from 2017 | | | |
| c | Excess from 2018 | | | |
| d | Excess from 2019 | | | |
| e | Excess from 2020 | | | |

Schedule of Contributors

2020

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

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

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

Name of organization WYOMING COMMUNITY FOUNDATION

Employer identification number
83-0287513

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 information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____ | _____ _____ | _____ _____ | _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ | _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____ | _____ _____ | _____ _____ | _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ | _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____ | _____ _____ | _____ _____ | _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ | _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| _____ | _____ _____ | _____ _____ | _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ | _____ _____ |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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 WYOMING COMMUNITY FOUNDATION | Employer identification number 83-0287513 |
|--|--|

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. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (See instructions).

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-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Schedule C (Form 990 or 990-EZ) 2020

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.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 4,500. | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | 4,500. | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | 10,115,227. | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | 10,119,727. | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | 655,986. | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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. | | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | 163,997. | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | 0. | 0. | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | 0. | 0. | | | | | | | | | | | | |
| j 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.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|-----------------|-----------------|-----------------|-----------------|------------------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a Lobbying nontaxable amount | 590,108. | 690,001. | 635,267. | 655,986. | 2,571,362. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 3,857,043. |
| c Total lobbying expenditures | 3,900. | 4,500. | 4,540. | 4,500. | 17,440. |
| d Grassroots nontaxable amount | 147,527. | 172,500. | 158,817. | 163,997. | 642,841. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 964,262. |
| f Grassroots lobbying expenditures | | | | | |

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

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

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 |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

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."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year. | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. | 3 | |
| 4 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? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (See instructions) | 5 | |

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.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

WYOMING COMMUNITY FOUNDATION

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.

Table with 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a column for Yes/No responses. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

Part II Conservation Easements.

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

Form with multiple sections for conservation easements, including checkboxes for purposes (land for public use, natural habitat, open space, historically important land area, certified historic structure) and a table for 'Held at the End of the Tax Year'.

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.

Form with multiple sections for art and historical treasures, including checkboxes for reporting requirements and fields for revenue and assets.

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

Schedule D (Form 990) 2020

JSA 0E1268 1.000

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 | 98,246,480. | 81,275,854. | 87,196,758. | 73,969,483. | 67,081,539. |
| b Contributions | 8,710,430. | 4,462,202. | 5,021,763. | 3,848,449. | 2,800,588. |
| c Net investment earnings, gains, and losses | 11,070,561. | 16,749,459. | -6,919,172. | 13,195,388. | 7,762,086. |
| d Grants or scholarships | 3,584,230. | 3,056,757. | 2,807,684. | 2,745,366. | 2,605,901. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 1,209,466. | 1,184,278. | 1,215,811. | 1,071,196. | 1,068,829. |
| g End of year balance | 113,233,775. | 98,246,480. | 81,275,854. | 87,196,758. | 73,969,483. |

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 ▶ 100.0000 %
- 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:

- (i)** Unrelated organizations
- (ii)** Related organizations

| | Yes | No |
|---------------|--------------------------|-------------------------------------|
| 3a(i) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3a(ii) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3b | <input type="checkbox"/> | <input type="checkbox"/> |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 78,400. | | 78,400. |
| b Buildings | | 755,157. | 98,034. | 657,123. |
| c Leasehold improvements | | | | |
| d Equipment | | 166,012. | 145,457. | 20,555. |
| e Other | | 240,419. | 184,278. | 56,141. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 812,219. |

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) | | |
| Total. (Column (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) | | |
| Total. (Column (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) | |
| Total. (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 | 27,518,611. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

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

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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.

| 1 (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 noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ALBANY COUNTY LIBRARY FOUNDATION 310 S. 8TH ST. LARAMIE, WY 82070 | 83-0240069 | | 10,000. | | | | ALBANY COUNTY PUBLIC |
| (2) AMERICAN LEGION FRED COE POST 20 PO BOX 2001 CODY, WY 82414 | | | 11,675. | | | | DECEMBER 2020 ANNUAL |
| (3) AMERICAN PHILOSOPHICAL SOCIETY 104 SOUTH 5TH ST. PHILADELPHIA, PA 19106 | 23-1353269 | | 59,152. | | | | DECEMBER 2020 ANNUAL |
| (4) AUDUBON ROCKIES 410 MCKEAN RD MOORCROFT, WY 82721 | 13-1624102 | | 35,000. | | | | WYOMING COMMUNITY NA |
| (5) BEAUFORT MEMORIAL HOSPITAL ENDOWMEN PO BOX 2233 BEAUFORT, SC 29901 | 57-0792360 | | 10,000. | | | | UNRESTRICTED |
| (6) BIG HORN COUNTY 4-H BOX 587 GREYBULL, WY 82426 | 83-6000102 | | 9,000. | | | | ENHANCED HANDS ON LE |
| (7) BOYS & GIRLS CLUB OF DOUGLAS PO BOX 1557 DOUGLAS, WY 82633 | 27-0716777 | | 59,400. | | | | DIRECTOR OF RESOURCE |
| (8) BOYS & GIRLS CLUB OF SWEETWATER COUNTY 736 MASSACHUSETTS AVE | 27-3565963 | | 30,000. | | | | GENERAL OPERATING |
| (9) 12-24 CLUB, INC. 500 S. WOLCOTT ST., STE. 200 | 83-0306012 | | 20,000. | | | | GENERAL OPERATING |
| (10) ADVOCACY & RESOURCE CENTER 136 COFFEEN AVE. SHERIDAN, WY 82801 | 83-0255952 | | 8,537. | | | | DECEMBER 2020 ANNUAL |
| (11) ADVOCACY FOR VISUAL ARTS, LLC PO BOX 7145 GILLETTE, WY 82716 | 83-0324850 | | 8,148. | | | | DECEMBER 2020 ANNUAL |
| (12) ARTCORE, INC. PO BOX 874 CASPER, WY 82602 | 83-0241888 | | 5,734. | | | | ARTCORE GENERAL OPER |

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

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Name of the organization

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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.

