EXTENDED TO NOVEMBER 15, 2023 Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A			endar year, or tax year beginning			, 2022,	and ending			
B		neck if plicable: C Name of organization D Em					D Emp	loyer ider	tification number	
Ļ	=	Address change						ا	0 066	0.511
	TF"	Number and street for D.O. how if mail is not delivered to street addresse). Dean (with E.T.							8-066	
	Fina	Milital return — Final return/ — terminated Multiple and street (or P.O. box it main is not delivered to street address) Hoom/suite Employer							huone un	
	Ame	Amended return City or town, state or province, country, and ZIP or foreign postal code							up Exemp	tion
	Appli	Application pending CHEYENNE, WY 82009							nber	
G	Accou	nting Metho	od: X Cash Accrual Other (specify)					H Che	ck 🗀	if the organization is
	Websi		ORMAK307.COM					not	required to	o attach Schedule B
J	Tax-ex	xempt statu	s (check only one) — X 501(c)(3) 501(c) () (insert no.)	49	947(a)(1)	or 527	(For	m 990).	
					Other					
		-	and 7b to line 9 to determine gross receipts. If gross receip	ts are \$200.000 or	more.	or if total	assets (Part I	ſ.		
									\$	161,729.
P	art I	Reve	500,000 or more, file Form 990 instead of Form 990-EZ nue, Expenses, and Changes in Net Ass	ets or Fund	3ala	nces	(see the instru	ictions	for Part I)	•
			f the organization used Schedule O to respond to any quest				•			
	1		ons, gifts, grants, and similar amounts received						1	141,159.
	2	Program	service revenue including government fees and contracts	,			••••••	····	2	1,110.
	3		nip dues and assessments						3	
	4	Investmen	it income	SEI	7 5	CHED	TLE O	·····	4	245.
	7 5a		ount from sale of assets other than inventory				×	'''' ŀ	-	2101
	"a		or other basis and sales expenses		5b	 				
	, ו		or other basis and sales expenses ess) from sale of assets other than inventory (subtract line t			<u> </u>		 	E.	
	C			ou iroin iine ba) .	•••••			·····	5c	
	6		nd fundraising events:					- 1		
e	a		ome from gaming (attach Schedule G if greater than	I	٥-	l		:	5.5	
Revenue	١.	\$15,000)		L	6a					
æ	b		ome from fundraising events (not including \$		ot cor	ntributions	;	- 1		
			raising events reported on line 1) (attach Schedule G if the			!	10 01			
			me and contributions exceeds \$15,000)		6b		19,23	15.		
	C			L	6c		9,62		711.A	0 500
	l q		e or (loss) from gaming and fundraising events (add lines &						6d	9,589.
	7a		s of inventory, less returns and allowances							
	b	Less: cost	of goods sold	L	7b				Se Au	
	C		it or (loss) from sales of inventory (subtract line 7b from lin						7c	
	8	Other reve	nue (describe in Schedule O)						8	
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					<u></u>	9	152,103.
	10	Grants and	similar amounts paid (list in Schedule 0)			•••••		L	10	
	11	Benefits pa	iid to or for members					_	11	
S	12	Salaries, o	ther compensation, and employee benefits					L	12	
Expenses	13	Profession	al fees and other payments to independent contractors					L	13	
хре	14	Occupancy	, rent, utilities, and maintenance					L	14	
ш	15	Printing, p	ublications, postage, and shipping					L	15	775.
	16	Other expe	nses (describe in Schedule 0)	SEE	S	CHEDU	LE O	L	16	935.
	17		nses, Add lines 10 through 16						17	1,710.
w	18	Excess or	deficit) for the year (subtract line 17 from line 9)					[18	150,393.
set	19	Net assets	or fund balances at beginning of year (from line 27, columr	ı (A))					4 ga	
Ąs		(must agre	e with end-of-year figure reported on prior year's return)			******		[_	19	0.
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	***************************************		***********		[20	0.
_	21	Net assets	or fund balances at end of year. Combine lines 18 through						21	150,393.
			B 1 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						***************************************	- 000 E7 (2000)

