Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-0047 2017 Open to Public

| _          | William Provider Colvino | Go to www.irs.gov/i-orm990 for instructions and the latest   | information.                      |                | Inspection                    |
|------------|--------------------------|--|-----------------------------------|----------------|-------------------------------|
| A          |                          | calendar year, or tax year beginning $10/01/17$ , and ending $09/30/1$   | L8                                | _              |                               |
| В          | Check if applicable:     | C Name of organization   |                                   | D Employ       | er identification number      |
| Ш          | Address change           | WYOMING STATE 4-H FOUNDATION   |                                   |                |                               |
|            | Name change              | Doing business as  Number and street (or P.O. box if mail is not delivered to street address)  |                                   |                | 5004106                       |
| $\Box$     | Initial return           | 1000 E. UNIVERSITY, DEPT. 3354   | Room/suite                        |                | ne number<br>-766-2528        |
| H          | Final return/            | City or town, state or province, country, and ZIP or foreign postal code   |                                   | 307-           | 700-2328                      |
| 님          | terminated               | LARAMIE WY 82071   |                                   | ١.             | . 702 120                     |
| Ш          | Amended return           | F Name and address of principal officer:   |                                   | G Gross re     | eceipts\$ 793,132             |
|            | Application pending      | STEVE MACK   | H(a) Is this a g                  | roup return fo | r subordinates Yes X No       |
|            |                          | DEPARTMENT 3354  | H(b) Are all su                   | hordinatas in  | cluded? Yes No                |
|            |                          | LARAMIE WY 82071   |                                   |                | t. (see instructions)         |
| _          | Tax-exempt status:       | [V   |                                   | ,              | L (SSC HISHAGGOIS)            |
| d<br>d     |                          | 1 501(c)(3)   501(c) ( )   | 1,,,,                             |                |                               |
| ĸ          | Form of organization     |  | H(c) Group except of formation: 1 |                |                               |
|            |                          | mmary  | ear of formation: 1               | 970            | M State of legal domicile: WY |
|            |                          | scribe the organization's mission or most significant activities:  |                                   |                |                               |
| ø          | PROM                     | OTE 4-H ACTIVITIES ON THE STATE & LOCAL LEVEL.   | ••••••                            |                |                               |
| Governance |                          | THE STATE & HOCAL LEVEL.   |                                   |                |                               |
| J.         |                          |  |                                   |                |                               |
| Š          | 2 Charle thi             | hand a state of the state of th |                                   |                |                               |
|            | 2 Check thi              | s box I if the organization discontinued its operations or disposed of more than 25  | 5% of its net a                   | ssets.         |                               |
| oŏ<br>ග    | 3 Number o               | f voting members of the governing body (Part VI, line 1a)  |                                   | 3              | 8                             |
| Activities | 4 Number o               | f independent voting members of the governing body (Part VI, line 1b)  |                                   | 4              | 8                             |
| ξį         | 5 Total num              | ber of individuals employed in calendar year 2017 (Part V, line 2a)  |                                   | 5              | 0                             |
| Ac         | 6 lotal num              | ber of volunteers (estimate if necessary)  |                                   | 6              | 35                            |
|            | 7a Total unre            | lated business revenue from Part VIII, column (C), line 12   |                                   | 7a             | 0                             |
| _          | b Net unrela             | ted business taxable income from Form 990-T, line 34   | Ø                                 | 7b             | 0                             |
|            | O Constallant            | and and a control (D. 4 ) (III. III. 41)   | Prior Yea                         |                | Current Year                  |
| ē          | 8 Contributio            | ons and grants (Part VIII, line 1h)  |                                   | 3,424          | 378,425                       |
| Revenue    | 9 Program s              | ervice revenue (Part VIII, line 2g)  |                                   | 5,537          | 167,231                       |
| Š          | 10 Investmen             | t income (Part VIII, column (A), lines 3, 4, and 7d)   |                                   | 3,536          | 204,610                       |
|            | 11 Other reve            | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                                   | ,967           | 16,516                        |
| _          | 12 Total reve            | nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 1,025                             | ,464           | 766,782                       |
|            | 13 Grants an             | d similar amounts paid (Part IX, column (A), lines 1–3)  | 34                                | 1,709          | 145,890                       |
|            | 14 Benefits p            | aid to or for members (Part IX, column (A), line 4)  |                                   |                | 0                             |
| S          | <b>15</b> Salaries, d    | ther compensation, employee benefits (Part IX, column (A), lines 5-10)   | 52                                | ,092           | 56,894                        |
| Expenses   | 16a Profession           | al fundraising fees (Part IX, column (A), line 11e)  |                                   |                | 0                             |
| ă          | <b>b</b> Total fund      | raising expenses (Part IX, column (D), line 25) ▶ 22,654   |                                   |                |                               |
| ш          | 17 Other expe            | enses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 375                               | ,787           | 304,404                       |
|            | 18 Total expe            | nses. Add lines 13–17 (must equal Part IX, column (A), line 25)  |                                   | ,588           | 507,188                       |
|            | 19 Revenue l             | ess expenses. Subtract line 18 from line 12  |                                   | ,876           | 259,594                       |
| ets or     |                          |  | Beginning of Cun                  | ent Year       | End of Year                   |
| Sset       |                          | is (Part X, line 16)   | 4,805                             | ,749           | 5,189,912                     |
| Z P        |                          | ies (Part X, line 26)  | 675                               | ,355           | 801,374                       |
| E Set      |                          | or fund balances. Subtract line 21 from line 20  | 4,130                             |                | 4,388,538                     |
|            |                          | nature Block   |                                   |                |                               |
| Un         | ider penalties of pe     | rjury, I declare that I have examined this return, including accompanying schedules and stateme  | ents, and to the                  | best of my     | knowledge and belief, it is   |
| tru        | e, correct, and cor      | nplete. Declaration of preparer (other than officer) is based on all information of which preparer h   | as any knowled                    | ge.            | 3                             |
|            |                          |  |                                   |                |                               |
| Sig        | n Sign                   | nature of officer  |                                   | Date           |                               |
| Her        | е 📗 _:                   | STEVE MACK DIRECTO   | OR                                |                |                               |
|            | Тур                      | e or print name and title  |                                   |                |                               |
|            |                          | reparer's name Preparer's synature   | Date                              | Check          | if PTIN                       |
| Paid       |                          | R K. BROOK 21 L Brook  |                                   | 19 self-empl   | U"                            |
| rep        | parer Firm's name        |  |                                   |                | 27-3854246                    |
| Jse        | Only                     | 1273 N 15th St Suite 121   | Fin                               | n's EIN ▶      | 21-3034240                    |
|            | Firm's addr              | T  |                                   |                | 207_745_7044                  |
| /lav       |                          | this return with the preparer shown above? (see instructions)  | Pho                               | one no.        | 307-745-7241                  |
|            |                          | tion Act Notice, see the separate instructions,  |                                   |                | Yes No                        |
| AA         | ,                        | and the state of t |                                   |                | Form 990 (2017)               |