| 1 (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 noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) BOYS & GIRLS CLUBS OF CENTRAL WYOMING 1701 EAST K STREET CASPER, WY 82601 | 23-7060727 | | 20,408. | | | | GENERAL OPERATING |
| (2) BOYS AND GIRLS CLUB OF EASTERN SHOSHONE TRI PO BOX 538 FT. WASHAKIE, WY 82514 | | | 52,414. | | | | DECEMBER 2020 ANNUAL |
| (3) ACTION RESOURCES INTERNATIONAL PO BOX 536 LARAMIE, WY 82073 | 84-1296410 | | 7,137. | | | | FEEDING LARAMIE VALL |
| (4) ALLIANCE FOR HISTORIC WYOMING PO BOX 123 LARAMIE, WY 82073 | 36-4578284 | | 6,776. | | | | GENERAL OPERATING |
| (5) AMERICAN RED CROSS - REGIONAL OFFICE 444 SHERMAN ST DENVER, CO 80203 | 53-0196605 | | 7,500. | | | | SHELTER & FOOD FOR D |
| (6) ARK REGIONAL SERVICES, INC. 1150 N. 3RD. ST. LARAMIE, WY 82070 | 83-0208994 | | 5,840. | | | | GENERAL OPERATING |
| (7) ARRAY FOUNDATION 106 E. LINCOLNWAY, SUITE 420 | 81-1188678 | | 17,500. | | | | THE WYOMING TECHNOLO |
| (8) ASK AFTER SCHOOL FOR KIDS 525 RANDALL AVE., STE. 4 CHEYENNE, WY 82001 | 46-2521723 | | 7,500. | | | | EDUCATION THROUGH ME |
| (9) BOULDER COMMUNITY CITIZEN CENTER PO BOX 124 BOULDER, WY 82923 | 74-2324433 | | 20,000. | | | | BOULDER COMMUNITY CE |
| (10) BOYD AVENUE BAPTIST CHURCH 1930 BOYD AVENUE CASPER, WY 82604 | 83-0255247 | | 10,000. | | | | BUILDING FUND |
| (11) BOYS & GIRLS CLUB OF CAMPBELL COUNTY 410 LAKESIDE DR. GILLETTE, WY 82716 | 86-1006303 | | 11,204. | | | | DECEMBER 2020 ANNUAL |
| (12) BOYS & GIRLS CLUB OF CHEYENNE WYOMING 515 W. JEFFERSON RD. CHEYENNE, WY 82007 | 83-0306118 | | 22,735. | | | | SUPPORTING BOYS & GI |

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

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Schedule I (Form 990) 2020

**SCHEDULE I
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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.

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) BRIGHAM YOUNG UNIVERSITY - FINANCIAL AID OF A41 ASB PROVO, UT 84602-1009 | | | 6,375. | | | | SCHOLARSHIPS |
| (2) BRIGHT FUTURES MENTORING PROGRAM INC. PO BOX 265 CODY, WY 82414 | 68-0570392 | | 6,420. | | | | BRIGHT FUTURES AFTER |
| (3) BUFFALO BILL CENTER OF THE WEST 720 SHERIDAN AVE. CODY, WY 82414 | 83-0180403 | | 42,118. | | | | DECEMBER 2020 ANNUAL |
| (4) BUFFALO CHILDREN'S CENTER INC 151 S. KLONDIKE BUFFALO, WY 82834 | 83-0218428 | | 21,330. | | | | PRE-SCHOOL/PRE-K SCH |
| (5) BUFFALO SENIOR CENTER, INC. PO BOX 941 BUFFALO, WY 82834 | 83-0223075 | | 10,000. | | | | BUS GARAGE FOR PUBLI |
| (6) BUILD MOTHERS BUILD THE WORLD PO BOX 55 LARAMIE, WY 82073 | 84-3584749 | | 8,000. | | | | ELEVATE 307 SCHOLARS |
| (7) CASA OF NATRONA COUNTY 350 BIG HORN RD., STE. 101 CASPER, WY 82601 | 83-0331392 | | 7,500. | | | | ADVOCATE RECRUITMENT |
| (8) CASA OF THE 5TH JUDICIAL DISTRICT 1388 RUMSEY AVE CODY, WY 82414 | 27-2137118 | | 18,800. | | | | GENERAL OPERATING |
| (9) CASPER AREA TRANSPORT COALITION (CATC) 1715 E. 4TH ST. CASPER, WY 82601 | 83-0235592 | | 7,000. | | | | LOW INCOME PASSENGER |
| (10) CASPER AREA GUILD ET. AL - ART 321 321 W. MIDWEST AVE. CASPER, WY 82601 | 83-0241107 | | 15,712. | | | | DECEMBER 2020 ANNUAL |
| (11) CASPER CHILDREN'S THEATRE, INC. 4419 E 22ND STREET CASPER, WY 82609 | 83-0333072 | | 9,500. | | | | GENERAL OPERATING |
| (12) CASPER COLLEGE - FINANCIAL AID 125 COLLEGE DR. CASPER, WY 82601 | | | 12,000. | | | | SCHOLARSHIPS |

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Schedule I (Form 990) 2020

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

- 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**
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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) CASPER COLLEGE FOUNDATION 125 COLLEGE DR. CASPER, WY 82601 | 83-6003050 | | 7,500. | | | | VANBURGH GEOSCIENCE |
| (2) CASPER DOWNTOWN DEVELOPMENT AUTHORITY 341 W. YELLOWSTONE HWY. CASPER, WY 82601 | | | 40,704. | | | | DECEMBER 2020 ANNUAL |
| (3) CASPER FAMILY CONNECTIONS 2345 E. 2ND ST. CASPER, WY 82609 | 27-4951669 | | 15,000. | | | | GENERAL OPERATING |
| (4) CASPER FAMILY YMCA DBA YMCA OF NATRONA COUN 1611 CASPER MOUNTAIN ROAD CASPER, WY 82601 | 83-0197773 | | 5,395. | | | | YMCA CHILDCARE FOR E |
| (5) CASPER HOUSING AUTHORITY CARES 145 N. DURBIN ST CASPER, WY 82601 | 81-0826443 | | 19,500. | | | | CASPER HOUSING AUTHO |
| (6) CASPER HUMANE SOCIETY 849 EAST "E" ST. CASPER, WY 82601 | 23-7123807 | | 6,160. | | | | UNRESTRICTED |
| (7) CASPER MOUNTAIN BIATHLON CLUB 1110 EAST END ROAD CASPER, WY 82601 | 27-0653711 | | 10,000. | | | | PAVING PROJECT |
| (8) CASTING FOR RECOVERY 109 EAST OAK STREET, SUITE 1G | 03-0354382 | | 5,633. | | | | DECEMBER 2020 ANNUAL |
| (9) CEDARVILLE UNIVERSITY - FINANCIAL AID OFFIC 251 N. MAIN STREET CEDARVILLE, OH 45314 | | | 10,000. | | | | SCHOLARSHIPS |
| (10) CENTRAL WYOMING HOSPICE AND TRANSITIONS 319 S. WILSON CASPER, WY 82601 | 83-0249753 | | 20,691. | | | | EXPANSION OF INPATIE |
| (11) CHEYENNE INTERFAITH HOSPITALITY NETWORK 2950 SPRUCE DR CHEYENNE, WY 82001 | 83-0329171 | | 10,000. | | | | LIFE SKILLS CLASSES |
| (12) CHILD DEVELOPMENT CENTER OF NATRONA COUNTY, 2020 E. 12TH ST. CASPER, WY 82601 | 83-0207123 | | 16,905. | | | | GENERAL OPERATING |

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

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Employer identification number

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Part I General Information on Grants and Assistance