88-0669511

···········	Sheets (see the instructions for Part II)				
Check if the	he organization used Schedule O to re	spond to any questic			
		<u></u>	(A) Beginning of year		End of year
	vestments		0.		150,393
				23	
	e in Schedule O)			24	150 202
25 Total assets			0.		150,393
	cribe in Schedule O)		0.	++	150 202
27 Net assets or fund ba	alances (line 27 of column (B) must agree with line 23 of Program Service Accomplishme	nts (see the instruc	0.	······	150,393 -
	ne organization used Schedule O to re-	•	•	(Require	Expenses ed for section
• .	rimary exempt purpose? SEE SCHEDULE			organiza	3) and 501(c)(4) itions; optional for
Describe the organization's programanner, describe the services pro	am service accomptishments for each of its three largest program wided, the number of persons benefited, and other relevant inforn	n services, as measured by expense mation for each program title.	s. In a clear and concise	others.)	
28 SEE SCHEDUL	JE O				
				<u>_</u>	
(Grants \$	0 •) If this amount includes foreign	grants, check here	3.11.4.13.4.13.4.13.13.13.13.13.13.13.13.13.13.13.13.13.	28a	0
				_	
(Grants \$) If this amount includes foreign	grants, check here		29a	
30	The ansamount includes foreign	grants, check here		234	
(Grants \$) If this amount includes foreign	grants, check here		30a	
		,			
(Grants \$) If this amount includes foreign			31a	
32 Total program service	ce expenses (add lines 28a through 31a) icers, Directors, Trustees, and Key E			. 32	0 .
				e the instructions (or Part IV)
Check if th	e organization used Schedule O to res	spond to any question	n in this Part IV		
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC/ 1099-NEC)	 (d) Health benefits contributions to employee benefit plans, and deferred 	amount of other
JANELLE JONES			(if not paid, enter -0-)	compensation	† '
PRESIDENT		10.00	0.	0.	0.
LISA RADCLIFF	E	2000			
VICE PRESIDEN		1.00	0.	0.	0.
PAMMY ANGEL		2.00	-	•	-
SECRETARY		2.00	0.	0.	0.
HEATHER FRAUE	NDIENST				
TREASURER		3.00	0.	0.	0.
TRACY FEDERER					
DIRECTOR		2.00	0.	0.	0.
ALYSSA BADE	4444444				
DIRECTOR		2.00	0.	0.	0.
LINDA ICENHOW	ER				
DIRECTOR		1.00	0.	0.	0.
KATHERYN GRIL	L HOEPPEL				
DIRECTOR		2.00	0.	0.	0.
ANGIE CISNERO	\$				
DIRECTOR		1.00	0.	0.	0.
		-			
		-			

