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.

OMB No. 1545-0047 2023 Open to Public

Department of the Treasury Internal Revenue Service

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2023 calendar year, or tax year beginning 10/01/23 , and ending 09/30/24 D Employer identification number C Name of organization Check if applicable: WYOMING CHILDREN'S SOCIETY Address change Doing business as 83-0198161 7 V Name change Number and street (or P.O. box if mail is not delivered to street address) 307-632-7619 314 E 21ST STREET Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated CHEYENNE WY 82001 565,138 **G** Gross receipts \$ Amended return Name and address of principal officer: X No **H(a)** Is this a group return for subordinates? Application pending BRYAN COOK 314 E 21ST STREET H(b) Are all subordinates included? CHEYENNE WY 82001 If "No." attach a list. See instructions **X** 501(c)(3) 501(c) 4947(a)(1) or Tax-exempt status:) (insert no.) WWW.WYOMINGCS.ORG Website: H(c) Group exemption number Year of formation: 1911 X Corporation Trust Association M State of legal domicile: Form of organization: Summarv 1 Briefly describe the organization's mission or most significant activities: Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 13 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 11 5 6 Total number of volunteers (estimate if necessary) 10 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 325,382 319,264 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 187,786 187,114 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21,780 34,274 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -58,694 -54,460 476,254 486,192 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 270,894 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 219,152 157,026 490,046 429,355 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -13,792**19** Revenue less expenses. Subtract line 18 from line 12 56,837 Beginning of Current Year End of Year ō 1,320,048 1,138,797 20 Total assets (Part X, line 16) 50,526 50,843 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 1,269,205 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here BRYAN COOK EXECUTIVE DIRECTOR Type or print name and title PTIN Check Paid 01/13/25 self-employed P01291550 **Preparer** RLR, LLP 84-1483675 Firm's EIN Firm's name **Use Only** P.O.BOX 483 CHEYENNE, WY 82003 307-757-6866 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission: NUMBER MATERIAN AND TO ADMOCRATE THE THROUGH ADOPTION AND TO ADMOCRATE	יסי
	OUR MISSION IS TO BUILD HEALTHY FAMILIES THROUGH ADOPTION, AND TO ADVOCAT	<u></u>
	OUR VISION: A WORLD WHERE EVERY CHILD BELONGS TO A SAFE AND LOVING FAMILY	
O	OR VISION. A WORLD WHERE EVERT CHILD BELONGS TO A SAFE AND HOVING PARTILL	·•
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	Vec ▼	Nο
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 303,456 including grants of \$) (Revenue \$ 187,11	
	ADOPTION PLACEMENT OF CHILDREN IN NEED OF PERMANENT, SECURE ADOPTIVE HOME	s,
	IOME STUDY AND POST PLACEMENT SERVICES AS WELL AS PREGNANCY OPTIONS	
C	COUNSELING TO WOMEN FACED WITH AN UNPLANNED PREGNANCY.	
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4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$	١.
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4c N	(Code:) (Expenses \$ including grants of \$) (Revenue \$ 1/A)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		x
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
3	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D. Part VI	11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	IIa		
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.5
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	42h		v
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		37	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
DAA		For	m 99 ((2023)

Form 990 (2023) WYOMING CHILDREN'S SOCIETY

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

	art iv Chookingt of Regulate Continued		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	\ /		ł
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l <u>.</u> .		
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		v
	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?	254		x
26	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			l
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			l
	personne If "Vee " complete Schoolule I. Port III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			l
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			ĺ
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			l
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			l
Dr	19? Note: All Form 990 filers are required to complete Schedule O. Art V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
F	Check if Schedule O contains a response or note to any line in this Part V			
	Chook in Concodic C contains a response of note to any line in this rait v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		169	.40
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		
	5.6 6, 5 ,			

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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,	W		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			3.5
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
y h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/ 11		21
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans That the amount of records as head.	-		
C 110	Enter the amount of reserves on hand Did the experience converse for indeed tension convince the toy year?	14a		Х
14a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a		
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
	and the second of the second of the second	15		х
	excess paracnute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
-	If "Yes," complete Form 4720, Schedule O.	-		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or	V		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a tayable ontity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 200 is required to be filed.			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	HE ORGANIZATION 314 E 21ST STREET			
		-63	2-7	619

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related organ	nization compensated any curr	ent officer, director, or trustee.
--	-----------------------	-------------------------------	------------------------------------

(A) Name and title	(B) Average hours per week	box	x, unle	ss pe	ition more rson i	than one s both an or/trustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) KRISTIN BURKART										
	40.00									
PRIOR EXECUTIVE DIRE	0.00			X				96,977	0	3,040
(2) BRYAN COOK										
	40.00							•	•	
EXECUTIVE DIRECTOR	0.00			X			4	0	0	0
(3) JOSEPH HORAM	2.00									
PRESIDENT	0.00	x		х				0	0	0
(4) KELLY CLARKE	0.00	^					\dashv	0	0	<u> </u>
(4) REEDI CHARRE	2.00									
VICE PRESIDENT	0.00	x		x				0	0	0
(5) MELISSA THERIAU							7		<u> </u>	
(0,	2.00									
SECRETARY	0.00	x		х				0	0	0
(6) TRICIA BACH										
	2.00									
PRIOR CO SECRETARY	0.00	X		X				0	0	0
(7) JUSTI MUCHMORE										
	2.00									
TREASURER	0.00	X		X				0	0	0
(8) ROBIN MARTIN										
	2.00	.								
PRIOR TREASURER	0.00	X		X			_	0	0	0
(9) LINDSAY WOZNICK	1 00									
DIDECTION	1.00							0	^	
DIRECTOR	0.00	Х					\dashv	0	0	0
(10) RENE HINKLE	1.00									
DIRECTOR	0.00	x						0	0	0
(11) SARA PEDERSEN	0.00	Α					\dashv	<u> </u>	<u> </u>	<u> </u>
(,	1.00									
DIRECTOR	0.00	x						0	0	0
				_			_			5 000 (2222)