|    | 111 990 (2017) WIOMING STATE  |                                       | 83-6004106   | Page 2   |
|----|---|---------------------------------------|--|--|
| -  | Part III Statement of Program   | m Service Accomplishmer               | nts  |  |
| _  | Check if Schedule O d   | contains a response or note           | to any line in this Part III   | L  |
| 1  | Briefly describe the organization's mis   | sion:                                 |  |  |
|    | PROMOTE 4-H ACTIVITI  | ES ON THE STATE &                     | LOCAL LEVEL.   |  |
|    | 8   |                                       |  |  |
|    |   |                                       |  |  |
| _  |   | 3                                     |  | Control of the contro |
| 2  | Did the organization undertake any sig  | nificant program services during the  | e year which were not listed on the  |  |
|    | prior Form 990 or 990-EZ?   |                                       |  | Yes X No   |
|    | If "Yes," describe these new services of  | on Schedule O.                        |  |  |
| 3  | Did the organization cease conducting   | , or make significant changes in ho   | ow it conducts, any program  |  |
|    | services?   |                                       | ····   | Yes X No   |
|    | If "Yes," describe these changes on Si  | chedule O.                            |  | Its M  |
| 4  | Describe the organization's program se  |                                       | f its three largest program services   | as modelized by  |
|    | expenses. Section 501(c)(3) and 501(c)  | c)(4) organizations are required to r | report the amount of grants and allow  | estions to other   |
|    | the total expenses, and revenue, if any   | for each program service reported     | d  | cations to others,   |
|    | ,,,,,   | , io. cao. program corvice reporter   | <b>u</b> .   |  |
| 4  | (Code: ) (Expenses \$   | 443 725 including gran                | oto of \$ 1.45 000 \   | (D   |
|    | PROMOTE 4-H ACTIVITI  | TS ON A STATE AND                     | TOCAL LEVEL DOG  | (Revenue \$)   |
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|    | EDUCATION PROG  | RAMS FOR PREPARTIN                    | G FOR THE WORKFORD   | JE .   |
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|    |   |                                       |  |  |
| 4t | (Code: ) (Expenses \$   | including grant                       | ts of\$  | (Revenue \$)   |
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| _  | (O.1)   |                                       |  |  |
| ŀC | (Code: ) (Expenses \$   | including grants                      | s of\$ (I  | Revenue \$ )   |
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|    | ······································  |                                       |  |  |
| .d | Other program services (Describe in Sci   | nedule O )                            |  |  |
| -  | (Expenses \$  | including grants of \$                | ) /P   | 2  |
| e  | Total program service expenses ▶  | 443,725                               | ) (Revenue \$  | )  |
| _  | Tan pregram dorrido enperioca   | 773,143                               |  |  |

| 4 | le the americalism described to the Edition of the |     | Yes    | s I |
|---|---|-----|--------|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   |     |        |     |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 1   | X      |     |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  | 2   | X      | +   |
| Ĭ | candidates for public office? If "Yes," complete Schedule C, Part I   |     |        | 1.  |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)   | 3   | -      | +   |
|   | election in effect during the tay year? If "Voc." complete Schodule C. Flort II   |     |        |     |
| 5 | is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  | 4   | -      | +   |
| • | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,   |     |        |     |
|   | Part III  | _   |        |     |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors   | 5   |        | +   |
|   | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If   |     |        |     |
|   | "Voo." complete Och edule D. D. III   |     |        |     |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | 6   |        | +   |
|   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  |     |        |     |
| 3 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"   | 7   | -      | 1   |
|   | complete Schedule D. Part III   |     |        | П   |
|   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a   | 8   | -      | +   |
|   | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or  |     |        |     |
|   | debt negotiation services? If "Yes," complete Schedule D, Part IV   |     |        |     |
|   | Did the organization, directly or through a related organization, hold assets in temporarily restricted   | 9   |        | ╀   |
|   | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  |     |        | 1   |
|   | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,  | 10  | X      | ļ   |
|   | VII, VIII, IX, or X as applicable.  |     |        | l   |
|   | •••   |     |        |     |
|   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   |     |        | l   |
|   |   | 11a | X      | L   |
| • | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more  |     |        | l   |
|   | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |        | L   |
|   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more   |     |        |     |
|   | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |        | L   |
|   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets  |     |        |     |
|   | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   |     |        | L   |
|   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e | X      | L   |
|   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses   |     |        |     |
|   | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f |        |     |
|   | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   |     |        |     |
|   | Schedule D, Parts XI and XII  | 12a |        |     |
|   | Was the organization included in consolidated, independent audited financial statements for the tax year? If  |     |        |     |
|   | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b | X      |     |
|   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |        |     |
|   | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |        |     |
|   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,  |     |        |     |
|   | fundraising, business, investment, and program service activities outside the United States, or aggregate   |     |        |     |
|   | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b |        |     |
|   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or   |     |        |     |
|   | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |        |     |
|   | bid the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other  |     |        |     |
|   | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |        |     |
|   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on  |     |        |     |
|   | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17  |        | :   |
|   | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on   |     |        |     |
|   | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | x      |     |
|   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  |     | $\neg$ |     |
|   | If "Yes," complete Schedule G, Part III   | 19  | - 1    | 2   |

| _   | m 990 (2017) WYOMING STATE 4-H FOUNDATION 83-6004106   |           | F   | Page 4   |
|-----|--|-----------|-----|----------|
| _P  | art IV Checklist of Required Schedules (continued)   |           |     | 1        |
| 202 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20-       | Yes | No       |
| b   |  | 20a       | -   |          |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  | 20b       |     |          |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21        |     | x        |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  | 1000000   |     |          |
|     | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22        |     | x        |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  | TEXTESS : |     |          |
|     | organization's current and former officers, directors, trustees, key employees, and highest compensated  |           |     |          |
|     | employees? If "Yes," complete Schedule J   | 23        |     | X        |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  |           |     |          |
|     | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  |           |     |          |
|     | through 24d and complete Schedule K. If "No," go to line 25a   | 24a       |     | X        |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b       |     |          |
| C   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  |           |     |          |
|     | to defease any tax-exempt bonds?   | 24c       |     |          |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d       |     |          |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |           |     |          |
|     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a       |     | X        |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   |           |     |          |
|     | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   |           |     |          |
|     | If "Yes," complete Schedule L, Part I  | 25b       |     | X        |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any   |           | l l |          |
|     | current or former officers, directors, trustees, key employees, highest compensated employees, or  |           |     |          |
| 27  | disqualified persons? If "Yes," complete Schedule L, Part II   | 26        | -   | X        |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 1 1       |     |          |
|     | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27        |     | x        |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L,  | 27        |     |          |
| .0  | Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |           |     |          |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a       |     | x        |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete   | 200       |     |          |
| -   | Schedule I Part IV   | 28b       |     | X        |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  | 10000000  |     |          |
|     | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c       |     | X        |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29        |     | X        |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |           |     |          |
|     | conservation contributions? If "Yes," complete Schedule M  | 30        |     | X        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  |           |     | -        |
|     | Part I   | 31        |     | X        |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  |           |     |          |
|     | complete Schedule N, Part II   | 32        |     | X        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |           |     |          |
|     | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33        |     | _X_      |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   |           |     |          |
|     | or IV, and Part V, line 1  | 34        |     | X        |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a       |     | X        |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  |           |     |          |
|     | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b       |     |          |
| 6   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   |           |     |          |
|     | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36        | _   | _X_      |
| 7   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |           |     |          |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,   |           |     |          |
|     | Part VI  | 37        | _   | <u>X</u> |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and   |           |     |          |
|     | 19? Note. All Form 990 filers are required to complete Schedule O.   | 38        | X   |          |

Form 990 (2017) WYOMING STATE 4-H FOUNDATION 83-6004106 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year \_7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .... 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...... 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O...