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) CHILDREN, HORSES AND ADULTS IN PARTNERSHIP PMB 201, 1590 SUGARLAND, SUITE B | 72-1578867 | | 9,200. | | | | SCHOLARSHIP & ENDOWM |
| (2) CHILDREN'S ADVOCACY PROJECT 350 NORTH ASH CASPER, WY 82601 | 20-5891831 | | 40,000. | | | | GENERAL OPERATING |
| (3) CHILDREN'S DISCOVERY CENTER PO BOX 1572 PINEDALE, WY 82941 | 84-1429476 | | 15,000. | | | | GENERAL OPERATING |
| (4) CHILDREN'S HOSPITAL COLORADO FOUNDATION 13123 E. 16TH AVE., BOX 045 | 84-0813462 | | 7,485. | | | | DECEMBER 2020 ANNUAL |
| (5) CITY OF CODY PO BOX 2200 CODY, WY 82414 | 83-6000052 | | 78,539. | | | | DECEMBER 2020 ANNUAL |
| (6) CITY OF KEMMERER 220 ST. HWY. 233 KEMMERER, WY 83101 | 69-0830064 | | 54,332. | | | | GENERAL OPERATING/RE |
| (7) CITY OF POWELL 270 N. CLARK ST. POWELL, WY 82435 | | | 24,023. | | | | DECEMBER 2020 ANNUAL |
| (8) CLIMB WYOMING 1001 W. 31ST ST. CHEYENNE, WY 82001 | 20-1523033 | | 72,600. | | | | GENERAL OPERATING |
| (9) COE COLLEGE 1220 1ST AVE NE CEDAR RAPIDS, IA 52402 | 42-0686467 | | 6,500. | | | | FIELD OFFICE |
| (10) COKEVILLE SENIOR CITIZENS CENTER, INC. PO BOX 355 COKEVILLE, WY 83114 | 83-0244284 | | 5,198. | | | | COVID-19 RESPONSE AN |
| (11) COLORADO SCHOOL OF MINES FOUNDATION PO BOX 4005 GOLDEN, CO 80402-4005 | 84-0509064 | | 30,000. | | | | ENDOWED RUBLE FAMILY |
| (12) COLORADO STATE UNIVERSITY - FINANCIAL AID 1065 CAMPUS DELIVERY | | | 10,000. | | | | SCHOLARSHIPS |

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

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Name of the organization

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) COMEA INC 1504 STINSON AVE CHEYENNE, WY 82001 | 74-2269474 | | 8,668. | | | | COVID-19 RELIEF & OP |
| (2) COMPASS CENTER FOR FAMILIES PO BOX 6022 SHERIDAN, WY 82801 | 86-0687212 | | 9,626. | | | | LIGHT OF HOPE FUNDRA |
| (3) CONVERSE COUNTY HOSPITAL FOUNDATION PO BOX 393 DOUGLAS, WY 82633 | 83-0309209 | | 51,200. | | | | UNRESTRICTED |
| (4) CONVERSE COUNTY LIBRARY 300 E WALNUT DOUGLAS, WY 82633 | 83-6000030 | | 14,579. | | | | DECEMBER 2020 ANNUAL |
| (5) COUNCIL OF COMMUNITY SERVICES 114 4J RD. GILLETTE, WY 82716 | 83-0239827 | | 6,750. | | | | CAMPBELL COUNTY COVI |
| (6) CRISIS INTERVENTION SERVICES, INC. PO BOX 1324 CODY, WY 82414 | 83-0266594 | | 10,472. | | | | CRISIS INTERVENTION |
| (7) CROOK COUNTY LIBRARY FOUNDATION, INC. PO BOX 910 SUNDANCE, WY 82729 | 83-0269103 | | 28,217. | | | | DECEMBER 2020 ANNUAL |
| (8) CROOK COUNTY SENIOR SERVICES 321 E MAIN ST SUNDANCE, WY 82729 | 83-0317490 | | 9,000. | | | | GENERAL OPERATING |
| (9) DANIEL COMMUNITY CENTER, INC. PO BOX 311 DANIEL, WY 83115 | 83-0285057 | | 8,000. | | | | DANIEL COMMUNITY CEN |
| (10) DUBOIS ASSISTED LIVING, INC./WARM VALLEY LO PO BOX 1839 DUBOIS, WY 82513 | 42-1694798 | | 10,613. | | | | GENERAL OPERATING |
| (11) DUBOIS MUSEUM PO BOX 896 DUBOIS, WY 82513 | 83-0240756 | | 8,702. | | | | DECEMBER 2020 ANNUAL |
| (12) DUBOIS VOLUNTEERS, INC. PO BOX 59 DUBOIS, WY 82513 | 74-2452980 | | 9,289. | | | | DECEMBER 2020 ANNUAL |

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

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

**Open to Public
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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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Name of the organization

WYOMING COMMUNITY FOUNDATION

Employer identification number

83-0287513

Part I General Information on Grants and Assistance

- 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
- 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.

| 1 (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 noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) EASTERN WYOMING COLLEGE - FINANCIAL AID OFF FINANCIAL AID OFFICE TORRINGTON, WY 82240 | | | 5,500. | | | | SCHOLARSHIPS |
| (2) EDIBLE PRAIRIE PROJECT PO BOX 3799 GILLETTE, WY 82717 | 83-3655451 | | 10,000. | | | | GENERAL OPERATING |
| (3) EPPSON CENTER FOR SENIORS 1560 N. 3RD ST. LARAMIE, WY 82070 | 83-0217836 | | 6,085. | | | | DECEMBER 2020 ANNUAL |
| (4) EQUALITY STATE POLICY CENTER 419 S. 5TH ST., STE.1 LARAMIE, WY 82070 | 83-0305144 | | 15,100. | | | | WYOMING THROUGH A GE |
| (5) EVANSTON YOUTH CLUB FOR BOYS & GIRLS 419 4TH ST. EVANSTON, WA 82930 | 31-1777768 | | 6,500. | | | | #SPARKLE (SISTERS WI |
| (6) FAMILY PROMISE OF ALBANY COUNTY PO BOX 1859 LARAMIE, WY 82073 | 81-0766336 | | 7,400. | | | | FAMILY PROMISE COVID |
| (7) FIRST HUNT FOUNDATION, INC. PO BOX 155 MEETEETSE, WY 82433 | 47-3946789 | | 7,500. | | | | SUPPORT FOR THE WYOM |
| (8) FIRST PRESBYTERIAN CHURCH OF CODY 2025 23RD STREET CODY, WY 82414 | 23-6393377 | | 10,000. | | | | CODY INTERFAITH COVI |
| (9) FOOD BANK OF THE ROCKIES PO BOX 1540 EVANSVILLE, WA 82636 | 84-0772672 | | 42,000. | | | | GENERAL FUNDING |
| (10) FOSSIL COUNTRY FUTURES INC. PO BOX 854 KEMMERER, WY 83101 | 74-2504351 | | 30,487. | | | | DECEMBER 2020 ANNUAL |
| (11) FREMONT COUNTY ALLIANCE AGAINST DOMESTIC VI PO BOX 1127 RIVERTON, WY 82501 | 83-0254163 | | 5,750. | | | | GENERAL OPERATING - |
| (12) GOSHEN HELP PO BOX 394 TORRINGTON, WY 82240 | 47-5106845 | | 20,000. | | | | UNRESTRICTED |