33 Did the organization engage in any significant adrivity not previously reported to the IRS? If "Yes," attain a conformed cupy of the amended documents if they reflect a change to the organization's name, Otherwise, explain the change on Schedule O. See instructions 34 User any significant changes made to the organization and continued on the continuents if they reflect a change to the organization or some of \$1,000 or more ording they ser from otherese activities (such as those reported on lines 2, 6s, and 7a, among others)? 35 Did the organization have unrelated the unique of \$1,000 or more ording they ser from otherese activities (such as those reported on lines 2, 6s, and 7a, among others)? 36 Did the organization or section 5016(x)4), 5016(x)6), 5016(x)6) organization subject to section 503(e) notice, reporting, and proxy tax requirements during they ser? If "Yes," complete Schedule C, Part III 37 Did to organization and organization life or a form 990-T for the year? If "Yes," complete Schedule C, Part III 38 Did the organization be from 1150-Pb. for this year? 39 Did the organization the Form 1150-Pb. for this year? 30 Did the organization the Form 1150-Pb. for this year? 30 Did the organization the Form 1150-Pb. for this year? 31 Did the organization the Form 1150-Pb. for this year? 32 Did the organization the Form 1150-Pb. for this year? 33 Did the organization the Form 1150-Pb. for this year? 34 Did the organization the Form 1150-Pb. for this year? 35 Section 501(x)(x) 1501(x) 1501		, all	440000011 111 181	,5:14 t0 a	a com o ronesh	instructions for Part V.) Check if the organization	
activity in Schedule O Were any applicitiant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name, Otherwise, explain the change on Schedule O. See instructions 34 35 a Did the organization active organization files a Form 950-7 for the year' If "No;" provide an explaination in Schedule O. 36 in Inte 2, 6g, and 7g, among definers?? 37 in It "Yes" to line 35s, has the organization files a Form 950-7 for the year' If "No;" provide an explanation in Schedule O. 38 b If the organization associated Schedule O, Part III. 38 c Was the organization associated Schedule O, Part III. 38 c Was the organization associated Schedule O, Part III. 39 c Was the organization of political expenditures, direct or indirect, as described in the instructions 30 c Was the organization of political expenditures, direct or indirect, as described in the instructions 31 c Priter amount of political expenditures, direct or indirect, as described in the instructions 32 c Priter amount of political expenditures, direct or indirect, as described in the instructions 32 c Priter amount of political expenditures, direct or indirect, as described in the instructions 33 b If the organization of life Form 1120-Pol. for this year? 35 b If the organization in life Form 1120-Pol. for this year? 36 c Priter amount of political expenditures, direct or, instead or the year of the organization and priter and still outstanding at the end of the tax year covered by this return? 38 b If Yes, complete Schedule I, Part II, and enter the total amount involved 39 Section 501(c)(7), organizations. Enter amount of tax imposed on the organization during the year and still outstanding and the priter or year that has not been reported on any of the priter political persons during the year or direct because and persons during the year organization and persons the priter persons of the priter persons of the priter persons of the priter per	Yes i	<u> </u>			1000 41 m/ H		
34 Were any significant changes made to the organization or governing documents? If I'ves, stachs a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (seuch as those reported on lines 2, 6x, and 7x, among others)? 38 I'ves' to line \$5, has the organization fleed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O. 38 Dif the organization associan \$50(c)(4), 50 (f)(6)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and group tax requirements during the year? If 'Ns, Scomplets Septidue C, Part III 19 39 Dif the organization and engo allegidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete Septidue C, Part III 19 30 Diff the organization berrow from, or mise any losa to, any efficer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 Diff the organization berrow from, or mise any losa to, any efficer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 Part of the organization schedule of the tax year covered by this return? 39 Part of the organization schedule of the tax year covered by this return? 39 Part of the organization schedule of the tax year covered by this return? 39 Part of the organization schedule of the tax year covered by this return? 39 Part of the organization schedule of the tax year covered by this return of the organization schedule of the organization during the year under carbon schedule (1, 2) organization schedule of the organization during the year to the organization and prior year that has not been reported on any of its prior forms 990 or 9		00	tion of each	a detailed des	IRS? If "Yes," provide a	*	
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schodule O. See instructions. 34 Jid the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on less 2, 6s, and 7a, among others)? 35 Jil "Ser's to line \$35s, hist the organization filed a Form \$90-T for the year? If "No," provide an explanation in Schedule O. 35 Jil "Ser's to line \$35s, hist the organization and provided in the service of \$35s, or \$35s, and \$35s,		33				*	
39a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on films 2, 68, and 7a, among others?) 59b 1"Yes' to line 35a, has the organization filed a Form 990-T for the year? If "No; provide an explanation in Schedule 0 with the service of the provide an explanation in Schedule 0 with the preparation of the provide during the year? If "Yes," complete Schedule In Part 1 (Hes) provide an explanation in Schedule 0 with evaporation undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule In Part 1 (Hes) provide an explanation of the principle of the organization between the principle of the organization between the principle of the principle of the organization between the principle of the principle of the principle of the organization between the principle of the principle of the organization between the principle of the principle of the principle of the organization between the principle of the principle of the organization between the principle of the principle of the organization between the principle of the organization between the principle of the principle of the organization between the principle of the principle of the organization between the principle of the principle of the principle of the organization between the principle of the prin		1			•		
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b If "res" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O was the organization a section 5010(4)(4), 501(6)(5), or 501(6)(6), organization subject to section 6035(o) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of and assess during the year? If "Yes," complete Schedule C, Part III 57 a Enter amount of political expenditures, direct or indirect, as described in the instructions 57 a Enter amount of political expenditures, direct or indirect, as described in the instructions 57 a Enter amount of political expenditures, direct or indirect, as described in the instructions 57 a Enter amount of political expenditures, direct or indirect, as described in the instructions 58 a Did the organization file Form 1120-PLL or this year? 58 b Did the organization file Form 1120-PLL or this year? 59 Section 501(c)(7) organizations and the end of the tax year covered by this return? 50 Endoin 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year are file an intilation fore and capital contributions included on line 9 50 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule I, Part I 50 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization organization organization organization and the part of the organization organization organization and the part organization		05-					
e West the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 356 370 Did the organization undergo a liquidation, dissolution, termination, or significant disposition or net assets during the year? If "Yes," and a first around 10 political expenditures, direct or indirect, as described in the instructions 371 0.0. 381 372 a first around 10 political expenditures, direct or indirect, as described in the instructions 372 0.0. 382 373 a first around 10 political expenditures, direct or indirect, as described in the instructions 373 0.0. 384 375 b life the organization borrow from, or make any losa to, any officer, director, trustee, or key employed; or ware any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 385 b Section 501(c)(7) organizations, Enter: 386 a link prior year and still outstanding at the end of the tax year covered by this return? 387 b link prior year and still outstanding at the end of the tax year covered by this return? 388 b Section 501(c)(7) organizations, Enter: 389 b IN/A 380 Section 501(c)(7) organizations, Enter: 380 a link prior year and still outstanding at the end of the tax year covered by this return? 380 b Gross receiption, included on line (9 or problem to use of dub facilities or year and still outstanding at year or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of lis prior for Firms 990 or 990-621 "If Yes, complete Form 980 or 990-621" If Yes, complete Form 980 or 990-621" If Yes, complete Form 980 or 990-621" If Yes, complete Form 980-60 or 10	N/A					on lines 2, 6a, and 7a, among others)?	
roquiermants during the year? If "Yes," complete Schedule C, Part III 55e 50 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 73 a Enter amount of political expenditures, direct or indirect, as described in the instructions 73 a Enter amount of political expenditures, direct or indirect, as described in the instructions 73 a Enter amount of political expenditures, direct or indirect, as described in the instructions 73 a Differ amount of political expenditures, direct or indirect, as described in the instructions 73 a Differ amount of political expenditures, direct or indirect, as described in the instructions 74 a Differ amount of political expenditures, direct or indirect, as described in the instructions 75 a Differ amount of political expenditures, direct or indirect, as described in the instructions 76 a Differ amount of political expenditures, direct or indirect, as described in the instructions 77 a Differ amount of political expenditures, direct or indirect, as described in the instructions 78 a Differ amount of political expenditures, direct or indirect, as described in the instructions 78 a Differ amount of political expenditures, direct or indirect, as described in the instructions 79 a Differ amount of political expenditures, direct or indirect, as described in the instructions 70 a Differ amount of political expenditures, direct or indirect, as described in the instructions 70 a Differ amount of Differ amount of the instruction of the political expenditures, direct or indirect, as described in the instruction of the political expenditures, and the organization during the year under section soft of the political expenditures, and a political expenditures, and a political expenditures, and a Differ amount of tax imposed on organization managers or disqualified persons often great and expenditures, and before the political expenditures, and a Differ amount of	TA / KZ	308					
38 bit the organization undergo a liquidation, dissolution, serimination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sheedule N 27a Enter amount of political expenditures, direct or indirect, as described in the Instructions 27a Enter amount of political expenditures, direct or indirect, as described in the Instructions 37b bit the organization before from, or make any louns to, any officier, director, trustee, or key employee; or were any such boans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a bit the organization before from, or make any louns to, any officier, director, trustee, or key employee; or were any such boans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b N/A 39 Section 501(c)(7) organizations. Enter: a initiation fees and explaits contributions included on line 9 39a N/A 39a M/A 39 Section 501(c)(7) organizations. Enter: a initiation fees and explaits contributions included on line 9 39a N/A 39a M/A 39a M/A 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under: section 4911 5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4955 0		25.					
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37a Enter amount of potitical expenditures, direct or indirect, as described in the instructions 37a 0. 37b Did the organization file Form 1120-PoL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key empleyed, or were any such loans made in a prior year and still dustanding at the end of the tax year covered by this return? 38b N/A 39 Section 501(c)(7) organizations, Enter: a initiation fees and capital contributions included on line 9 39a N/A 39 Section 501(c)(7) organizations, Enter: a initiation fees and capital contributions included on the 9 for several policy organizations, finded on the 9 for year policy included on the 9 for year the year under: section 4911 0.; section 4912 39b N/A 39c Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization during the year under: section 4911 0.; section 4912 39c Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engages in any section 4958 excess benefit transaction during the year or disqualified persons during the year under sections 4912, 4955, and 4958 39c Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 39c Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 39c Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Enter amount of tax imposed on organization and the sections 4912, 4955, and 4958 39c Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Enter amount of tax imposed on organization and the section 4912, 4955, and 4958 39c Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Enter amount of tax imposed on organization and the section 4912, 4955, a		26					
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Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes Joid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Ada the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Ada the organization receive any payments for indoor tanning services during the year? Ada the organization receive any payment from 720 to report these payments? If "No," provide an explanation in Schedule O Add the organization have a controlled entity within the meaning of section 512(b)(13)? Ada the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	X	42c	***************************************		he United States?		
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5a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section							
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	 _ _	-	***************************************		·····	II deliguije U	
	X	45a	b a Did the organization have a controlled entity within the meaning of section 512(b)(13)?				
DIZION DATE IN THE CORM 990 AND SCHEDULE KINDY DROP TO BE COMPLETED AND SCHEDULE FOR SCHEDULE	A Bio		lion				
Form 990-EZ. See instructions 45b		45b		uctions	orm 990-EZ. See instru	בובלוטאן יסור וו דיפג, דיטוווו ששט מחם אכחפמעופ א may need to be completed inst	