14b

X

State the name, address, and telephone number of the person who possesses the organization's books and records:

1000 E. UNIVERSITY AVE. DEPT 3354

STEVE MACK

LARAMIE

Part VII

| Form 990 /2017 | WYOMING | STATE | 4-H | FOUNDATION |
|----------------|---------|-------|-----|------------|
|                |         |       |     |            |

83-6004106

Page 7

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.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

| (A) (B)  Name and Title Average hours per week (first any hours for |  | bo                             | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |         |              |                                 | an<br>ee) | (D) Reportable compensation from the organization | (E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |  |
|---|--|--------------------------------|--|---------|--------------|---------------------------------|-----------|---|---|---|--|
|   | related organizations below dotted line) | Individual trustee or director | Institutional trustee  | Officer | Key employee | Highest compensated<br>employee | Former    | (W-2/1099-MISC)                                   | (VP2) (USSWIGG)   | organization<br>and related<br>organizations        |  |
| (1) BONNIE ELLENWOO   |  |                                |  |         |              |                                 |           |   |   |   |  |
| TRUSTEE   | 0.00                                     | x                              |  |         |              |                                 |           | 0   | 0   | 0   |  |
| (2) MIKE MOON   |  |                                |  |         |              |                                 |           |   |   |   |  |
| TRUSTEE   | 0.00                                     | v                              |  |         |              |                                 |           |   |   |   |  |
| (3) GLEN TERRY  | 0.00                                     | X                              |  |         |              |                                 |           | 0   | 0   | 0   |  |
| (0) 02211 121111  | 0.00                                     |                                |  |         |              |                                 |           |   |   |   |  |
| TRUSTEE   | 0.00                                     | x                              |  |         |              |                                 |           | o   | 0   | 0   |  |
| (4) GREG SCHAMBER   |  |                                |  |         |              |                                 |           |   |   |   |  |
|   | 0.00                                     |                                |  |         |              |                                 |           |   |   |   |  |
| CHAIRMAN  | 0.00                                     | X                              |  | X       |              | $\vdash$                        | _         | 0   | 0   | 0   |  |
| (5) MIKE SCHMID   | 0.00                                     |                                |  |         |              |                                 |           |   |   |   |  |
| 1ST VICE CHAIRMAN   | 0.00                                     | x                              |  | x       |              |                                 |           | o   | o   | 0   |  |
| (6) TREVOR BEKKEN   | 0.00                                     |                                |  | -       |              |                                 |           |   |   |   |  |
|   | 0.00                                     |                                |  |         |              |                                 |           |   |   |   |  |
| 2ND VICE CHAIRMAN   | 0.00                                     | X                              |  | X       |              |                                 |           | 0   | 0   | 0   |  |
| (7) CAMI JACKSON  |  |                                |  |         |              |                                 |           |   |   |   |  |
| TRUSTEE   | 0.00                                     | x                              |  |         |              |                                 |           |   |   | •   |  |
| (8) BOB SEXTON  | 0.00                                     | Λ                              |  | -       |              |                                 |           | 0   | 0   | 0   |  |
| (6, 202 32112011  | 0.00                                     |                                |  |         |              |                                 |           |   |   |   |  |
| CHAIRMAN  | 0.00                                     | x                              |  | X       |              |                                 |           | 0   | 0   | 0   |  |
| (9) INTERIM DEAN BRI  |  |                                |  |         |              |                                 |           |   |   |   |  |
|   | 0.00                                     |                                |  |         |              |                                 |           |   |   |   |  |
| TRUSTEE   | 0.00                                     | X                              |  | Ц       | _            |                                 | _         | 0   | 0   | 0   |  |
| (10)  |  |                                |  |         |              |                                 |           |   |   |   |  |
|   | 227223255                                |                                |  |         |              |                                 |           |   |   |   |  |
| (11)  |  |                                |  |         |              |                                 |           |   |   |   |  |
|   | ***************************************  |                                |  |         |              |                                 |           |   |   |   |  |
| 0.1 000000 0000 0000  | , s 110                                  |                                |  |         |              |                                 |           |   |   |   |  |
| DAA   |  |                                |  |         |              |                                 |           |   |   | Form 990 (2017)                                     |  |