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) GRACE FOR 2 BROTHERS FOUNDATION 1603 CAPITOL AVE. SUITE 212 | 27-1304145 | | 16,240. | | | | QPR TRAIN THE TRAINER |
| (2) GREATER HULETT COMMUNITY CENTER PO BOX 453 HULETT, WY 82720 | 26-0190224 | | 11,732. | | | | DECEMBER 2020 ANNUAL |
| (3) GREATER WYOMING BIG BROTHERS BIG SISTERS 1010 S. 6TH ST. LARAMIE, WY 82070 | 51-0188774 | | 27,440. | | | | GENERAL OPERATING |
| (4) GREYBULL WYOMING VOLUNTEER FIREFIGHTERS ASS 141 NORTH 6TH STREET GREYBULL, WY 82426 | 82-1211929 | | 7,800. | | | | REPLACE & UPGRADE |
| (5) HABITAT FOR HUMANITY OF THE EASTERN BIG HOR PO BOX 6196 SHERIDAN, WY 82801 | 83-0309911 | | 11,000. | | | | GENERAL OPERATING |
| (6) HABITAT FOR HUMANITY OF THE GREATER TETON A PO BOX 4194 JACKSON, WY 83001 | 83-0312179 | | 6,000. | | | | HABITAT RV CARE-A-VA |
| (7) HIGH COUNTRY SENIOR CITIZENS PO BOX 918 DUBOIS, WY 82513 | 83-0237513 | | 14,500. | | | | GENERAL OPERATING |
| (8) HOLY CROSS CENTER, INC. 1030 N. LINCOLN CASPER, WY 82601 | 83-0283605 | | 15,000. | | | | UNRESTRICTED |
| (9) HOLY TRINITY EPISCOPAL CHURCH PO BOX 950 THERMOPOLIS, WY 82443 | 83-0251716 | | 40,695. | | | | DECEMBER 2020 ANNUAL |
| (10) HOPE HOUSE 333 N. LINCOLN ST CASPER, WY 82601 | 83-0756705 | | 8,000. | | | | GENERAL OPERATING |
| (11) HORSE WARRIORS PO BOX 602 JACKSON, WY 83001 | 83-0327396 | | 10,000. | | | | GENERAL OPERATING |
| (12) HOSPICE OF LARAMIE 1754 CENTENNIAL DR. LARAMIE, WA 82070 | 74-2295699 | | 6,282. | | | | DECEMBER 2020 ANNUAL |

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Schedule I (Form 990) 2020

**SCHEDULE I
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Name of the organization

WYOMING COMMUNITY FOUNDATION

Employer identification number

83-0287513

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) HOUSTON FIRST CHURCH OF GOD 14400 NORTHWEST FWY. HOUSTON, TX 77040 | 74-1255649 | | 14,000. | | | | TRINITY MISSION SCHO |
| (2) HUMAN RESOURCE COUNCIL OF CONVERSE COUNTY PO BOX 1104 DOUGLAS, WY 82633 | 83-0281163 | | 49,000. | | | | IMMEDIATE NEEDS |
| (3) HUMBOLDT STATE UNIVERSITY SPONSORED PROGRAM 1 HARPST ST. ARCATA, CA 95521 | 84-6050071 | | 12,479. | | | | LORA WEBB NICHOLS PU |
| (4) INTERFAITH OF NATRONA COUNTY 140 EAST K STREET, SUITE 100 | 83-0274061 | | 15,000. | | | | GENERAL OPERATING AN |
| (5) IRIS HOUSE, INC. 615 S. DAVID CASPER, WY 82609 | 81-4865384 | | 12,000. | | | | GENERAL OPERATING |
| (6) JASONS FRIENDS FOUNDATION INC. 340 W. B ST., STE. 101 CASPER, WY 82601 | 83-0316451 | | 11,000. | | | | BRENT'S PLACE LODGIN |
| (7) JOHNSON COUNTY FAMILY YMCA 101 KLONDIKE DRIVE BUFFALO, WY 82834 | 83-0237890 | | 17,000. | | | | ANNUAL SCHOLARSHIP C |
| (8) JOHNSON COUNTY FRIENDS FEEDING FRIENDS PO BOX 314 BUFFALO, WY 82834 | 83-0820183 | | 11,000. | | | | GENERAL OPERATING |
| (9) KEMMERER LITTLE LEAGUE PO BOX 904 KEMMERER, WY 83101 | 23-1688231 | | 5,660. | | | | PITCHING MACHINES |
| (10) KEMMERER SENIOR CITIZENS ASSOCIATION 105 JC PENNEY DR. KEMMERER, WA 83101 | 83-0216335 | | 5,500. | | | | KEMMERER SENIOR CITI |
| (11) LARAMIE CONNECTIONS CENTER PO BOX 1779 LARAMIE, WY 82073 | 84-4608809 | | 12,017. | | | | LARAMIE CONNECTIONS |
| (12) LARAMIE FOSTER CLOSET 710 EAST GARFIELD STREET LARAMIE, WA 82070 | 82-0860227 | | 8,000. | | | | PROJECT PREPARED |

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Schedule I (Form 990) 2020

**SCHEDULE I
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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**
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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) LARAMIE INTERFAITH 712 CANBY LARAMIE, WY 82073 | 83-0288049 | | 15,900. | | | | TEMPORARY FOOD DISTR |
| (2) LARAMIE PEAK MUSEUM ASSOCIATION INC PO BOX 451 WHEATLAND, WY 82201 | 83-0220205 | | 6,000. | | | | GENERAL OPERATING |
| (3) LARAMIE PUBLIC ART COALITION 203 S. 2ND STREET LARAMIE, WY 82070 | 84-1839915 | | 19,702. | | | | GENERAL OPERATING |
| (4) LARAMIE REPRODUCTIVE HEALTH CLINIC 1252 NO. 22ND ST., STE. A LARAMIE, WY 82072 | 83-0212347 | | 12,342. | | | | DECEMBER 2020 ANNUAL |
| (5) LARAMIE SOUP KITCHEN 104 S. 4TH ST., SUITE 101 LARAMIE, WY 82070 | 83-0319157 | | 6,767. | | | | A JOINT EFFORT AMONG |
| (6) LEADERSHIP WYOMING 350 BIG HORN RD. SUITE #300 | 74-2254800 | | 8,632. | | | | DECEMBER 2020 ANNUAL |
| (7) LINCOLN COUNTY LIBRARY FOUNDATION 519 EMERALD ST. KEMMERER, WY 83101 | 74-2119501 | | 53,710. | | | | DECEMBER 2020 ANNUAL |
| (8) LORD'S STORE HOUSE 1020 FRONT ST. EVANSTON, WY 82930 | 56-2358395 | | 36,506. | | | | UNRESTRICTED |
| (9) MASSACHUSETTS INSTITUTE OF TECHNOLOGY STUDENT FINANCIAL SERVICES | | | 10,000. | | | | SCHOLARSHIPS |
| (10) MERCER FAMILY RESOURCE CENTER 535 W. YELLOWSTONE HWY., STE. 100 | 83-0211522 | | 19,601. | | | | PREVENTION AND INTER |
| (11) MESA THERAPEUTIC HORSEMANSHIP, INC. PO BOX 516 PINEDALE, WY 82941 | 45-3455313 | | 10,000. | | | | MESA LESSON HORSES |
| (12) MICHIGAN STATE UNIVERSITY - FINANCIAL AID 556 E. CIRCLE DRIVE EAST LANSING, MI 48824 | | | 10,000. | | | | SCHOLARSHIPS |