Part VII Section A. Officers	, Directors, Tru	istee	s, K	ey E	mpl	oyees	, ar	nd Highest Compensated	I Employees (continued)			
				((C)							
(A)	(B)	(-1			ition	·		(D)	(E)		(F)	
Name and title	Average					than one s both a		Reportable	Reportable	Estima	ated amount	
	hours					or/trustee		compensation	compensation	0	of other	
	per week (list any	악중	l ä	유	Key	육,품	٦,	from the organization (W-2/	from related organizations (W-2/		pensation om the	
	hours for	Individual trustee or director	Institutional trustee	Officer	y e	Highest compensated employee	me	1099-MISC/	1099-MISC/		ization and	
PIIN	related	ctor	iona	1	employee	e co	74	1099-NEC)	1099-NEC)	related	organization	.s
I UD	organizations below	trus	=		уее	mpe		プレロレ			/	
	dotted line)	e e	stee			nsat					7	
			"			<u>a</u>	_					
(12) JENNY KRAUSE												
(12)	1.00											
DIRECTOR	0.00	X						0	0			0
(13) ERIN MILBURN												
(13)	1.00											
DIRECTOR	0.00	x						0	0			0
(14) DANAE STAMPFI												
(14) DANAE STATEFT	1.00											
								•				_
DIRECTOR	0.00	X	-				_	0	0			0
(15) JILLIAN BALOV												
(15)	1.00											
DIRECTOR	0.00	X						0	0			0
(16) KAREN DELBRII	GE											
(16)	1.00											
DIRECTOR	0.00	x						0	0			0
(17) HEATHER MORGA												
	1.00											
(17)								•				_
DIRECTOR	0.00	X	-	_			\dashv	0	0			0
(18) KEVIN OGLE												
(18)	1.00											
PRIOR DIRECTOR	0.00	X						0	0			0
(19) DOUG MCGEE												
(19)	1.00											
PRIOR DIRECTOR	0.00	X						0	0			0
1b Subtotal			-			<u> </u>		96,977			3 - !	040
c Total from continuation shee		Soct	ion /	١			•	20,211				
	•						ŀ	96,977			3 /	040
d Total (add lines 1b and 1c)2 Total number of individuals (in	oluding but not I	imito	d to	thoo	o lie	tod ob	· _		\$100,000 of	<u> </u>		540
reportable compensation from			0	11105	e 1151	ieu abi	ove	e) who received more than	\$100,000 01			
reportable compensation from	the organization										Yes	No
3 Did the organization list any fo	rmer officer dir	ecto	r. tru	stee	kev	emple	ove	e. or highest compensated	d			
employee on line 1a? If "Yes,"										3	3	X
4 For any individual listed on line	e 1a, is the sum	of r	eport	able	com	npensa	atior	and other compensation	from the			
organization and related organ												
individual										🚅	4	X
5 Did any person listed on line 1	1a receive or acc	crue	com	pens	atior	n from	an	y unrelated organization or	· individual			
for services rendered to the or		es,"	com	plete	Sci	<u>hedule</u>	. J 1	for such person		<u> </u>	5	X
Section B. Independent Contracto												
1 Complete this table for your five												
compensation from the organization		ompe	ensat	ion f	or th	ne cale	enda	ar year ending with or with		ear.	(C)	
Name and	(A) business address							Descript	(B) iion of services		(C) Compensat	ion
										\longrightarrow		
2 Total number of independent of							hos	e listed above) who				
received more than \$100,000								·	0			

Part VII	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyees	s, a	nd Highest Compensated	d Employees (continued)				.g
					(0	;)								
ı	(A) Name and title	(B) Average hours	bo	x, unle	ess pe	more rson i	than or s both a	an	(D) Reportable compensation	(E) Reportable compensation	Esti	(F) mated an of other		
	Pub	per week (list any hours for related organizations below dotted line)	or director	_	Officer	Key employee			from the organization (W-2/1099-MISC/1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	ompensati from the anization ad organiz	ion and	
(20) S'	TEPHANIE TE	JBNER												
(12) PRIOR D	IRECTOR	1.00	x						0	0				0
(21) K	ERI PEACOCK													
(13) PRIOR D	IRECTOR	1.00	x						0	0				0
(22) L(ORI KEMPTER													
(14)		1.00												
PRIOR D		0.00	X						0	0				0
	YLER TONSO													
(15)		1.00												_
PRIOR D		0.00	X	_					0	0	ļ			0
	EGAN ROMANO	1 00												
(16)		1.00	3,5							_				^
PRIOR D	IRECTOR	0.00	Х						0	0				0
(17)														
(18)														
(19)														
c Total for d Total (a 2 Total n	alrom continuation shee add lines 1b and 1c) umber of individuals (in ble compensation from	ets to Part VII, s	Secti imite						e) who received more than	\$100,000 of				
											П	Y	Yes	No
	eorganization list any fc ee on line 1a? <i>If "Yes,</i> "								ee, or highest compensate	d		3		
4 For any	y individual listed on line	e 1a, is the sum	of r	eport	table	com	pens	atio	n and other compensation complete Schedule J for su					
individu	ıal											4		
									ny unrelated organization of	r individual		5		
	ndependent Contracto		cs,	COII	ipicio	301	ledule	. .	ior such person			<u> </u>		
1 Comple	ete this table for your fi	ve highest comp							actors that received more	than \$100,000 of nin the organization's tax ye	ear.			
		(A) business address								(B) tion of services		Comr	(C) pensatio	ın
	Name and	business dudiess							Везапр	tion of scivices		Comp	ocrisatio	""
2 Total n	umber of independent of	contractors (inclu	ıding	but	not I	imite	ed to	thos	se listed above) who		-+			
	d more than \$100,000								,					