| Part VII Section A. Officers, Directors, Trustees, Key Employe                 |           |  |             |                       |                        | ees,         |                                 |              |  | /E\  |                          |  |                |
|--|-----------|--|-------------|-----------------------|------------------------|--------------|---------------------------------|--------------|--|--|--------------------------|--|----------------|
| (A)<br>Name and title  |           | (B) Average hours per week (list any                           | bo          | x, unli<br>icer a     | Pos<br>check<br>ess pe | erson        | than<br>is bott<br>or/trus      | n an         | (D)  Reportable compensation from the organization         | (E) Reportable compensation from related organizations (W-2/1099-MISC) | Esti<br>amo<br>c<br>comp | (F)<br>imated<br>ount of<br>other<br>ensation<br>m the |                |
|  |           | hours for<br>related<br>organizations<br>below dotted<br>line) | or director | Institutional trustee | Officer                | Key employee | Highest compensated<br>employee | Former       | (W-2/1099-MISC)  | (VPZ) IUSSVIISO)   | orgai<br>and             | nization<br>related<br>nizations                       |                |
|  |           |  |             |                       |                        |              |                                 |              |  |  |                          |  |                |
|  |           | :ma  |             |                       |                        |              |                                 |              |  |  |                          |  |                |
|  |           |  |             |                       |                        |              |                                 |              |  |  |                          |  |                |
| Str. 1500a - Ribert - Ber  |           |  |             |                       |                        |              |                                 |              |  |  |                          |  |                |
| y  |           |  |             |                       |                        |              |                                 |              |  |  |                          |  |                |
| er ener souter etc   |           |  |             |                       |                        |              |                                 |              |  |  |                          |  |                |
| Z412-11-11-11-11-11-11-11-11-11-11-11-11-1                                     | 69        |  |             |                       |                        |              |                                 |              |  |  |                          |  |                |
|  | 9284      | . 200 200  |             |                       |                        |              |                                 |              |  |  |                          |  |                |
| c Total from continuation  |           |  |             |                       |                        |              |                                 | <b>A A A</b> |  |  |                          |  |                |
| d Total (add lines 1b and 2 Total number of individual reportable compensation | uals (inc | duding but not   | limite      | d to                  | thos                   | se lis       | sted                            |              | ve) who received more that                                 | n \$100,000 of   |                          |  |                |
| 100  |           |  |             |                       |                        | 4            |                                 |              | -l Li-bt   | 1 - 4  |                          | Yes  | No             |
| employee on line 1a? If  | f "Yes,"  | complete Sche  | dule        | J fo                  | or su                  | ich i        | ndivi                           | dual         | oloyee, or highest compen-<br>on and other compensation    |  | 3                        |  | X              |
| organization and related   |           |  |             |                       |                        |              |                                 |              | complete Schedule J for a                                  |  | 4                        |  | x              |
|  |           |  |             |                       |                        |              |                                 |              | ny unrelated organization of                               |  |                          |  |                |
| Section B. Independent Co  |           |  | res.        | con                   | npie                   | re S         | cnea                            | iuie .       | J for such person  |  | 5                        |  | X              |
| Complete this table for<br>compensation from the                               | your five | e highest comp<br>ation. Report of                             | omp         | ated<br>ensa          | inde                   | pen<br>for t | dent<br>he c                    | contalen     | tractors that received more<br>dar year ending with or wit | than \$100,000 of<br>thin the organization's tax                       | year.                    |  |                |
|  |           | (A)<br>ousiness address  |             |                       |                        |              |                                 |              |  | (B)<br>ion of services   |                          | (C)<br>Compens   | ation          |
|  |           |  |             |                       |                        |              |                                 |              |  |  |                          |  |                |
|  |           |  |             |                       |                        |              |                                 |              |  |  |                          | •  |                |
|  |           |  |             |                       |                        |              |                                 |              |  |  |                          |  |                |
|  |           |  |             |                       |                        |              | _                               |              |  |  |                          |  |                |
| = =  |           |  |             |                       |                        |              |                                 |              |  |  |                          |  |                |
|  |           |  |             |                       |                        | F. 7         |                                 |              | Bakadaha Nasa  |  |                          |  |                |
| 2 Total number of indepereceived more than \$10                                | 00,000 c  | ontractors (Included in the compensation                       | n fro       | m th                  | e or                   | gani         | eu (0<br>zatio                  | o της<br>n ▶ | use listed above) WNO                                      | 0  |                          | m 990  | 0              |
| DAA  |           |  |             |                       |                        |              |                                 |              |  |  | F¢                       | ımı əə   | <b>U</b> (201) |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax (A) Total revenue (C) Unrelated (B) Related or exempt function business revenue under sections revenue 512-514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d Service Revenue Contributions, and Other Sim 17,147 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 361,278 g Noncash contributions included in lines 1a-1f: \$ 378,425 h Total. Add lines 1a-1f Busn. Code 2a 4-H REGISTRATION FEES/TRAVEL 185,865 185,865 INSURANCE, SUPPLIES, MISC. -18,634-18,634Program f All other program service revenue ..... g Total. Add lines 2a-2f ..... 167,231 3 Investment income (including dividends, interest, and other similar amounts) 199,061 199,061 4 Income from investment of tax-exempt bond proceeds 5 Royalties .... (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) ... 7a Gross amount from (i) Securities (ii) Other sales of assets 17,950 other than inventor b Less: cost or other basis & sales exps 12,401 5,549 c Gain or (loss) d Net gain or (loss) 5,549 5,549 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_ a 30,465 13,949 b Less: direct expenses b c Net income or (loss) from fundraising events 16,516 16,516 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from garning activities 10a Gross sales of inventory, less returns and allowances ...... a **b** Less: cost of goods sold ..... **b** c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 766,782 172,780 0 215,577

Statement of Functional Expenses

| Sec | tion 501(c)(3) and 501(c)(4) organizations must c<br>Check if Schedule O contains a respon | complete all columns. All onse or note to any line in t | other organizations must     | complete column (A).                |                          |
|-----|--|---|------------------------------|-------------------------------------|--------------------------|
|     | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                 | (A)<br>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   | 145,890   | 145,890                      |                                     |                          |
| 2   | Grants and other assistance to domestic  |   |                              |                                     |                          |
|     | individuals. See Part IV, line 22  |   |                              |                                     |                          |
| 3   | Grants and other assistance to foreign   |   |                              |                                     |                          |
|     | organizations, foreign governments, and foreign  |   |                              |                                     |                          |
|     | individuals. See Part IV, lines 15 and 16  |   |                              |                                     |                          |
| 4   | Benefits paid to or for members  |   |                              |                                     |                          |
| 5   | Compensation of current officers, directors,   |   |                              |                                     |                          |
|     | trustees, and key employees  |   |                              |                                     |                          |
| 6   | Compensation not included above, to disqualified   |   |                              |                                     |                          |
|     | persons (as defined under section 4958(f)(1)) and  |   |                              |                                     |                          |
|     | persons described in section 4958(c)(3)(B)   |   |                              |                                     |                          |
| 7   | Other salaries and wages   | 37,692  |                              | 25,254                              | 12,438                   |
| 8   | Pension plan accruals and contributions (include   |   |                              |                                     |                          |
|     | section 401(k) and 403(b) employer contributions)  |   |                              |                                     |                          |
| 9   | Other employee benefits  |   |                              |                                     |                          |
| 10  | Payroll taxes  | 19,202  |                              | 12,865                              | 6,337                    |
| 11  | Fees for services (non-employees):   |   |                              |                                     |                          |
| а   | Management   |   |                              |                                     |                          |
| b   | Legal  |   |                              |                                     |                          |
| C   | •  |   |                              |                                     |                          |
| d   |  |   |                              |                                     |                          |
| е   | Professional fundraising services. See Part IV, line 1                                     |   |                              |                                     |                          |
| f   | Investment management fees   |   |                              |                                     |                          |
| g   |  |   |                              |                                     |                          |
|     | (A) amount, list line 11g expenses on Schedule O.)   |   |                              |                                     |                          |
| 12  | Advertising and promotion  |   |                              |                                     |                          |
| 13  | Office expenses  | 1,214   |                              | 846                                 | 368                      |
| 14  | Information technology   |   |                              |                                     |                          |
| 15  | Royalties  |   |                              |                                     |                          |
| 16  | Occupancy  |   |                              |                                     |                          |
| 17  | Travel   | 33,519  | 32,102                       | 867                                 | 550                      |
| 18  | Payments of travel or entertainment expenses   |   |                              |                                     |                          |
|     | for any federal, state, or local public officials  |   |                              |                                     |                          |
| 19  | Conferences, conventions, and meetings   |   |                              |                                     |                          |
| 20  | Interest   |   |                              |                                     |                          |
| 21  | Payments to affiliates   |   |                              |                                     |                          |
| 22  | Depreciation, depletion, and amortization  |   |                              |                                     |                          |
| 23  | Insurance  |   |                              |                                     |                          |
| 24  | Other expenses. Itemize expenses not covered   |   |                              |                                     |                          |
|     | above (List miscellaneous expenses in line 24e. If   |   |                              |                                     |                          |
|     | line 24e amount exceeds 10% of line 25, column   |   |                              |                                     |                          |
|     | (A) amount, list line 24e expenses on Schedule O.)   |   |                              |                                     |                          |
| а   | REGISTRATION FEES  | 148,753   | 148,753                      |                                     |                          |
| b   | SUPPLIES   | 68,183  | 64,245                       | 977                                 | 2,961                    |
| C   | AWARDS   | 50,375  | 50,375                       |                                     |                          |
| d   | HONORARIUMS  | 2,360   | 2,360                        |                                     |                          |
| е   | All other expenses   |   |                              |                                     |                          |
| 25  | Total functional expenses. Add lines 1 through 24e   | 507,188   | 443,725                      | 40,809                              | 22,654                   |
| 26  | Joint costs. Complete this line only if the  |   |                              |                                     |                          |
|     | organization reported in column (B) joint costs from a combined educational campaign and   |   |                              |                                     |                          |
|     | fundraising solicitation. Check here ▶ if  |   |                              |                                     |                          |
|     | following SOP 98-2 (ASC 958-720)   |   |                              |                                     |                          |
| DAA |  |   |                              |                                     | Form 990 (2017)          |