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Schedule I (Form 990) 2020

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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) MIMI'S HOUSE PO BOX 2006 CASPER, WY 82602 | 82-2566373 | | 55,888. | | | | UNRESTRICTED |
| (2) MONTANA STATE UNIVERSITY-BOZEMAN FINANCIAL FINANCIAL AID OFFICE BOZEMAN, MT 59717-4160 | | | 8,320. | | | | SCHOLARSHIPS |
| (3) MOTHER SETON HOUSING, INC. PO BOX 1557 CASPER, WY 82602 | 74-2560848 | | 9,890. | | | | DECEMBER 2020 ANNUAL |
| (4) MUSEUM OF FLIGHT AND AERIAL FIREFIGHTING IN 2534 HILLER LN. GREYBULL, WY 82426 | 83-0299671 | | 11,618. | | | | GENERAL OPERATING |
| (5) MY FRONT DOOR - FKA WYOMING FAMILY HOME OWN PO BOX 21682 CHEYENNE, WY 82003 | 26-4141283 | | 5,800. | | | | ECONOMIC MOBILITY TH |
| (6) NATIONAL BIG HORN SHEEP CENTER PO BOX 1435 DUBOIS, WY 82513 | 83-0301605 | | 44,859. | | | | BIGHORN CLASSROOM EX |
| (7) NATIONAL COWBOY & WESTERN HERITAGE MUSEUM 1700 NE 63RD ST. OKLAHOMA CITY, OK 73111 | 30-0341029 | | 10,000. | | | | UNRESTRICTED |
| (8) NATIONAL INVESTORS HALL OF FAME 3701 HIGHLAND PARK NW | 34-1580038 | | 10,000. | | | | CAMP INVENTION STEM |
| (9) NATRONA COUNTY PUBLIC LIBRARY 307 E. 2ND ST. CASPER, WY 82601 | 83-6000217 | | 7,500. | | | | "SOCIAL DISTANCING" |
| (10) NATRONA COUNTY PUBLIC LIBRARY FOUNDATION 307 E. 2ND ST. CASPER, WY 82601 | 23-7248551 | | 14,780. | | | | DECEMBER 2020 ANNUAL |
| (11) NETWORK FOR GOOD 1140 CONNECTICUT AVE., NW, STE. 700 | 68-0480736 | | 40,000. | | | | EIGHT NONPROFITS TO |
| (12) NEW HOPE HUMANE SOCIETY PO BOX 1704 WORLAND, WY 82401 | 83-0305303 | | 55,900. | | | | DECEMBER 2020 ANNUAL |

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) NICOLAYSEN ART MUSEUM 400 EAST COLLINS DR. CASPER, WY 82601 | 83-0230592 | | 28,519. | | | | GENERAL OPERATING |
| (2) NIOBRARA COUNTY LIBRARY FOUNDATION, INC. PO BOX 510 LUSK, WY 82225-0510 | 74-2432194 | | 131,212. | | | | DECEMBER 2020 ANNUAL |
| (3) NORTHWEST WYOMING FAMILY PLANNING PO BOX 941 CODY, WY 82414 | 83-0303520 | | 14,345. | | | | GENERAL OPERATING |
| (4) OLDER AND BOLDER CLUB 613 16TH ST. CODY, WA 82414 | 74-2526697 | | 39,057. | | | | DECEMBER 2020 ANNUAL |
| (5) PHORGE INC. 241 N. MAIN ST. SHERIDAN, WY 82801 | 82-5396170 | | 6,800. | | | | THE CREATION OF THE |
| (6) PILOT HILL, INC. PO BOX 487 LARAMIE, WY 82073 | 36-4963034 | | 100,160. | | | | GENERAL OPERATING |
| (7) PINEDALE FINE ARTS PO BOX 1586 PINEDALE, WY 82941 | 74-2291655 | | 19,639. | | | | PINEDALE FINE ARTS - |
| (8) PINEDALE PRESCHOOL, INC. PO BOX 149 PINEDALE, WY 82941 | 83-0239829 | | 6,273. | | | | COVID SUPPORT |
| (9) PLATTE COUNTY LIBRARY FOUNDATION 904 9TH ST. WHEATLAND, WY 82201 | | | 35,291. | | | | DECEMBER 2020 ANNUAL |
| (10) PLATTE RIVER TRAILS TRUST PO BOX 1228 CASPER, WY 82602 | 74-2302478 | | 38,197. | | | | DECEMBER 2020 ANNUAL |
| (11) POPULATION-ENVIRONMENT BALANCE PO BOX 268 SAN FRANCISCO, CA 94104-0268 | 23-7288859 | | 6,000. | | | | UNRESTRICTED |
| (12) RAINHORSE PO BOX 55 HYATTVILLE, WY 82428 | 27-3475138 | | 10,908. | | | | HORSE TALES: POETRY |

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) RENDEZVOUS POINTE PO BOX 804 PINEDALE, WY 82941 | 83-0250101 | | 8,000. | | | | WYOMING HOME SERVICE |
| (2) ROCK SPRINGS YOUNG AT HEART SENIOR CENTER 2400 REAGAN AVE ROCK SPRINGS, WY 82901 | 83-0212629 | | 8,298. | | | | EARLY LEARNING CENTE |
| (3) ROOTED IN WYOMING PO BOX 382 SHERIDAN, WY 82801 | 83-3579373 | | 24,133. | | | | CLOSING OUT OF THE R |
| (4) SAFEHOUSE SERVICES PO BOX 1885 CHEYENNE, WY 82003 | 83-0248530 | | 5,118. | | | | SAFEHOUSE SERVICES |
| (5) SARATOGA HISTORICAL AND CULTURAL ASSOCIATIO PO BOX 1131 SARATOGA, WY 82331 | 51-0172713 | | 7,926. | | | | GENERAL OPERATING |
| (6) SECOND CHANCE MINISTRIES 706 LONGMONT STREET GILLETTE, WY 82716 | 80-0590825 | | 15,000. | | | | GENERAL OPERATING |
| (7) SHERIDAN ARTISTS' GUILD, ET AL PO BOX 1007 SHERIDAN, WY 82801 | 02-0755187 | | 7,000. | | | | COMMUNITY ARTS EDUCA |
| (8) SHERIDAN COMMUNITY LAND TRUST PO BOX 7185 SHERIDAN, WY 82801 | 20-4385635 | | 15,000. | | | | UNRESTRICTED |
| (9) SHERIDAN COUNTY MEMORIAL HOSPITAL FOUNDATIO PO BOX 391 SHERIDAN, WY 82801 | 74-1905155 | | 9,000. | | | | FINANCIAL SUPPORT FO |
| (10) SHERIDAN YMCA 417 N. JEFFERSON SHERIDAN, WY 82801 | 83-0186708 | | 63,126. | | | | DECEMBER 2020 ANNUAL |
| (11) SOUTH LINCOLN HOSPITAL DISTRICT 711 ONYX ST KEMMERER, WY 83101 | 83-0128950 | | 40,000. | | | | HOSPITAL SAFETY AND |
| (12) SPRING ISLAND TRUST 40 MOBLEY OAKES LN OKATIE, SC 29909 | 57-0905093 | | 10,000. | | | | UNRESTRICTED |