		Check if	Sche	edule O conta	ains a	respon	se or note	to any line in thi	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
-											
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated camp			1a		cn				
3ra Iou	b	Membership due	es		1b			GUU			/ V
s, (Am	С	Fundraising eve			1c		201,611				
ifts ar	d	Related organiz			1d						
mii G	_	Government grants (co			1e						
Si	f	All other contributions,									
utic		and similar amounts no			1f		117,653				
gij	g	Noncash contributions				<u></u>	29,975				
ou		lines 1a-1f			1g			210 264			
o e	n	Total. Add lines	1a-1f					319,264			
							Business Code	105 114	105 114		
ice	2a	ADOPTION F	EES				624110	187,114	187,114	<u> </u>	
Program Service Revenue	b										
n S ent	С										
yran Rev	d										
roc	е										
ъ.	f	All other program	n serv	ice revenue							
	g	Total. Add lines	2a-2f					187,114			
	3	Investment incom	me (in	cluding dividend	s, inte	rest, and					
		other similar am	ounts)					34,120			34,120
	4	Income from inv	estme	nt of tax-exempt	bond	proceeds	s				
	5	Royalties	<u></u>								
				(i) Real		1	Personal				
	6a	Gross rents	6a	18,	,000						
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c	18,	,000						
	d	Net rental incom	ne or (I	oss)				18,000			18,000
	7a	Gross amount from		(i) Securities		(ii) Other				
		sales of assets other than inventory	7a		308						
<u>e</u>	b	Less: cost or other									
enr		basis and sales exps.	7b		154						
Şe	С	Gain or (loss)	7c		154						
Other Revenue		Net gain or (loss	3)			ı		154			154
푩		Gross income from									
		(not including \$									
		of contributions rep									
		1c). See Part IV, lir			8a		5,200				
	h	Less: direct exp			8b		78,792				
		Net income or (I						-73,592			
		Gross income fr		_	CVCITES	<u>,</u>		, 5 , 5 , 5			
	Ju	activities. See P	_	-	9a						
	h	Less: direct exp			9b						
		Net income or (I									
		Gross sales of it			VILICO .	<u> </u>					
	iva	returns and allow		_	10a						
	h	Less: cost of go			10a						
		Net income or (I				1					
-		IACT HICOTHE OF (I	ussj II	om sales of illyt	or itOl y		Business Code				
Snc	11a	OTHER					624110	1,132			1,132
ne	l la b	*					021110	1,132			1,152
ella	n										
Miscellaneous Revenue	ال	All other revenue									
Σ		Total. Add lines						1,132			
		Total revenue.						486,192	187,114	0	53,406
			"								

Part IX Statement of Functional Expenses

Form 990 (2023)

Sect	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			mplete column (A).	
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	Inch			MV/
	and domestic governments. See Part IV, line 21	111900	<u> </u>		UV
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,	101,005	70,704	25,626	4,675
6	trustees, and key employees	101,005	70,704	25,020	±,0/5
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	141,629	120,039	6,561	15,029
8	Pension plan accruals and contributions (include			0,002	
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,866	4,446	880	540
10	Payroll taxes	23,829	18,763	3,169	1,897
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	10,021		10,021	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	7,913		7,913	
g	, 3	c 004		5 004	
	(A) amount, list line 11g expenses on Schedule O.)	6,804	00 543	6,804	2 155
12	Advertising and promotion	31,900	28,743	2 007	3,157
13	Office expenses	6,441	2,534	3,907	
14	Information technology				
15 16	Royalties	10,865	9,412	1,453	
17	Occupancy	9,957	9,132	36	789
18	Travel Payments of travel or entertainment expenses	3/33/	3/132	30	705
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,788	144	1,457	187
20	Interest			_	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,728	9,382	2,346	
23	Insurance	12,284	2,654	9,630	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	14 265	14 265		
a	ADOPTIVE SERVICES DUES	14,265 9,407	14,265 1,851	7,259	297
b	TELEPHONE	7,942	4,395	3,547	497
c d	BANK FEES	5,378	2,825	500	2,053
a e	All other expenses	10,333	4,167	6,166	2,033
25	Total functional expenses. Add lines 1 through 24e	429,355	303,456	97,275	28,624
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	, 555	203, 230	2.,2.3	
	from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	1011011111g 301 102 (130 130-120)				