| Part                             |   |                       |                |                          |         |                                       |
|----------------------------------|---|-----------------------|----------------|--------------------------|---------|---------------------------------------|
|                                  | Check if Schedule O contains a response or  | note to any line in   | this Part X    |                          |         |                                       |
|                                  |   |                       |                | (A)<br>Beginning of year |         | (B)<br>End of year                    |
| 1                                | Cash—non-interest bearing   |                       |                | 226,725                  |         | 229,27                                |
| 2                                | Savings and temporary cash investments  |                       |                | 87,807                   | 2       | 65,27                                 |
| 3                                | Pledges and grants receivable, net  |                       |                |                          | 3       |                                       |
| 4                                | Accounts receivable, net  |                       |                |                          | 4       |                                       |
| 5                                | Loans and other receivables from current and form                                 | ner officers, directo | ors,           |                          |         |                                       |
|                                  | trustees, key employees, and highest compensated                                  |                       |                |                          |         |                                       |
|                                  | Complete Part II of Schedule L  |                       | 5              |                          |         |                                       |
| 6                                | Loans and other receivables from other disqualified                               |                       |                |                          |         |                                       |
|                                  | 4958(f)(1)), persons described in section 4958(c)(3                               |                       |                |                          |         |                                       |
|                                  | sponsoring organizations of section 501(c)(9) volui                               |                       |                |                          |         |                                       |
| 2                                | organizations (see instructions). Complete Part II o                              | f Schedule L          |                |                          | 6       |                                       |
| Yesels 7                         | Notes and loans receivable, net   | 2002                  | 200 200 201    |                          | 7       |                                       |
| ₹ 8                              | Inventories for sale or use   |                       | .0.0           |                          | 8       |                                       |
| 9                                | Prepaid expenses and deferred charges   |                       |                |                          | 9       |                                       |
| 10a                              | Land, buildings, and equipment: cost or   |                       |                |                          |         |                                       |
|                                  | other basis. Complete Part VI of Schedule D                                       | 10a                   | 9,354          |                          |         |                                       |
| b                                | Less: accumulated depreciation  | 10b                   | 9,354          |                          | 10c     |                                       |
| 11                               | Investments—publicly traded securities  |                       |                | 4,491,217                | 11      | 4,895,363                             |
| 12                               | Investments—other securities. See Part IV, line 11                                |                       |                | 12                       |         |                                       |
| 13                               | Investments-program-related. See Part IV, line 11                                 |                       |                | 13                       |         |                                       |
| 14                               | Intangible assets   |                       |                | 14                       |         |                                       |
| 15                               |   |                       |                | 15                       |         |                                       |
| 16                               | Total assets. Add lines 1 through 15 (must equal l                                |                       |                | 4,805,749                | 16      | 5,189,912                             |
| 17                               |   |                       |                |                          | 17      | · · · · · · · · · · · · · · · · · · · |
| 18                               | Grants payable  |                       | 18             |                          |         |                                       |
| 19                               | Deferred revenue  |                       |                |                          | 19      |                                       |
| 20                               | Tax-exempt bond liabilities   |                       |                |                          | 20      |                                       |
| 21                               | Escrow or custodial account liability. Complete Part                              | IV of Schedule D      |                |                          | 21      |                                       |
| 22                               |   |                       |                |                          |         |                                       |
|                                  | trustees, key employees, highest compensated em                                   | ployees, and          |                |                          |         |                                       |
| 22                               | disqualified persons. Complete Part II of Schedule                                |                       |                |                          | 22      |                                       |
| 23                               | Secured mortgages and notes payable to unrelated                                  | third parties         |                |                          | 23      |                                       |
| 24                               |   | ird parties           |                |                          | 24      |                                       |
| 25                               |   |                       |                |                          |         |                                       |
|                                  | parties, and other liabilities not included on lines 17                           |                       |                |                          |         |                                       |
|                                  | of Schedule D   |                       |                | 675,355                  | 25      | 801,374                               |
| 26                               | Total liabilities. Add lines 17 through 25  |                       |                | 675,355                  | 26      | 801,374                               |
|                                  | Organizations that follow SFAS 117 (ASC 958),                                     |                       |                |                          |         |                                       |
| [                                | complete lines 27 through 29, and lines 33 and                                    | 34.                   | `              |                          |         |                                       |
| 27                               | Unrestricted net assets   |                       |                | 823,926                  | 27      | 974,444                               |
| 28                               | Temporarily restricted net assets   |                       | 471,846        | 28                       | 456,127 |                                       |
| 29                               | Permanently restricted net assets   |                       |                | 2,834,622                | 29      | 2,957,967                             |
|                                  | Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC | 958), check her       | e land         |                          |         |                                       |
|                                  | complete lines 30 through 34.   |                       | _              |                          |         |                                       |
| 30                               | Capital stock or trust principal, or current funds                                |                       |                |                          | 30      |                                       |
| 31                               | Paid-in or capital surplus, or land, building, or equip                           | ment fund             |                |                          | 31      |                                       |
| 27<br>28<br>29<br>30<br>31<br>32 | Retained earnings, endowment, accumulated incom                                   | e, or other funds     |                |                          | 32      |                                       |
| 33                               | Total net assets or fund balances   |                       |                | 4,130,394                | 33      | 4,388,538                             |
| 34                               | Total liabilities and net assets/fund balances                                    |                       | 5545 MASS 13 - | 4,805,749                | 34      | 5,189,912                             |