Form	990-EZ (2022) FORMAK				88-0669	511		Page
	Did the organization engage, directly or indirectly, in political campaign act		* * *	•	ıblic office?	er Ser	Yes	N X
	If "Yes," complete Schedule C, Part I rt VI Section 501(c)(3) Organizations Only		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			46		_ A
1. 4.	All section 501(c)(3) organizations must answer questions	47-49h and 52 a	and complete	e the tables for lines	50 and 51			
	Check if the organization used Schedule O to respond to							ļ
							Yes	N
47	Did the organization engage in lobbying activities or have a section 501(h) of	election in effect du	iring the tax ye	ear?				
	If "Yes," complete Sch. C, Part II	***************************************				47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes	s," complete Sched	ule E	***************************************		48		Х
49 a	Did the organization make any transfers to an exempt non-charitable related organization?			49a		X		
b	f "Yes," was the related organization a section 527 organization?				49b			
	Complete this table for the organization's five highest compensated employ	•	icers, directors	s, trustees, and key en	nployees) who ea	ich rec	eived n	nore
1	than \$100,000 of compensation from the organization. If there is none, enter				/ n	 		
	(a) Name and title of each employee	(b) Avera		(C) Reportable compensation (Forms	(d) Health benefits contributions to	4 (e) Estim ount of	
	NONE	posi		W-2/1099-MISC/ 1099-NEC)	employee benefit plans, and deferred		mpensa	
	NONE	•		100011207	compensation	+**		
		_						
						-		
						-		
						+		
			·····			+		
				!				
51 0	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated indepen organization, if there is none, enter "None." NONE			red more than \$100,0	00 of compensati	on fro	m the	
	(a) Name and business address of each independent contractor		(b)	Type of service	(c) (omper	nsation	