Form 990 (2023) WYOMING
Part X Balance Sheet

P	art >	K Balance Sheet					
		Check if Schedule O contains a response or r	note to any li	ne in this Part X			
					(A)		(B)
				_	Beginning of year	_	End of year
	1	Cash—non-interest-bearing			94,282		86,676
	2	Savings and temporary cash investments		.).(110,473		145,680
	3	Pledges and grants receivable, net			F F40	3	22 020
	4	Accounts receivable, net			5,548	4	22,029
	5	Loans and other receivables from any current or fo		<i>'</i>			
		trustee, key employee, creator or founder, substant		r, or 35%		_	
		controlled entity or family member of any of these p				5	
	6	Loans and other receivables from other disqualified		The state of the s			
ets	l _	under section 4958(f)(1)), and persons described in				6	
Assets	7	Notes and loans receivable, net				7	
•	8				F F01	8	7 026
	9				5,591	9	7,836
	10a	Land, buildings, and equipment: cost or other		474 020			
	١.	basis. Complete Part VI of Schedule D	10a	474,839 257,657	220 010	40	217 102
		Less: accumulated depreciation			228,910 684,399		217,182 833,610
	11	Investments—publicly traded securities			004,399	11	833,610
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets			0 504	14	7 025
	15	Other assets. See Part IV, line 11			9,594 1,138,797		7,035
	16	Total assets. Add lines 1 through 15 (must equal li					1,320,048 43,917
	17	Accounts payable and accrued expenses			41,041	17	43,91/
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part				21	
ies	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substant				20	
Lia	22	controlled entity or family member of any of these p				22	
	1	Secured mortgages and notes payable to unrelated	i inira pariles			23 24	
	24	Unsecured notes and loans payable to unrelated th Other liabilities (including federal income tax, payable				24	
	25	parties, and other liabilities not included on lines 17					
		of Schedule D	-24). Comple	ile Fail A	9,485	25	6,926
	26	Total liabilities. Add lines 17 through 25			50,526		50,843
	20	Organizations that follow FASB ASC 958, check			30,320	20	30,043
S		and complete lines 27, 28, 32, and 33.	Hele M				
ü	27	Not seem to will and demanded their			1,086,257	27	1,269,045
Balances	28	Not accets with depar restrictions			2,014	_	160
ē	20	Organizations that do not follow FASB ASC 958.			2,011	20	100
ΞĒ		and complete lines 29 through 33.	, check here	· 📙 📗			
or Fund	29	Capital stock or trust principal, or current funds				29	
şţs	30	Paid-in or capital surplus, or land, building, or equip				30	
Assets	31	Retained earnings, endowment, accumulated incom				31	
¥	32	Total net assets or fund balances			1,088,271	32	1,269,205
Net	33	Total liabilities and net assets/fund balances			1,138,797	33	1,320,048

Form **990** (2023)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		 		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		86 , :	
2	Total expenses (must equal Part IX, column (A), line 25)	2		29 , :	
3		3		56,8	
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,08		
5	Net unrealized gains (losses) on investments	5	1:	24,0	097
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,2	59 , 2	205
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		 		Щ
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	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		X
	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				
С	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		 3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

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

Internal Revenue Service Name of the organization

Department of the Treasury

Open to Public Inspection

Name	wyoming Children's Society 83-0198161									
Dr	rt I	Poor			must c	omplete				
				Status. (All organizations				JIIS.		
	orga		•	e it is: (For lines 1 through 12, o	-		,			
1	Н	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
3	Н	•		t in conjunction with a hospital			• •	occital's namo		
4	Ш		-	a in conjunction with a nospital t	uescribeu	III SECIIC	in iro(b)(i)(A)(iii). Litter the i	iospitars riame,		
5	city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
3	Ш	_	(b)(1)(A)(iv). (Complete Part	- · · · · · · · · · · · · · · · · · · ·	or operat	ca by a g	overnmental unit described in			
6	\Box			overnmental unit described in s	section 1	70(b)(1)(A	.)(v).			
7	H			substantial part of its support from				:		
-	Ш	•	section 170(b)(1)(A)(vi). (C		9		g p			
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Part	: II.)					
9	П	An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	ix) operat	ed in con	junction with a land-grant colle	ge		
		or university	or a non-land-grant college of	of agriculture (see instructions).	Enter the	name, cit	ty, and state of the college or			
	_	university:								
10	X	0	,) more than 33 1/3% of its supp			, , ,	oss		
		•		opt functions, subject to certain end unrelated business taxable in	•	. ,				
			S .	0, 1975. See section 509(a)(2) .	,		•			
11	\Box		•	exclusively to test for public safe						
12	П	An organizati	on organized and operated e	exclusively for the benefit of, to	perform th	ne function	ns of, or to carry out the purpo	ses of		
				ions described in section 509(a						
		the box on lir	nes 12a through 12d that des	scribes the type of supporting or	rganizatio	n and cor	nplete lines 12e, 12f, and 12g.			
	а			erated, supervised, or controlled	-			ng		
			• ,, ,	ver to regularly appoint or elect		of the di	rectors or trustees of the			
	h	_ ``		omplete Part IV, Sections A a		ita auppa	rtod organization(s) by boying			
	b			pervised or controlled in connecting organization vested in the s						
				Part IV, Sections A and C.	barrio por	JOHO WA	control of manage the support	ou		
	С	_ ĭ	•	supporting organization operated	d in conne	ection with	n, and functionally integrated w	vith,		
		its suppo	rted organization(s) (see ins	structions). You must complete	Part IV,	Sections	A, D, and E.			
	d		, ,	I. A supporting organization ope				` '		
				e organization generally must sa				ess		
	_			nust complete Part IV, Section						
	е			eived a written determination fron n-functionally integrated suppor			затурет, турет, туретт			
	f		mber of supported organizati							
	g		· · · · · · · · · · · · · · · · · · ·	ne supported organization(s).						
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	org	anization		(described on lines 1–10		ur governing	support (see	other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
/A\					Yes	No				
(A)										
/D\										
(B)										
(C)										
(0)										
(D)										
(-)										
(E)										
`-,										
Tota	ı									

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

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

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	ins	spe	Ctio	n (JOP	У
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						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First 5 years. If the Form 990 is for the or	rganization's first, s	second, third, fourt	n, or fifth tax year a	as a section 501(c)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public Su	• •					
14	Public support percentage for 2023 (line 6	, column (f) divided	d by line 11, colum	nn (f))		14	%
15	Public support percentage from 2022 Sche	edule A, Part II, line	e 14			15	%
16a	33 1/3% support test — 2023. If the orga						
	box and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			L
b	33 1/3% support test — 2022. If the orga						
	this box and stop here. The organization						L
17a	10%-facts-and-circumstances test — 20	-					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa		0	•	, , , , , ,		_
	organization						L
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organization	meets the facts-a	nd-circumstances	test, check this box	x and stop here.	Explain	
	in Part VI how the organization meets the			-			_
40	organization	d not about a best		h 170 or 175 -	nole thin have and a		L
18	Private foundation. If the organization did						
	instructions						L