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

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Schedule I (Form 990) 2020

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2020

**Open to Public
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Department of the Treasury
Internal Revenue Service

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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.

| 1 (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 noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) ST ALBAN'S EPISCOPAL CHURCH PO BOX 84 WORLAND, WY 82401 | 83-0237671 | | 26,187. | | | | DECEMBER 2020 ANNUAL |
| (2) ST PATRICK'S CATHOLIC CHURCH PO BOX 311 KEMMERER, WY 83101 | | | 6,427. | | | | DECEMBER 2020 ANNUAL |
| (3) ST PATRICK'S CATHOLIC CHURCH PO BOX 51010 CASPER, WY 82605 | 83-0214559 | | 30,000. | | | | BLESSING FUND |
| (4) STRYKER SALES CORPORATION PO BOX 93308 CHICAGO, IL 60673 | | | 109,217. | | | | LUCAS DEVICE FROM HE |
| (5) SUBLETTE COUNTY SCHOOL DISTRICT #9 916 PINEY DRIVE BIG PINEY, WY 83113 | 83-6000623 | | 7,500. | | | | BIG PINEY HIGH SCHOO |
| (6) SUBLETTE COUNTY SEXUAL ASSAULT FAMILY VIOLE PO BOX 1236 PINEDALE, WY 82941 | 83-0263297 | | 16,635. | | | | GENERAL OPERATING AN |
| (7) SUE JORGENSEN LIBRARY FOUNDATION 1560 S WALNUT ST CASPER, WA 82601 | 83-0287513 | | 10,000. | | | | UNRESTRICTED |
| (8) SWEETWATER COUNTY CHILD DEVELOPMENT CENTER 1715 HITCHING POST GREEN RIVER, WY 82935 | 83-0244948 | | 11,741. | | | | DECEMBER 2020 ANNUAL |
| (9) SWEETWATER COUNTY LIBRARY FOUNDATION 300 NORTH 1ST EAST GREEN RIVER, WY 82935 | 74-2308713 | | 43,518. | | | | DECEMBER 2020 ANNUAL |
| (10) TETON LITERACY CENTER PO BOX 465 JACKSON, WY 83001 | 83-0314136 | | 7,500. | | | | BREAKFAST FOR SOAR 2 |
| (11) TETON SCIENCE SCHOOLS 700 COYOTE CANYON RD JACKSON, WY 83001 | 83-0219163 | | 5,626. | | | | DECEMBER 2020 ANNUAL |
| (12) TETON YOUTH AND FAMILY SERVICES PO BOX 2631 JACKSON, WY 83001 | 83-0235044 | | 8,037. | | | | DECEMBER 2020 ANNUAL |

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Schedule I (Form 990) 2020

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**Grants and Other Assistance to Organizations,
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WYOMING COMMUNITY FOUNDATION

Employer identification number

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- 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**
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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) THE ARC OF NATRONA COUNTY PO BOX 393 CASPER, WY 82602 | 83-6004175 | | 9,555. | | | | DECEMBER 2020 ANNUAL |
| (2) THE DESTINY PROGRAM CORPORATION 47 BOULDER FLAT ROAD LANDER, WY 82520 | 47-3589536 | | 10,000. | | | | INTERTRIBAL FITNESS |
| (3) THE DOWNTOWN CLINIC PO BOX 834 LARAMIE, WY 82070 | 83-0326354 | | 5,150. | | | | REUSABLE MASKS FOR C |
| (4) THE FOOD GROUP, INC. PO BOX 6702 SHERIDAN, WY 82801 | 61-1762787 | | 27,552. | | | | UNRESTRICTED |
| (5) THE MUSEUM OF THE AMERICAN WEST 1445 MAIN ST LANDER, WY 82520 | 83-0327259 | | 16,300. | | | | DECEMBER 2020 ANNUAL |
| (6) THE NATURE CONSERVANCY IN WYOMING 258 MAIN ST, STE. 200 LANDER, WY 82520 | 53-0242652 | | 59,246. | | | | DECEMBER 2020 ANNUAL |
| (7) THE SALVATION ARMY 1370 PENNSYLVANIA ST DENVER, CO 80203 | 94-1156347 | | 10,000. | | | | STAY AT HOME & A PLA |
| (8) THE SCIENCE ZONE 111 W MIDWEST AVE CASPER, WY 82601 | 20-1780236 | | 14,988. | | | | GENERAL OPERATING |
| (9) THE SHACK 831 N 6TH ST GREYBULL, WY 82426 | 26-2771080 | | 11,000. | | | | COMMUNITY FOOD PROGR |
| (10) TONGUE RIVER CHILD'S PLACE 84 DAYTON ST RANCHESTER, WY 82839 | 74-2471346 | | 13,775. | | | | COVID RELIEF FUND |
| (11) TONGUE RIVER VALLEY COMMUNITY CENTER PO BOX 1100 DAYTON, WY 82836 | 83-0336999 | | 79,923. | | | | DECEMBER 2020 ANNUAL |
| (12) TOWN OF DIAMONDVILLE PO BOX 281 DIAMONDVILLE, WA 83116 | 83-6000054 | | 8,000. | | | | COMMUNITY PARK IMPRO |

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Schedule I (Form 990) 2020

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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Name of the organization