h								
	otal number of other independent controls.	<u>_</u>						
	otal number of other independent contractors each receiving over \$100,000							
	id the organization complete Schedule A? Note; All section 501(c)(3) organ				[77			7
					<u>[X</u>] Yes		No
true co	penalties of perjury, I declare that I have examined this return, including acc	ompanying schedu	ies and statem	ients, and to the best	of my knowledge	and b	elief, it	is
11 00, 001	rrect, and complete. Declaration of preparer (other than officer) is based on	all information of	wnich prepare	r nas any knowledge.				
Sign	Signature of officer				Date			
Here	JANELLE JONES, PRESIDENT							
	Type or print name and title							
	Print/Type preparer's name Preparer's signature	9	Date	Check	if PTIN			
Paid			12000	self- employe	1			
Prepa	BRANDY MARROU		10/31/		P012	0 <i>4 6</i>	30	
Use C	Eirole name MCCTT TITLE	LLP	//	Firm's EIN	83-033			—
	Firm's address P.O. BOX 1088			Phone no.	307-634			
	CHEYENNE, WY 82003			1 Holle HV.	JJ4	بد د	<u> </u>	
May the	IRS discuss this return with the preparer shown above? See instructions				Х	Yes		No

Form 990-EZ (2022)

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

FORMAK						88-0669	511
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not							
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
a Mail solicitations e Solicitation of non-government grants							
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events							
d In-person solicitations	~		·				
2 a Did the organization have a written of	or oral agreement with any individual Part VII) or entity in connection with p				tees,		
b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	viduals or entities (fundraisers) pursu			-	he fun	Yes draiser is to be	
Compondated at loast \$\phi_1000 by the) organization,				Π.		1
(i) Name and address of individual or entity (fundraiser) (ii) Activity			Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	1 1	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
3 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.							