| Fon | m 990 (2017) WYOMING STATE 4-H FOUNDATION 83-6004106  |       |          | Pag | je 12  |
|-----|---|-------|----------|-----|--------|
| P   | art XI Reconciliation of Net Assets   |       |          |     |        |
| _   | Check if Schedule O contains a response or note to any line in this Part XI                                   |       | TW000751 |     | $\Box$ |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1     | 76       | 6,5 | 782    |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2     | 50       | 7,1 | 188    |
| 3   | Revenue less expenses. Subtract line 2 from line 1  | 3     | 25       | 9,5 | 594    |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4     | 4,13     | 0,3 | 394    |
| 5   | Net unrealized gains (losses) on investments  | 5     |          |     |        |
| 6   | Donated services and use of facilities  | 6     |          |     |        |
| 7   | Investment expenses   | 7     |          |     |        |
| 8   | Prior period adjustments  | 8     |          |     |        |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)  | 9     | _        | 1,4 | 150    |
| 10  | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line                |       |          |     |        |
|     | 33, column (B))   | 10    | 4,38     | 8,5 | 38     |
| Pa  | art XII Financial Statements and Reporting  |       |          |     |        |
|     | Check if Schedule O contains a response or note to any line in this Part XII                                  |       |          |     | П      |
|     |   |       |          | res | No     |
| 1   | Accounting method used to prepare the Form 990: X Cash Accrual Other  |       |          |     |        |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |       |          |     |        |
|     | Schedule O.   |       |          |     |        |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?               |       | 2a       |     | X      |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |       |          |     |        |
|     | reviewed on a separate basis, consolidated basis, or both:  |       |          |     |        |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |       |          |     |        |
| b   | Were the organization's financial statements audited by an independent accountant?                            |       | 2b       |     | х      |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |       |          |     |        |
|     | 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?  |       | 2c       |     |        |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in |       |          |     |        |
|     | 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?  |       | 3a       |     |        |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  | 0     |          |     |        |
|     | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.      | 50000 | Зь       |     |        |
|     |   |       | Form 9   | 990 | (2017) |

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

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number WYOMING STATE 4-H FOUNDATION 83-6004106 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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). 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. 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, Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) No (A) (B) (C) (D) (E)

Schedule A (Form 990 or 990-EZ) 2017 WYOMING STATE 4-H FOUNDATION 83-6004106

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.)

| Se  | ction A. Public Support   |                        | .,                      | to notou polot          | v, piedee com        | note i art in.) |               |
|-----|---|------------------------|-------------------------|-------------------------|----------------------|-----------------|---------------|
| Cal | endar year (or fiscal year beginning in)  | (a) 2013               | <b>(b)</b> 2014         | (c) 2015                | (d) 2016             | (e) 2017        | (f) Total     |
| 1   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 205,125                | 217,479                 | 184,355                 | 503,424              | 378,425         | 1,488,808     |
| 2   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |                        |                         |                         |                      |                 |               |
| 3   | The value of services or facilities furnished by a governmental unit to the organization without charge   |                        |                         |                         |                      |                 |               |
| 5   | Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | 205,125                | 217,479                 | 184,355                 | 503,424              | 378,425         | 1,488,808     |
| 6   | Public support. Subtract line 5 from line 4.  |                        |                         |                         |                      |                 | 1,488,808     |
|     | ction B. Total Support  |                        |                         |                         |                      |                 |               |
|     | ndar year (or fiscal year beginning in)   | (a) 2013               | (b) 2014                | (c) 2015                | (d) 2016             | (e) 2017        | (f) Total     |
| 7   | Amounts from line 4   | 205,125                | 217,479                 | 184,355                 | 503,424              | 378,425         | 1,488,808     |
| 8   | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   | 94,965                 | 134,777                 | 141,166                 | 128,536              | 199,061         | 698,505       |
| 9   | Net income from unrelated business activities, whether or not the business is regularly carried on  |                        |                         |                         | 15,967               | 15,516          | 31,483        |
| 10  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |                        |                         |                         |                      |                 |               |
| 11  | Total support. Add lines 7 through 10   |                        |                         |                         |                      |                 | 2,218,796     |
| 12  | Gross receipts from related activities, etc.  |                        |                         |                         |                      | 12              | 167,231       |
| 13  | First five years. If the Form 990 is for the  | organization's firs    | t, second, third, for   | urth, or fifth tax ye   | ar as a section 50   | 1(c)(3)         |               |
| 0   | organization, check this box and stop her   | e                      |                         |                         |                      | S               | <b>D</b>      |
|     | tion C. Computation of Public S   |                        |                         |                         |                      |                 |               |
| 14  | Public support percentage for 2017 (line 6  | , column (f) divided   | d by line 11, columr    | n (f))                  |                      | 14              | 67.10%        |
| 15  | Public support percentage from 2016 Scho  | edule A, Part II, lin  | e 14                    |                         |                      | 15              | 74.23%        |
| 16a | 33 1/3% support test—2017. If the organ   | iization did not che   | ck the hox on line 1    | 3 and line 14 is 3      | 33 1/3% or more /    | chack this      |               |
|     | box and <b>stop here.</b> The organization quality  | fies as a publicly s   | upported organizati     | on                      |                      |                 | <b>&gt;</b> X |
| b   | oo non support test-2010. If the organ  | ization did not che    | ck a box on line 13     | or roa, and line r      | 5 is 33 1/3% or m    | ore, check      |               |
| 170 | this box and stop here. The organization of   |                        |                         |                         |                      |                 | ·····         |
| 174 | 10%-facts-and-circumstances test—201  | i /. If the organizati | ion did not check a     | box on line 13, 16      | Sa, or 16b, and line | e 14 is         |               |
|     | 10% or more, and if the organization meets  | s the Tacts-and-cir    | cumstances test,        | cneck this box an       | d stop here. Expl    | ain in          |               |
|     | Part VI how the organization meets the "factorganization"   |                        |                         |                         |                      |                 |               |
| b   | organization 10%-facts-and-circumstances test—201   | I If the ergonizati    | on did not about a      | have an East 40, 40     | 405 - 47             |                 | .gg. 🏲 🔲      |
|     | 15 is 10% or more, and if the graphization  | mosto the "facts o     | on did not check a      | box on line 13, 16      | ia, 16b, or 17a, an  | d line          |               |
|     | 15 is 10% or more, and if the organization<br>Explain in Part VI how the organization med   |                        |                         |                         |                      |                 |               |
|     |   |                        |                         |                         |                      |                 |               |
| 18  | supported organization  | not check a hove       | n line 13 16a 16h       | 17a or 17h sho          | ok this how and      |                 | 💆 🗀           |
|     |   |                        |                         |                         |                      |                 |               |
|     | instructions  |                        | 1811 88 1181 B 1188 100 | 19 (820 C) 11 (8 600 c) |                      |                 | P             |