WYOMING COMMUNITY FOUNDATION

Employer identification number

83-0287513

Part I General Information on Grants and Assistance

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) TOWN OF GUERNSEY PO BOX 667 GUERNSEY, WY 82215 | | | 10,000. | | | | COMMUNITY FOOD PANTR |
| (2) TOWN OF MEDICINE BOW 319 PINE STREET MEDICINE BOW, WY 82329 | 83-6000078 | | 5,100. | | | | DECEMBER 2020 ANNUAL |
| (3) TRADITIONAL COWBOY ARTS ASSOCIATION PO BOX 2002 SALMON, ID 83467 | 82-0504580 | | 12,000. | | | | FELLOWSHIP PROGRAM |
| (4) TRUE CARE WOMEN'S RESOURCE CENTER PO BOX 2346 CASPER, WY 82602 | 74-2458697 | | 11,000. | | | | UNRESTRICTED |
| (5) UCROSS FOUNDATION 30 BIG RED LANE CLEARMONT, WY 82835 | 74-2188539 | | 15,590. | | | | DECEMBER 2020 ANNUAL |
| (6) UINTA COUNTY LIBRARY FOUNDATION 701 MAIN ST EVANSTON, WY 82930 | 83-0232414 | | 52,800. | | | | DECEMBER 2020 ANNUAL |
| (7) UINTA COUNTY SUICIDE PREVENTION TASK FORCE 350 CITY VIEW DR STE 101 EVANSTON, WY 82930 | 81-3628810 | | 8,000. | | | | GENERAL OPERATING |
| (8) UINTA SENIOR CITIZENS, INC. PO BOX 728 EVANSTON, WY 82931 | 83-0215583 | | 47,637. | | | | DECEMBER 2020 ANNUAL |
| (9) UNACCOMPANIED STUDENTS INITIATIVE 1514 E 12 SUITE 106 CASPER, WY 82609 | 83-2885380 | | 12,600. | | | | GENERAL OPERATING |
| (10) UNITED PRESBYTERIAN CHURCH PO BOX 128 EVANSTON, WY 82931 | | | 5,571. | | | | DECEMBER 2020 ANNUAL |
| (11) UNITED WAY OF ALBANY COUNTY 710 E GARFIELD ST, STE 240 | 83-0186732 | | 12,674. | | | | EMERGENCY ASSISTANCE |
| (12) UNITED WAY OF SOUTHEAST WYOMING 510 SOUTH MAIN ST ROCK SPRINGS, WY 82901 | 83-0233314 | | 8,000. | | | | COVID RESPONSE |

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

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Schedule I (Form 990) 2020

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Name of the organization

WYOMING COMMUNITY FOUNDATION

Employer identification number

83-0287513

Part I General Information on Grants and Assistance

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) UNIVERSITY OF MONTANA - FINANCIAL AID FINANCIAL AID OFFICE MISSOULA, MT 59812 | | | 10,000. | | | | SCHOLARSHIP |
| (2) UNIVERSITY OF WYOMING 1000 E UNIVERSITY AVE LARAMIE, WY 82071 | 83-6000331 | | 22,187. | | | | REPORT ON THE ECONOM |
| (3) UNIVERSITY OF WYOMING ART MUSEUM 1000 E UNIVERSITY AVE LARAMIE, WY 82071 | 83-6000331 | | 11,121. | | | | DECEMBER 2020 ANNUAL |
| (4) UNIVERSITY OF WYOMING FINANCIAL AID 1000 E UNIVERSITY AVE LARAMIE, WY 82071 | 83-6000331 | | 81,850. | | | | SCHOLARSHIPS |
| (5) UNIVERSITY OF WYOMING FOUNDATION 222 S 22ND ST LARAMIE, WY 82070 | 83-0201971 | | 14,235. | | | | WYOMING HISTORY DAY |
| (6) UPTON ECONOMIC DEVELOPMENT BOARD PO BOX 731 UPTON, WY 82730 | | | 211,023. | | | | PAYOUT OF REMAINING |
| (7) UPTON REDEVELOPMENT CORPORATION PO BOX 731 UPTON, WY 82730 | 82-2775782 | | 112,828. | | | | COVID-19 EMERGENCY F |
| (8) UTAH STATE UNIVERSITY-FINANCIAL AID 1800 OLD MAIN HILL LOGAN, UT 84322 | | | 6,000. | | | | SCHOLARSHIPS |
| (9) VANDERBILT UNIVERSITY MEDICAL CENTER DEVELO 3322 WEST END AVE NASHVILLE, TN 37203 | 35-2528741 | | 20,000. | | | | UNRESTRICTED |
| (10) VOLUNTEERS OF AMERICA NORTHERN ROCKIES 1876 SOUTH SHERIDAN AVE SHERIDAN, WY 82801 | 83-0280532 | | 20,000. | | | | COMMUNITY OUTREACH |
| (11) WASHAKIE MUSEUM AND CULTURAL CENTER 2200 BIG HORN AVE WORLAND, WY 82401 | 83-0274740 | | 215,605. | | | | 2020 ANNUAL DISTRIBU |
| (12) WESTERN WASHINGTON UNIVERSITY 516 HIGH STREET BELLINGHAM, WA 98225 | | | 8,334. | | | | SCHOLARSHIPS |

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**SCHEDULE I
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Name of the organization

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Employer identification number

83-0287513

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|--|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) WESTERN WYOMING COMMUNITY COLLEGE PO BOX 428 ROCK SPRINGS, WY 82901 | | | 6,000. | | | | STATE SPELLING BEE |
| (2) WESTON COUNTY LIBRARY FOUNDATION PO BOX 243 NEWCASTLE, WY 82701 | | | 34,258. | | | | DECEMBER 2020 ANNUAL |
| (3) WHEATLAND GOLF CLUB PO BOX 664 WHEATLAND, WY 82201 | 83-0206035 | | 21,088. | | | | EQUIPMENT PURCHASE |
| (4) WILD EXCELLENCE FILMS 343 ELMBROOK LN PITTSBURGH, PA 15243 | 47-4018028 | | 12,500. | | | | DOCUMENTARY FILM |
| (5) WIND RIVER DEVELOPMENT FUND PO BOX 661 FT. WASHAKIE, WY 82514 | 83-0337192 | | 21,333. | | | | EDUCATION PROGRAM/CO |
| (6) WIND RIVER VALLEY ARTIST'S GUILD PO BOX 26 DUBOIS, WY 82513 | 51-0189034 | | 5,539. | | | | DECEMBER 2020 ANNUAL |
| (7) WYOFIELD PO BOX 1099 LANDER, WY 82520 | 27-0410642 | | 11,300. | | | | GENERAL OPERATING |
| (8) WYOMING AFTERSCHOOL ALLIANCE 1472 N 5TH ST LARAMIE, WY 82072 | | | 30,670. | | | | 2020 MATCH GRANT |
| (9) WYOMING AGRICULTURE IN THE CLASSROOM PO BOX 347 CHEYENNE, WY 82003 | 83-0285445 | | 92,520. | | | | DECEMBER 2020 ANNUAL |
| (10) WYOMING ARTS COUNCIL 2321 CAPITOL AVE, 2ND FL CHEYENNE, WY 82001 | 74-2375328 | | 20,000. | | | | CREATIVE AGING IN WY |
| (11) WYOMING CENTER FOR NURSING NO STREET ADDRESS LARAMIE, WY 82070 | 85-0953295 | | 10,000. | | | | CAMPAIGN FOR ACTION |
| (12) WYOMING CHILD AND FAMILY DEVELOPMENT INC PO BOX 100 GUERNSEY, WY 82214 | 83-0204953 | | 10,000. | | | | EARLY CHILDHOOD PROG |