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

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

Sec	tion A. Public Support	quality diluci ti	ic tests listed t	ociow, picase o	ompicie i art ii	•)	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	233,028	347,285	373,085	325,382	On	
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	135,483	143,356		187,786		721,225
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	368,511	490,641	435,371	513,168	511,578	2,319,269
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		5,000	12,654	26,093	16,285	60,032
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	16,000	72.064	12 201	102 228	05 210	200 (02
c	Add lines 7a and 7b	16,000	73,964 78,964	12,201 24,855	102,228 128,321	85,210 101,495	289,603 349,635
8	Public support. (Subtract line 7c from	10,000	70,304	24,033	120,321	101,493	349,033
	line 6.)						1,969,634
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	368,511	490,641	435,371	513,168	511,578	2,319,269
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	53,178	50,565	56,785	44,235	52,120	256,883
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	53,178	50,565	56,785	44,235	52,120	256,883
11	Net income from unrelated business activities not included on 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,	401 600	F41 00C	400 156	FFF 402	F63, 600	0 586 150
14	and 12.) First 5 years. If the Form 990 is for the or	421,689	541,206	492,156	557,403	563,698	2,576,152
14	organization, check this box and stop her	-	, ,		(-	/(-/	
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2023 (line 8	, column (f), divide	d by line 13, colun	nn (f))		15	76.46 %
16	Public support percentage from 2022 Sche						79.02%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2023 (li			3, column (f))			10 %
18	Investment income percentage from 2022 S						10 %
19a	33 1/3% support tests — 2023. If the org 17 is not more than 33 1/3%, check this both	ox and stop here.	The organization of	qualifies as a public	cly supported orga	anization	X
b	33 1/3% support tests — 2022. If the org						
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did		=			=	L

Supporting Organizations Part IV

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- С Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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.)

M		Yes	No
4		V	
	1_		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	,		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
Sch	nedule A	(Form 9	90) 2023

Page 5

Par	t IV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a	_	
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		V_	
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Secti	on 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			
Socti	the supported organization(s). on D. All Type III Supporting Organizations	1		
3 e cu	on b. All Type III Supporting Organizations			N1 -
	Did the consciention associate to each of its supported conscientions by the last day of the fifth worth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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 on line 2, above, did the organization's supported organizations have	_		
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ictions)).	
2	Activities Test. Answer lines 2a and 2b 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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b 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? If "Yes" or "No," 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		

WYOMING CHILDREN'S SOCIETY 83-0198161 Schedule A (Form 990) 2023 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 **5** Depreciation and depletion 5 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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a **a** Average monthly value of securities **b** Average monthly cash balances 1b 1c **c** Fair market value of other non-exempt-use assets 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 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year 5

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

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sect	Section D – Distributions Current Year								
1_	Amounts paid to supported organizations to accomplish exempt purpo-	ses		1					
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported							
	organizations, in excess of income from activity			2					
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		3	\mathcal{Y}				
4	Amounts paid to acquire exempt-use assets			4					
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ails in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
	Total annual distributions. Add lines 1 through 6.	ation is reasonable		8					
8	Distributions to attentive supported organizations to which the organizations (provide details in Part VI). See instructions.	ation is responsive		°					
9	Distributable amount for 2022 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
	Line o amount divided by line 3 amount	(i)	(ii)	110	(iii)				
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	5	Distributable				
0000	on 2 Plantagen Americane (see mendedone)	ZAGGGG PIGHTBUHGTIG	Pre-2023		Amount for 2023				
1	Distributable amount for 2023 from Section C. line 6				70				
2	Underdistributions, if any, for years prior to 2023								
	(reasonable cause required-explain in Part VI). See								
	instructions.								
3_	Excess distributions carryover, if any, to 2023								
	From 2018								
	From 2019								
	From 2020								
	From 2021								
	From 2022								
	Total of lines 3a through 3e								
	Applied to underdistributions of prior years Applied to 2023 distributable amount								
	Carryover from 2018 not applied (see instructions)								
<u></u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from								
	Section D, line 7: \$								
a	Applied to underdistributions of prior years								
b	Applied to 2023 distributable amount								
С	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021 Excess from 2022								
	Excess from 2022 Excess from 2023								

Schedule A (Form 990) 2023

Part VI	III, line 12 B, lines 1	2; Part I\ and 2; I	/, Section / Part IV, Se	A, lines 1, ection C, l	, 2, 3b, 3c ine 1; Part	, 4b, 4c, 5a IV, Section	i, 6, 9a, 9b n D, lines 2	o, 9c, 11a, 2 and 3; Pa	11b, and 11c; F art IV, Section I	17a or 17b; Part Part IV, Section E, lines 1c, 2a, 2b Part V, Section E,	,
	lines 2, 5	and 6.	Also com	olete this	part for ar	nv additiona	l informati	ion. (See in	structions.)		
	PU		IC	In	Sp	ec	Ctic)n	Co	ру	
•											
·											

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2023

Schedule B (Form 990) (2023)

OMB No. 1545-0047

Name of the organization

CHILDREN'S SOCIETY

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

Employer identification number

83-0198161

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

WYOMING CHILDREN'S SOCIETY

Employer identification number

83-0198161

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	i done mapee	\$ 7,750	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 14,400	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ 10,667	Person X Payroll Noncash (Complete Part II for noncash contributions.)