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 unde             | r the tests liste   | d below, pleas      | se complete Pa                          | art II.)     |           |
|------|--|--------------------------|---------------------|---------------------|---|--------------|-----------|
|      | ction A. Public Support  |                          |                     | ,                   |   |              |           |
|      | ndar year (or fiscal year beginning in)  | (a) 2013                 | (b) 2014            | (c) 2015            | (d) 2016                                | (e) 2017     | (f) Total |
| 1    | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 1                        |                     |                     |   |              |           |
| 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   |                          |                     |                     |   |              |           |
|      | 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   |                          |                     |                     |   |              |           |
| 500  | line 6.)   |                          |                     |                     |   |              |           |
|      | tion B. Total Support  | 110010                   |                     |                     |   |              |           |
|      | ndar year (or fiscal year beginning in)  | (a) 2013                 | <b>(b)</b> 2014     | (c) 2015            | (d) 2016                                | (e) 2017     | (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 five years. If the Form 990 is for the   | organization's fi        | et egeand third f   | outh or fith tour   | voor on a profine 5                     | 01(a)(2)     |           |
|      | organization, check this box and stop here   |                          |                     | _                   |   | , , , ,      |           |
| Sect | tion C. Computation of Public Su   |                          | ntage               |                     |   |              |           |
| 15   | Public support percentage for 2017 (line 8,  |                          |                     | nn (fl)             |   | 15           | %         |
| 16   | Public support percentage from 2016 Sche   | dule A, Part III, fii    | ne 15               | (9)                 |   | 16           | %         |
| Sect | ion D. Computation of Investme   | nt Income Pe             | ercentage           |                     |   | 10           | 70        |
| 17   | Investment income percentage for 2017 (lir   |                          |                     | 3, column (f))      |   | 17           | %         |
| 18   | Investment income percentage from 2016 s   | Schedule A, Part         |                     |                     | · 5 · · · · · · · · · · · · · · · · · · |              | %         |
| 19a  | 33 1/3% support tests-2017. If the organ   |                          |                     | e 14, and line 15 i | s more than 33 1/3                      | 3%, and line | 70        |
|      | 17 is not more than 33 1/3%, check this bo   | x and <b>stop here</b> . | The organization    | qualifies as a pub  | licly supported org                     | anization    |           |
| b    | 33 1/3% support tests-2016. If the organ   |                          |                     |                     |   |              |           |
| 20   | line 18 is not more than 33 1/3%, check this   | s box and stop h         | ere. The organiza   | tion 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 b   | ox and see instruc                      | tions        | ▶ ∐       |

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| Section A. | All | Supporting | <b>Organizations</b> |
|------------|-----|------------|----------------------|
|------------|-----|------------|----------------------|

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| ſ        | Yes | N |
|----------|-----|---|
| 1        |     |   |
| 2        |     |   |
| 3a       |     |   |
| 3b       |     |   |
| 3с       |     |   |
| 4a       |     |   |
| 4b       |     |   |
| 4c       |     |   |
| 5a       |     |   |
| 5b<br>5c |     |   |
| 6        |     |   |
| 7        |     |   |
| 8        |     | _ |
| 9a       |     |   |
| 9b       |     |   |
| 9c       |     |   |
| 10a      |     |   |
| 10b      |     |   |

|       | tule A (Form 990 or 990-EZ) 2017 WYOMING STATE 4-H FOUNDATION 83-6004  ort IV Supporting Organizations (continued)        | 106          |     | Page 5 |
|-------|---|--------------|-----|--------|
|       |   |              | Yes | No     |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?                                   |              |     |        |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)              |              |     |        |
|       | below, the governing body of a supported organization?  | 11a          |     |        |
| b     | A family member of a person described in (a) above?   | 11b          |     | _      |
|       | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.     | 11c          |     | _      |
| Sect  | tion B. Type I Supporting Organizations   | 110          |     |        |
|       |   |              | Yes | No     |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to                       |              | 162 | No     |
| •     | · · · · · · · · · · · · · · · · · · ·   |              |     |        |
|       | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the        |              |     |        |
|       | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or             |              |     |        |
|       | controlled the organization's activities. If the organization had more than one supported organization,                   |              |     |        |
|       | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                 |              |     |        |
|       | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                    | 1            |     |        |
| 2     | Did the organization operate for the benefit of any supported organization other than the supported                       |              |     |        |
|       | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part           |              |     |        |
|       | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                    |              |     |        |
|       | supervised, or controlled the supporting organization.  | 2            |     |        |
| Sect  | tion 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)? If "No," describe in Part VI how control             |              |     |        |
|       | or management of the supporting organization was vested in the same persons that controlled or managed                    |              |     |        |
|       | the supported organization(s).  | 1            |     |        |
| Sect  | ion D. All Type III Supporting Organizations  |              |     |        |
|       | 75.   |              | Yes | No     |
| 1     | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the            |              | 169 | NU     |
| •     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax     |              |     |        |
|       | •   |              |     |        |
|       | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the    |              |     |        |
| •     | organization's governing documents in effect on the date of notification, to the extent not previously provided?          | 1            | _   |        |
| 2     | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported          |              |     |        |
|       | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how        |              |     |        |
|       | the organization maintained a close and continuous working relationship with the supported organization(s).               | 2            |     |        |
| 3     | By reason of the relationship described in (2), did the organization's supported organizations have a                     |              |     |        |
|       | significant voice in the organization's investment policies and in directing the use of the organization's                |              |     |        |
|       | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's              |              | _   |        |
|       | supported organizations played in this regard.  | 3            |     |        |
| Secti | ion 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 instru | ctions).     |     |        |
| а     | The organization satisfied the Activities Test. Complete line 2 below.  |              |     |        |
| b     | The organization is the parent of each of its supported organizations. Complete line 3 below.                             |              |     |        |
| C     | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see          | instructions | s). |        |
|       |   |              | ,   |        |
| 2 /   | Activities Test. Answer (a) and (b) below.  |              | Yes | No     |
| а     | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of        |              |     |        |
|       | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                |              |     |        |
|       | those supported organizations and explain how these activities directly furthered their exempt purposes.                  |              |     |        |
|       | how the organization was responsive to those supported organizations, and how the organization determined                 |              |     |        |
|       |   | 20           |     |        |
| h     | that these activities constituted substantially all of its activities.  | 2a           |     |        |
| b     | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more       |              |     |        |
|       | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the              |              |     |        |
|       | reasons for the organization's position that its supported organization(s) would have engaged in these                    |              |     |        |
|       | activities but for the organization's involvement.  | 2b           |     |        |
| 3     | Parent of Supported Organizations. Answer (a) and (b) below.  |              |     |        |
| а     | 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? Provide details in Part VI.  | 3a           |     |        |
| b     | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each       |              |     |        |
|       | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.         | 3b           |     |        |