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) WYOMING CHILDRENS LAW CENTER 453 N 6TH ST LARAMIE, WY 82072 | 27-0317225 | | 7,000. | | | | MATCHING FUNDS - FAM |
| (2) WYOMING COMMUNITY FOUNDATION 1472 N 5TH ST, STE 201 LARAMIE, WY 82072 | 83-0287513 | | 387,675. | | | | VARIOUS |
| (3) WYOMING FOOD FOR THOUGHT PROJECT 900 SAINT JOHN STREET CASPER, WY 82601 | 46-1291957 | | 77,000. | | | | GENERAL OPERATING |
| (4) WYOMING GAME AND FISH DEPARTMENT 5400 BISHOP BLVD CHEYENNE, WY 82006 | 83-0208667 | | 270,228. | | | | WGBGLC FUNDS BALANCE |
| (5) WYOMING GOVERNOR'S RESIDENCE FOUNDATION 5001 CENTRAL AVE CHEYENNE, WY 82009 | 74-2543531 | | 13,500. | | | | HUNGER INITIATIVE |
| (6) WYOMING HUMANITIES COUNCIL 1315 E LEWIS ST LARAMIE, WY 82072 | 83-0219852 | | 8,370. | | | | PODCAST SUPPORT & 20 |
| (7) WYOMING OUTDOOR COUNCIL 262 LINCOLN ST LANDER, WA 82520 | 83-0259411 | | 10,100. | | | | CONSERVATION ACTION |
| (8) WYOMING PBS FOUNDATION 2660 PECK AVE RIVERTON, WY 82501 | 83-0324253 | | 45,755. | | | | DECEMBER 2020 ANNUAL |
| (9) WYOMING PUBLIC MEDIA 1000 E UNIVERSITY AVE LARAMIE, WY 82071 | 83-6000331 | | 21,415. | | | | GENERAL OPERATING |
| (10) WYOMING RESCUE MISSION PO BOX 2030 CASPER, WY 82602 | 74-2347412 | | 51,302. | | | | PROJECT TRANSFORMATI |
| (11) WYOMING SENIOR CITIZENS, INC. PO BOX BD RIVERTON, WY 82501 | 83-0228594 | | 30,000. | | | | NATIONAL FAMILY CARE |
| (12) WYOMING STATE HISTORICAL SOCIETY PO BOX 247 WHEATLAND, WY 82201 | 83-6007647 | | 13,893. | | | | DECEMBER 2020 ANNUAL |

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|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) WYOMING STATE LIBRARY 2800 CENTRAL AVE CHEYENNE, WY 82002 | 83-0208667 | | 14,850. | | | | BRINGING WYOMING'S C |
| (2) WYOMING STOCK GROWERS AGRICULTURAL LAND TRU PO BOX 268 CHEYENNE, WY 82003 | 83-6047954 | | 25,167. | | | | DECEMBER 2020 ANNUAL |
| (3) WYOMING SYMPHONY ORCHESTRA INC 225 S DAVID, STE B CASPER, WY 82601 | 83-6011424 | | 24,498. | | | | GENERAL OPERATING/20 |
| (4) WYOMING TERRITORIAL PARK FOUNDATION 975 SNOWY RANGE ROAD LARAMIE, WY 82070 | 83-0318392 | | 33,119. | | | | DECEMBER 2020 ANNUAL |
| (5) WYOMING WILDERNESS ASSOCIATION PO BOX 6588 SHERIDAN, WY 82801 | 38-3667856 | | 10,000. | | | | OUTDOOR CLUBS PHASE |
| (6) WYOMING WILDLIFE FOUNDATION PO BOX 1312 LANDER, WY 82520 | 23-7002578 | | 5,712. | | | | CLASS OUTSIDE |
| (7) WYOMING WOMEN'S FOUNDATION 1472 N 5TH ST, STE 201 LARAMIE, WY 82072 | 83-0287513 | | 22,074. | | | | ANNUAL OPERATING FUN |
| (8) WYO THEATER, INC. PO BOX 528 SHERIDAN, WY 82801 | 74-2254851 | | 11,122. | | | | UNRESTRICTED |
| (9) YOUTH CLUBS OF PARK COUNTY 308 16TH ST CODY, WY 82414 | 83-0320085 | | 10,120. | | | | DECEMBER 2020 ANNUAL |
| (10) YOUTH DEVELOPMENT SERVICES PO BOX 1328 DOUGLAS, WY 82633 | 83-0248559 | | 15,000. | | | | GENERAL OPERATING |
| (11) YMCA OF SWEETWATER COUNTY PO BOX 1667 ROCK SPRINGS, WY 82901 | 83-0231698 | | 34,047. | | | | DECEMBER 2020 ANNUAL |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 165.

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

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

Schedule I (Form 990) 2020

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 non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

PART I DESCRIPTION OF PROCEDURE FOR MONITORING USE OF FUNDS

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 TO THE PUBLIC THROUGH ITS ANNUAL

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 non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

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 DILLIGENCE.

**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 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

WYOMING COMMUNITY FOUNDATION

Employer identification number

83-0287513

Part I Questions Regarding Compensation

1a 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

2 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?

3 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"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 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:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 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.

8 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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2020

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 | | | | |
| CRAIG SHOWALTER 1 PRESIDENT & CEO | (i) | 252,249. | 0. | 0. | | 252,249. | | |
| | (ii) | 0. | 0. | 0. | | | | |
| 2 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

**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:
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 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.

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.

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

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

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). 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.

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

ATTACHMENT 1

FORM 990, PART III, LINE 1 - 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 PRIVATE FOUNDATIONS. THE WYOMING COMMUNITY FOUNDATION USES THE FUNDS TO BENEFIT COMMUNITY NEEDS ACROSS THE STATE OF WYOMING.

RENT AND ROYALTY SUMMARY

| <u>PROPERTY</u> | <u>TOTAL INCOME</u> | <u>DEPLETION/ DEPRECIATION</u> | <u>OTHER EXPENSES</u> | <u>ALLOWABLE NET INCOME</u> |
|--------------------|-------------------------|------------------------------------|---------------------------|-------------------------------------|
| 1472 N. 5TH STREET | 9,665. | | | 9,665. |
| TOTALS | <u>9,665.</u> | | | <u>9,665.</u> |

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20 _____

▶ **Do not send to the IRS. Keep for your records.**

▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2020

Department of the Treasury
Internal Revenue Service

Name of exempt organization or person subject to tax

WYOMING COMMUNITY FOUNDATION

Taxpayer identification number

83-0287513

Name and title of officer or person subject to tax

CRAIG SHOWALTER, PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | | |
|--|--|----|-----------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 18007435. |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b | |
| 6a Form 990-T check here ▶ <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b | |
| 7a Form 4720 check here ▶ <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b | |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize BDO USA, LLP to enter my PIN 7 6 2 4 7 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____

Date ▶ 09/02/2021

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

8 3 0 9 7 5 1 3 5 3 8

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____

Date ▶ 09/02/2021

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)