WYOMING CHILDREN'S SOCIETY

Employer identification number 83-0198161

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	i dono mapoc	\$ 6,387	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 8		\$ 5,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 5,728	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$ 5,100	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

WYOMING CHILDREN'S SOCIETY

83-0198161

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
13	i done mapee	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
14		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
15		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
16		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
17		\$ 6,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

WYOMING CHILDREN'S SOCIETY

Employer identification number 83-0198161

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional sp	ace is needed.
(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
17	AUCTION ITEMS	\$ 6,000	08/01/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization

TAT	YOMING CHILDREN'S SOCIETY	ootion	83-0198161
	INT I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	
Г	Complete if the organization answered "Yes" on		Accounts
	Complete it the organization andwords 100 on	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	'	(b) I dide and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	1	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that		□ v □ v ₋
•	funds are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or don		\Box \mathbf{v}_{-} \Box \mathbf{v}_{-}
De	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements Complete if the organization answered "Yes" on	Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization (check		
•	Preservation of land for public use (for example, recreation or edu		important land area
	Protection of natural habitat	Preservation of a certified his	•
		Freservation of a certified his	Storic Structure
2	Preservation of open space	or ration contribution in the form of a cons	onyotion
2	Complete lines 2a through 2d if the organization held a qualified conse easement on the last day of the tax year.	ervation contribution in the form of a conse	Held at the End of the Tax Year
_			
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements	Judad on line 2a	20
۲ C			2c
d	on a historia atrustura listed in the National Decistor	•	2d
2		tinguished or terminated by the organize	
3	Number of conservation easements modified, transferred, released, ex	kunguished, or terminated by the organiza	don during the
4	tax year	legated	
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mor		☐ Yes ☐ No
	violations, and enforcement of the conservation easements it holds?	of violations, and enforcing concernation of	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	or violations, and emorcing conservation e	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vic	plations and enforcing conservation easen	nents during the year
'	Amount of expenses incurred in monitoring, inspecting, nariding of vic	biations, and emorcing conservation easen	nents during the year
8	Does each conservation easement reported on line 2d above satisfy t	he requirements of section 170(h)(4)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easem		·····
•	sheet, and include, if applicable, the text of the footnote to the organize	•	
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" on		
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and balance	ce sheet works
	of art, historical treasures, or other similar assets held for public exhibit	ition, education, or research in furtherance	e of public
	service, provide in Part XIII the text of the footnote to its financial state	ements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to repo	ort in its revenue statement and balance s	heet works of
	art, historical treasures, or other similar assets held for public exhibitio	n, education, or research in furtherance o	f public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		 \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, o	r other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under FASB ASC 958 relati		
а	Revenue included on Form 990, Part VIII, line 1	•	 \$
	Assets included in Form 990, Part X		

Part III Organizations Maintaining	Collections of	Art, Historical	Treasures, o	r Other Simi	lar Assets	(contin	ued)	
3 Using the organization's acquisition, accessic collection items (check all that apply).	on, and other records	s, check any of the	following that ma	ke significant us	e of its			
a Public exhibition	d \square	Loan or exchange p	orogram					
b Scholarly research	е 🗌	Other						
c Preservation for future generations	Inc		TION					
4 Provide a description of the organization's co	llections and explain	n how they further th	e organization's	exempt purpose	in Part	<i>,</i>		
XIII.								
5 During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other s	imilar			_	,
assets to be sold to raise funds rather than to		part of the organizat	ion's collection?			Ye	s	No
Part IV Escrow and Custodial Arr	•					_		
Complete if the organization	answered "Yes"	' on Form 990, F	art IV, line 9,	or reported a	an amount c	n Form	1	
990, Part X, line 21.								
1a Is the organization an agent, trustee, custodi		•				□ v ₂		١
included on Form 990, Part X?						∐ Ye	s	No
b If "Yes," explain the arrangement in Part XIII	and complete the ic	bilowing table.				Amount		
c Beginning balance					1c	711100111		
d Additions during the year					1d			
e Distributions during the year					1e			
f Ending balance					1f			
2a Did the organization include an amount on F	orm 990, Part X, line	e 21, for escrow or o	sustodial account	liability?		Ye	s	No
b If "Yes," explain the arrangement in Part XIII.							[
Part V Endowment Funds								
Complete if the organization	answered "Yes"	<u>' on Form 990, F</u>	Part IV, line 10). 				
	(a) Current year	(b) Prior year	(c) Two years	s back (d) Th	ree years back	(e) Four	years b	back
b Contributions								
c Net investment earnings, gains, and								
losses								
d Grants or scholarships							—	
e Other expenditures for facilities and								
programs f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the curre	ent vear end balanc	e (line 1a. column (a	ı)) held as:	I				
a Board designated or quasi-endowment	•	o (o .g, co.a (c	,,,					
b Permanent endowment %								
c Term endowment %								
The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered	for the				
organization by:							Yes	No
(i) Unrelated organizations?						3a(i)		
(ii) Related organizations?						3a(ii)		
b If "Yes" on line 3a(ii), are the related organization						3b		
4 Describe in Part XIII the intended uses of the		owment funds.						
Part VI Land, Buildings, and Equi		, on Lorm 000 L)ort I\/ line 11	la Caa Farm	000 Dort V	lina 1	^	
Complete if the organization Description of property	(a) Cost or other		or other basis	(c) Accumulate		(d) Book		
Description or property	(investment)	` ` `	other)	depreciation	ou	(u) DUUK	raiut	
	,	,	20,000	.,			20 - 0	000
b Buildings			448,761	251	,579			182
c Leasehold improvements								
d Equipment			6,078	6	,078			
e Other			-		-			
Total. Add lines 1a through 1e. (Column (d) must e		t X, line 10c, column	(B))			21	7,1	182