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.							
1			(a) Event #1 5K FUN RUN/WALK (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))		
Revenue	4	Gross receipts	83,008.		(total number)	83,008		
2		Less: Contributions	60 700			63,793.		
		Gross income (line 1 minus line 2)	19,215.			19,215.		
	4	Cash prizes						
	5	Noncash prizes						
sesuec	6	Rent/facility costs	510.			510.		
Direct Expenses	7	Food and beverages						
ă	8	Entertainment						
	9	Other direct expenses				6,282.		
	10	Direct expense summary. Add lines 4 through				6,792.		
		Net income summary. Subtract line 10 from li				12,423.		
Pa	rt I		answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than			
— т		\$15,000 on Form 990-EZ, line 6a.		1				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)		
Rev	1	Gross revenue						
8	2	Cash prizes						
xpens	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
1	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes % No	Yes % No			
	7 Direct expense summary, Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract line 7 t	rom line 1, column (d)					
а	is th	er the state(s) in which the organization conduct or conduct gaming act lo," explain:	ivities in each of these s	tates?		Yes No		
		e any of the organization's gaming licenses rev			ear?	Yes No		
υ.	,ı î	es," explain:						

Sch	nedule G (Form 990) 2022	FORMAK 88	-0669	511	Page 3
11		ming activities with nonmembers?	🔲 ,	Yes	No
12		eficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		🔲	Yes	☐ No
13	Indicate the percentage of gaming	activity conducted in:			
					%
			13b		%
14	Enter the name and address of the	e person who prepares the organization's gaming/special events books and records:			
	Name				
	Address				
158	a Does the organization have a cont	ract with a third party from whom the organization receives gaming revenue?		Yes	No No
ŀ	o If "Yes " enter the amount of gami	ng revenue received by the organization \$ and the amount			
_		third party \$			
(If "Yes," enter name and address				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Department of condens and dest				
	Description of services provided				
		The same of the sa		···	
	Director/officer	Employee Independent contractor			
	Mandatory distributions:				
а		state law to make charitable distributions from the gaming proceeds to			
			🗀 Ү	es	No
b		equired under state law to be distributed to other exempt organizations or spent in the			
Pai	organization's own exempt activitie rt IV Supplemental Inform	is during the tax year \$ nation。Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F		0.01	4.01
	······································	applicable. Also provide any additional information. See instructions.	'art III, lines	s 9, 9b	, 105,
	100, 100, 10, 414 170, 43 6	ppileable. Also provide any additional information. See instructions.	+		
	WATER AND A STATE OF THE STATE	Water to the state of the state			
			4		

Schedule G	(Form 990) FORMAK	88-0669511	Page 4
Part IV	(Form 990) FORMAK Supplemental Information (continued)		
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SCHEDULE 0 (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, Attach to Form 990 or Form 990-EZ, Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

FORMAK	88-0669511
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	245.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DUES EXPENSE	125.
FILING FEES	600.
OFFICE SUPPLIES	210.
TOTAL TO FORM 990-EZ, LINE 16	935.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ASSIST THE CHEYENNE AND LARAMIE COUNTY SCHOOL DISTRICT #1 IN UPDATING	
SAFE ROUTE TO SCHOOL PROGRAM PLAN. THE PLAN WILL CONDUCT C	
PEDESTRIAN SCHOOL ROUTE SAFETY AUDITS WHICH INCLUDE BOTH T	HE STREET
CROSSINGS AND PATHS, ENHANCE SCHOOL AND PUBLIC EDUCATION,	AND CONSTRUCT
WARRANTED SAFETY UPGRADES AND IMPROVEMENTS.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISH	MENTS:
SAFE ROUTE TO SCHOOL - THE PURPOSE OF THIS PROGRAM IS TO	
WORK HAND IN HAND WITH THE COMMUNITY TO UNDERSTAND THE	
CURRENT INFRASTRUCTURE OF ALL SCHOOL CROSS WALKS AND	
SCHOOL ZONES TO IDENTIFY WHERE IMPROVEMENTS CAN BE MADE TO	SPECIFIC
SCHOOL ZONES THROUGH NEW AND IMPROVED SIGNAGE TO BETTER SIGNAGE	GNIFY SCHOOL
ZONES. THIS PROGRAM WILL BE CONDUCTED IN CHEYENNE, WYOMING	IN
PARTNERSHIP WITH THE CITY OF CHEYENNE AND THE WYOMING DEPAR	RTMENT OF

Schedule O (Form 990) 2022	Page
Name of the organization FORMAK	Employer identification number $88-0669511$
TRANSPORTATION.	
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	WAS ALL STREET, STREET