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|--|-------------|----------------------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting                           |             |                            |                                |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust o  |             |                            |                                |
| instructions. All other Type III non-functionally integrated supporting organizations      | must com    | plete 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<br>(optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see                            |             |                            |                                |
| instructions for short tax year or assets held for part of year):                          |             |                            |                                |
| a Average monthly value of securities  | 1a          |                            |                                |
| b Average monthly cash balances  | 1b          |                            |                                |
| c Fair market value of other non-exempt-use assets   | 1c          |                            |                                |
| d Total (add lines 1a, 1b, and 1c)   | 1d          |                            |                                |
| e Discount claimed for blockage or other   |             |                            |                                |
| factors (explain in detail in Part VI):  |             |                            |                                |
| Acquisition indebtedness applicable to non-exempt-use assets                               | 2           |                            |                                |
| 3 Subtract line 2 from line 1d.  | 3           |                            |                                |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,             |             |                            |                                |
| see instructions).   | 4           |                            |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                         | 5           |                            |                                |
| 6 Multiply line 5 by .035.   | 6           |                            |                                |
| 7 Recoveries of prior-year distributions   | 7           |                            |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8           |                            |                                |
| Section C - Distributable Amount   |             |                            | Current Year                   |
| Adjusted net income for prior year (from Section A, line 8, Column A)                      | 1           |                            |                                |
| 2 Enter 85% of line 1.   | 2           |                            |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)                   | 3           |                            |                                |
| 4 Enter greater of line 2 or line 3.   | 4           |                            |                                |
| 5 Income tax imposed in prior year   | 5           |                            |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to                     |             |                            |                                |
| emergency temporary reduction (see instructions).  | 6           |                            |                                |
| 7 Check here if the current year is the organization's first as a non-functionally integra | ted Type II | Il supporting organization | (see                           |
| instructions).   |             |                            |                                |

Schedule A (Form 990 or 990-EZ) 2017

|     | AV To 190 or 990-EZ) 2017 WIOMING SIMIE 4-  |                       | 83-8004             | Page A       |  |  |  |  |  |
|-----|---|-----------------------|---------------------|--------------|--|--|--|--|--|
| Par | The management and a section  | S) Supporting Organi  | zations (continued) |              |  |  |  |  |  |
|     | ion D - Distributions   |                       |                     | Current Year |  |  |  |  |  |
| 1   | Amounts paid to supported organizations to accomplish exempt pur  |                       |                     |              |  |  |  |  |  |
| 2   | Amounts paid to perform activity that directly furthers exempt purpo  | ses of supported      |                     |              |  |  |  |  |  |
| 3   | organizations, in excess of income from activity  |                       |                     |              |  |  |  |  |  |
| 4   | Administrative expenses paid to accomplish exempt purposes of su<br>Amounts paid to acquire exempt-use assets | pported organizations |                     |              |  |  |  |  |  |
| - 5 | Qualified set-aside amounts (prior IRS approval required)   |                       |                     |              |  |  |  |  |  |
| 6   | Other distributions (describe in Part VI). See instructions.  |                       |                     |              |  |  |  |  |  |
| 7   | Total annual distributions. Add lines 1 through 6.  |                       |                     |              |  |  |  |  |  |
| 8   | Distributions to attentive supported organizations to which the organ   | ization is responsive |                     |              |  |  |  |  |  |
| •   | (provide details in <b>Part VI</b> ). See instructions.   | ization la responsive |                     |              |  |  |  |  |  |
| 9   | Distributable amount for 2017 from Section C, line 6  |                       |                     |              |  |  |  |  |  |
| 10  | Line 8 amount divided by line 9 amount  |                       |                     |              |  |  |  |  |  |
|     | and a distance arriaged by mile a distribution  | (i)                   | (ii)                | (iii)        |  |  |  |  |  |
|     | Section E - Distribution Allocations (see instructions)   |                       |                     |              |  |  |  |  |  |
| _1_ | Distributable amount for 2017 from Section C, line 6  |                       |                     |              |  |  |  |  |  |
| 2   | Underdistributions, if any, for years prior to 2017   |                       |                     |              |  |  |  |  |  |
|     | (reasonable cause required-explain in Part VI). See   |                       |                     |              |  |  |  |  |  |
| _   | instructions.   |                       |                     |              |  |  |  |  |  |
| 3   | Excess distributions carryover, if any, to 2017:  |                       |                     |              |  |  |  |  |  |
| a   | From 2013   |                       |                     |              |  |  |  |  |  |
|     | From 2014   |                       |                     |              |  |  |  |  |  |
|     | From 2015   |                       |                     |              |  |  |  |  |  |
|     | Farm 0040   |                       |                     |              |  |  |  |  |  |
|     | Total of lines 3a through e   |                       |                     |              |  |  |  |  |  |
|     | Applied to underdistributions of prior years  |                       |                     |              |  |  |  |  |  |
|     | Applied to 2017 distributable amount  |                       |                     |              |  |  |  |  |  |
|     | Carryover from 2012 not applied (see instructions)  |                       |                     |              |  |  |  |  |  |
| 1   | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                       |                     |              |  |  |  |  |  |
| 4   | Distributions for 2017 from   |                       |                     |              |  |  |  |  |  |
|     | Section D, line 7:  |                       |                     |              |  |  |  |  |  |
| а   | Applied to underdistributions of prior years  |                       |                     |              |  |  |  |  |  |
|     | Applied to 2017 distributable amount  |                       |                     |              |  |  |  |  |  |
| С   | Remainder. Subtract lines 4a and 4b from 4.   |                       |                     |              |  |  |  |  |  |
| 5   | Remaining underdistributions for years prior to 2017, if  |                       |                     |              |  |  |  |  |  |
|     | any. Subtract lines 3g and 4a from line 2. For result   |                       |                     |              |  |  |  |  |  |
|     | greater than zero, explain in Part VI. See instructions.  |                       |                     |              |  |  |  |  |  |
| 6   | Remaining underdistributions for 2017. Subtract lines 3h  |                       |                     |              |  |  |  |  |  |
|     | and 4b from line 1. For result greater than zero, explain in  |                       |                     |              |  |  |  |  |  |
|     | Part VI. See instructions.  |                       |                     |              |  |  |  |  |  |
| 7   | Excess distributions carryover to 2018. Add lines 3j  |                       |                     |              |  |  |  |  |  |
|     | and 4c.   |                       |                     |              |  |  |  |  |  |
| 8   | Breakdown of line 7:  |                       |                     | - V VX V     |  |  |  |  |  |
|     | Excess from 2013  |                       |                     |              |  |  |  |  |  |
|     | Excess from 2014  |                       |                     |              |  |  |  |  |  |
|     | Excess from 2015  |                       |                     |              |  |  |  |  |  |
|     | Excess from 2016  |                       |                     |              |  |  |  |  |  |
| е   | Excess from 2017  |                       |                     |              |  |  |  |  |  |

| Schedule A (Fo                        | Suppl<br>III, line<br>B, line<br>3a and | emental<br>e 12; Part l<br>es 1 and 2;<br>d 3b; Part | Informa<br>IV, Secti<br>; Part IV<br>V, line 1 | <b>tion.</b> Pro<br>ion A, lind<br>, Section<br>I; Part V, | vide the<br>es 1, 2,<br>C, line<br>Section | e explana<br>, 3b, 3c,<br>1; Part l<br>n B, line | 4b, 4c, 5a<br>V, Sectio<br>1e; Part \   | uired by la, 6, 9a, 9<br>n D, lines<br>V, Sectior | Part II, line  b, 9c, 11a  2 and 3;  D, lines | 83-6004:<br>e 10; Part II, I<br>a, 11b, and 1'<br>Part IV, Secti<br>5, 6, and 8; a<br>instructions.) | ne 17a or<br>Ic; Part IV,<br>on E, lines<br>nd Part V, | Section<br>1c, 2a, 2b   |
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