Schedule D (F	orm 990) 2023	WYOMING	CHILDREN'S	SOCIETY		83-0198161	Page
Part VII	Investments						
				on Form 990. F	Part IV. line	e 11b. See Form 990,	Part X. line 12.
-		tion of security or ca		(b) Boo			d of valuation:
	(includ	ling name of security)			Cost or end-of-	-year market value
(1) Financial	derivatives	11.			4 1		
	ld equity interests			000	tio	n ()	M
(3) Other		.).1.1.(,					$\mathcal{H}\mathcal{H}$
(A)							'
(B)			· · · · · · · · · · · · · · · · · · ·				
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
	n (b) must equal Fo	orm 000 Part X	line 12 col (R))				
Part VIII	Investments		1 //				
Tart VIII				on Form 990 F	Part IV/ line	e 11c. See Form 990,	Part X line 13
-		scription of investmen		(b) Bool			d of valuation:
	(a) 200	sonpaon of investmen	T.	(3) 200	it value	. , ,	-year market value
(1)							<u></u>
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	a (b) must acual Fe	arm 000 Dart V	line 12 and (DI)				
Part IX	Other Assets		, line 13, col. (B))				
I alt IX			on answered "Ves"	on Form 990 F	Part IV/ line	e 11d. See Form 990,	Part X line 15
	Complete ii ti	ic organization	(a) Description	011 1 01111 330, 1	art iv, mic	, 11d. Occ 1 omi 550,	(b) Book value
(1)			(a) Description				(b) Book value
(1)							
(2)							
(3)							_
(4)							
(5)							_
(6)							_
(7)							_
(8)							_
(9)	- /b)	000 Dowt V	line 45 and (DI)				
Part X	n (b) must equal Fo Other Liabili		, IINE 15, COI. (B))				<u>. </u>
Pail A			on anawarad "Vaa"	on Form 000 F	Dort IV/ line	a 11a or 11f Coa For	m 000 Dort V
	•	ie organizani	on answered res	011 F01111 990, F	ant iv, iiiie	e 11e or 11f. See For	11 990, Part A,
4	line 25.		(a) Description of lie	ala ilia.			(h) Dook value
1. (1) Fadaral	: t		(a) Description of lia	ability			(b) Book value
	income taxes	T T A D T T T T T	17				6 02
	TING LEASE	ттавтртт.	ı				6,92
(3)							
(4)							+
(5)							
(6)							+
(7)							+
(8)							
(9)							+
Total (Column	n (h) must egual Fo	orm 99∩ Part Y	line 25 col (R))				6.92

Sche	dule D (Form 990) 2023 WYOMING CHILDREN'S SOCIETY	83-019	8161	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue pe	r Return	
	Complete if the organization answered "Yes" on Form 99			
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments Donated services and use of facilities	2a		_
b	Donated Services and doe of Identities	2b		\ /
С	Recoveries of prior year grants	2c		V
d	Other (Describe in Part XIII.)	2d	1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	_
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	art XII Reconciliation of Expenses per Audited Financial Sta		per Return	
	Complete if the organization answered "Yes" on Form 99			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	art XIII Supplemental Information		_	_
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b and 2b; Part V, lin	e 4; Part X, line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide any additional information.		
P	ART X - FIN 48 FOOTNOTE			
T	HE ORGANIZATION IS A NONPROFIT CORPORATI	ON AND QUALIFIES	AS A TAX-	EXEMPT
0	RGANIZATION UNDER SECTION $501(C)(3)$ OF T	HE INTERNAL REVE	NUE CODE.	
A	CCORDINGLY, NO PROVISION IS MADE IN THES	SE FINANCIAL STAT	EMENTS FOR	INCOME
T.	AXES.			
T	HE ORGANIZATION HAS ADOPTED THE RECOGNIT	ION REQUIREMENTS	FOR UNCER	TAINTY

THE ORGANIZATION HAS ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAINTY
IN INCOME TAXES AS REQUIRED BY ASC 740-10. THE STANDARD PRESCRIBES A
COMPREHENSIVE MODEL FOR HOW AN ORGANIZATION SHOULD RECOGNIZE, MEASURE,
PRESENT AND DISCLOSE IN THE FINANCIAL STATEMENTS UNCERTAINTY IN INCOME
TAXES OF THE ORGANIZATION. THE ORGANIZATION'S INCOME TAX FILINGS ARE
SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES.
IN EVALUATING THE ORGANIZATION'S TAX PROVISIONS AND ACCRUALS,

Part XIII Supplemental Information (continued)
INTERPRETATIONS AND TAX PLANNING STRATEGIES ARE CONSIDERED. THE
ORGANIZATION BELIEVES THEIR ESTIMATES ARE APPROPRIATE BASED ON CURRENT
FACTS AND CIRCUMSTANCES AND HAVE NOT RECORDED ANY RESERVES, OR RELATED
ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT
SEPTEMBER 30, 2024.
•
·
·

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047

Employer identification number Name of the organization WYOMING CHILDREN'S SOCIETY 83-0198161 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 3 8 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2023 WYOMING CHILDREN'S SOCIETY 83-0198161 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL NONE (add col. (a) through col. (c)) Revenue 206,811 206,811 Gross receipts 2 Less: Contributions 201,611 201,611 3 Gross income (line 1 minus 5,200 5,200 line 2) 4 Cash prizes 5 Noncash prizes 29,975 29,975 6 Rent/facility costs 33,815 33,815 Expenses 7 Food and beverages Direct 8 Entertainment 15,002 15,002 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 78,792 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes% 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sche	dule G (Form 990) 2023	WYOMING	CHILDREN'S	SOCIETY	83-0198161		F	Page 3
1	Does the organization con	duct gaming activi	ties with nonmembers	?			Yes	No
2	Is the organization a grant					···· —		_
	formed to administer chari	table gaming?					Yes	☐ No
13	Indicate the percentage of					_		_
а	The organization's facility	11				13a		%
b	The organization's facility An outside facility		Incr			13b	/	%
14	Enter the name and addre records:	ess of the person v	who prepares the organ	nization's gaming/sp		Jy		
	Name							
	Address							
15a	Does the organization have revenue?			•	•		Yes	□No
b		of gaming revenue	received by the organ	nization \$	and the	Ц		□•
-	amount of gaming revenue							
С	If "Yes," enter name and a	-			••••			
-			F , ·					
	Name							
	Address							
16	Gaming manager informat	tion:						
	Name							
	Gaming manager compen	sation \$						
	Description of services pro	ovided						
	Director/officer	Employee	Indep	endent contractor				
17	Mandatory distributions:							
	Is the organization require	d under state law	to make charitable dist	ributions from the	roming proceeds to			
а	•			`			Yes	□No
h	Enter the amount of distrib	elise:	dor state law to be die	tributed to other ov	empt organizations or	Ц	162	
D					empt organizations or			
Pa	spent in the organization's rt IV Supplementa				ed by Part I, line 2b, columns (iii) ar	nd (v): ar	nd	
ıu	Part III, lines	9, 9b, 10b, 15l			e. Also provide any additional inform		iu	
	See instruction	ons.						

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Open 10 Publi Inspection

		WYOMING		REN'S	SOCIET	YOCTIO	83-019816	1 /		
Pa	rt I	Types of Property				GUIU				
			(a) Check if		(b) f contributions or	(c) Noncash contribution amounts reported on	(d) Method of determining			
			applicable	items	contributed	Form 990, Part VIII, line 1g	noncash contribution amou	ınts		
1	Art — Wo	orks of art								
2		storical treasures								
3	Art — Fra	actional interests								
4		nd publications								
5	•	and household								
	goods									
6		d other vehicles								
7	Boats an	d planes								
8		al property								
9		s — Publicly traded								
10		s — Closely held stock								
11	or trust i	s — Partnership, LLC, nterests								
12	Securities	s — Miscellaneous								
13	Qualified	conservation								
		on — Historic								
	structure	s								
14	Qualified	conservation								
	contributi	on —Other								
15		ate — Residential								
16	Real est	ate — Commercial								
17	Real est	ate — Other								
18	Collectibl	es								
19	Food inv	rentory								
20		nd medical supplies								
21	Taxiderm	ny								
22	Historica	artifacts								
23	Scientific	specimens								
24	Archeolo	gical artifacts	37	70		20.075	THE Z			
25		UCTION ITEMS	X	78		29,975	FMV			
26	Other ()								
27)								
28	Other (of Forms 9292 received b		zotion duri	ing the toy yes	or for contributions for				
29		of Forms 8283 received b	, ,		,		29 0			
	WHICH UN	e organization completed	FUIII 0203,	rait v, D	onee Acknowle	eugement	29 0		Yes	No
30a	During th	o year did the organization	on roccivo b	v contribut	ion any propo	rty reported in Part I, lines	1 through		103	
Jua	-	-		-		ribution, and which isn't req	_			
		exempt purposes for the	•				•	30a		х
b		describe the arrangement		g penous				Jua		
31		e organization have a gift a		nolicy that	requires the r	eview of any nonetandard				
J1	contributi	0				•		31		х
32a						to solicit, process, or sell n	noncash	"		
JŁa	contributi	0			J	• • • • • • • • • • • • • • • • • • • •		32a		x
b		describe in Part II.						JŁa		
33			amount in o	olumn (c)	for a type of n	roperty for which column (a	a) is checked.			
	-	in Part II.		J.G	.s. a 1, po oi p	. sporty for million boldmill (d	,			

	the organization or a combination	is reporting in Part n of both. Also comp	I, column (b), the nur	mber of contributions additional information	s, the number of item on.	s received,
SCHEDUI	21 Ih	PLEMENTAL IN	FORMATION OF TRANSACTIO	NS ON THE 99	o. Cop	У

Page 2

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **2023**

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

WYOMING CHILDREN'S SOCIETY

83-0198161

Employer identification number

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
WYOMING CHILDREN'S SOCIETY PROVIDES COUNSELING AND SUPPORT TO WOMEN FACED
WITH UNPLANNED/CRISIS PREGNANCIES. THE SOCIETY ALSO PROVIDES ADOPTIVE HOME
STUDY PREPARATION, EDUCATION AND PLACEMENT FOR FAMILIES LOOKING TO GROW
THEIR FAMILY THROUGH ADOPTION. OUR WORK CONSISTS OF ENSURING CHILDREN HAVE
PERMANENT, LOVING FAMILIES. OUR MISSION IS TO BUILD HEALTHY FAMILIES
THROUGH ADOPTION, AND TO ADVOCATE FOR BIRTH FAMILIES, CHILDREN, AND
ADOPTIVE FAMILIES.
FORM 990, PART I, LINE 6
VOLUNTEERS ASSIST WITH GATHERING SPONSORS AND DONATIONS FOR OUR ANNUAL GALA
FUNDRAISER. WE MEET MONTHLY TO DISCUSS ADDITIONAL VOLUNTEER NEEDS.
VOLUNTEERS ALSO ASSIST WITH THE SET UP AND TEAR DOWN OF THE EVENT ITSELF.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
A COPY OF THE RETURN IS PROVIDED TO THE BOARD PRIOR TO ITS FILING.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
POLICIES ARE REVIEWED ANNUALLY AND ANY ISSUES THAT ARISE ARE DISCUSSED
DURING BOARD MEETINGS WHEN NECESSARY.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ALL PUBLIC DOCUMENTS ARE AVAILABLE UPON REQUEST.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

achment quence No. 179

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

WYOMING CHILDREN'S SOCIETY

Identifying number 83-0198161

Business or activity to which this form relates ANNUAL GALA Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 1,160,000 1 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,890,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ... 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 11,529 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property C 7-year property 10-year property 15-year property 20-year property S/L 25-year property 25 vrs. 27.5 yrs. MM S/I Residential rental property 27.5 yrs. MM S/L 39 yrs. NMNS/L i Nonresidential real property S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System Class life b 12-year 12 yrs. S/L С 30-year 30 yrs. MM S/L 40-year MM S/L 40 yrs. Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 11,529 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs