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Other changes in net assets or fund balances (attach explanation)

Net assets or fund balances at end of year (combine lines 18, 19, and 20)

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 Open to Public

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service JUL 2003 and ending JUN 30. For the 2003 calendar year, or tax year beginning 1, 2004 C Name of organization D Employer identification number Check if applicable Please use IRS label o ONE SHOT ANTELOPE HUNT FOUNDATION 23-7449875 print or Name change type Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite initial return Specific 185 SOUTH FIFTH STREET (307)332 - 8190Final City or town, state or country, and ZIP + 4 F Accounting method X Cash Other (specify) Amen LANDER, WY 82520 Application Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts H and I are not applicable to section 527 organizations. must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return for affiliates? Yes X No G Website: ►WWW.MYWEB.WYOMING.COM/WFWL H(b) If "Yes." enter number of affiliates ▶ Organization type (check only one) X 501(c) (3) 4947(a)(1) or H(c) Are all affiliates included? N/A (If "No," attach a list ) K Check here I if the organization's gross receipts are normally not more than \$25,000. The is this a separate return filed by an or-Yes X No organization need not file a return with the IRS, but if the organization received a Form 990 Package ganization covered by a group ruling? in the mail, it should file a return without financial data. Some states require a complete return. Group Exemption Number ▶ Check ► I If the organization is **not** required to attach L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 171,847. Sch B (Form 990, 990-EZ, or 990-PF) Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances Contributions, gifts, grants, and similar amounts received 105,942. a Direct public support 1a b Indirect public support 1b c Government contributions (grants) 10 105,942. noncash\$ 105,942. d Total (add lines 1a through 1c) (cash \$ 1d Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 3 4 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 SEE STATEMENT 1 13,792 6 a Gross rents 6a b Less rental expenses 6b SCANNED SEP 2.9 2004 Net rental income or (loss) (subtract line 6b from line 6a) 13,792. 6c 2,605. INTEREST INCOME 7 8 a Gross amount for sales (A) Securities (B) Other entory thar 8a Schet o Comba possis 3 in & Ballet extent Les 8h Gaii loss) (attach schedule) Net rs (A) and (B)) 8d schedule) If any amount is from gaming, check here 0 . of contributions Gross revenue (not including \$ reported on line 1a) 48,058. Qа 2,782. Less direct expenses other than fundraising expenses 9ь STATEMENT 2 SEE c Net income or (loss) from special events (subtract line 9b from line 9a) 45,276. 9c 1,450. 10 a Gross sales of inventory, less returns and allowances 10a 2,779. b Less cost of goods sold 10b c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 3 <1,329.> 10c Other revenue (from Part VII, line 103) 11 11 166,286. 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 121,433. 13 Program services (from line 44, column (B)) 13 14 Management and general (from line 44, column (C)) 14 13,820. 15 Fundraising (from line 44, column (D)) 15 16 Payments to affiliates (attach schedule) 16 135,253. 17 Total expenses (add lines 16 and 44, column (A)) 17 18 Excess or (deficit) for the year (subtract line 17 from line 12) 31,033. 18 19 406,570.Net assets or fund balances at beginning of year (from line 73, column (A)) 19

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0.

Part II Statement of All organic And (4) and (4)	ganizat 1) orga	ions must complete column inizations and section 4947	ı (A)  Columns (B), (C), and (a)(1) noneyemnt charitable	l (D) are required for section trusts but optional for other	1 501(c)(3) Page 2
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	1,0198	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	1			<u>.</u>	<del></del>
cash \$noncash \$	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	0.	0.	0.	0.
26 Other salaries and wages	26	18,867.	12,578.	6,289.	
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	1,521.	1,014.	507.	
30 Professional fundraising fees	30				
31 Accounting fees	31	1,770.	1,180.	590.	
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	954.	636.	318.	
35 Postage and shipping	35	658.	439.	219.	
36 Occupancy	36	7,632.	5,088.	2,544.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	289.	289.		
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	1			
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a	43a	İ			
b	43b				
C	43c				
d	430				
e SEE STATEMENT 4	43e	103,562.	100,209.	3,353.	
Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	135,253.	121,433.	13,820.	0.
Joint Costs. Check > If you are following SOP 9	8-2				
Are any joint costs from a combined educational campa	ign and	d fundraising solicitation rep	orted in (B) Program servi	ces? ► [	Yes X No
If "Yes," enter (i) the aggregate amount of these joint co-	sts \$ _	,(	ii) the amount allocated to	Program services \$	
(iii) the amount allocated to Management and general \$		, and (	iv) the amount allocated to		
Part III Statement of Program Servi	ce A	ccomplishments			
What is the organization's primary exempt purpose?	·				
PRESERVE HISTORY AND CONS	SERV	VE LAND AND V	WATER RESOUR	CES	Program Service Expenses
All organizations must describe their exempt purpose achievement achievements that are not measurable (Section 501(c)(3) and (4) or					(Required for 501(c)(3) and
allocations to others)	ganizat		namable trusts must also enter	the amount of grants and	(4) orgs, and 4947(a)(1) trusts, but optional for others)
a PRESERVATION OF THE LOC	CAL	HISTORY THRO	OUGH OPERATION	ON OF A	
MUSEUM AND CONSERVATION	1 01	F THE LAND.			
		(G	irants and allocations \$	)	27,182.
b DEVELOP WATER RESOURCES	5 F	OR WILDLIFE,	WILDLIFE HA	BITAT AND TO	
WORK WITH OTHER LAND US	SER	S TO CONSERVI	E WATER.		
		(G	rants and allocations \$	) ]	94,251.
C					
		(G	Frants and allocations \$		
d					
		(G	Frants and allocations \$	)	
e Other program services (attach schedule)		(G	irants and allocations \$	)	
f Total of Program Service Expenses (should equal	line 44	, column (B), Program serv	rices)	<b>•</b>	121,433.

## Part IV Balance Sheets

Note:		re required, attached schedules and amounts v Id be for end-of-year amounts only.	vithin the description column	(A) Beginning of year		( <b>B</b> ) End of year
	45	Cash - non-interest-bearing		7,238.	45	696.
	46	Savings and temporary cash investments		107,090.	46	143,268.
	10	outlings and temperary outli investments				
	47 a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	<u> </u>
	48 a	· ·	48a			
	b	Less allowance for doubtful accounts	48b		48c	<del> </del>
	49	Grants receivable	<u> </u> -	<del></del>	49	<del></del>
	50	Receivables from officers, directors, trustees,			-	I I
ts	51 a	and key employees Other notes and loans receivable	51a		50	<del></del>
Assets	b	Less allowance for doubtful accounts	51b		51c	l
⋖	52	Inventories for sale or use	0101		52	<del></del>
	53	Prepaid expenses and deferred charges	[		53	<del></del>
	54	Investments - securities	Cost FMV		54	<del></del>
	55 a	Investments - land, buildings, and				- <del></del>
		equipment basis	55a			1
						l
	b	Less accumulated depreciation	55b		55c	
	56	Investments - other	1 1 200 500		56	
	57 a	Land, buildings, and equipment basis	57a 293,639.	202 242	}	202 (20
	50 b	Less accumulated depreciation	57b	292,242.	57c	293,639.
	58	Other assets (describe			58	
	59	Total assets (add lines 45 through 58) (must equal	line 74)	406,570.	59	437,603.
	60	Accounts payable and accrued expenses	illo 74)	100/3/00	60	1077000.
	61	Grants payable			61	<del></del>
	62	Deferred revenue			62	
Liabilities	63	Loans from officers, directors, trustees, and key em	ployees		63	
ili.	64 a	Tax-exempt bond liabilities			64a	
Lia	b	Mortgages and other notes payable	_		64b	
	65	Other liabilities (describe	) [		65	<del></del>
	66	Total liabilities (add lines 60 through 65)		0.	60	0.
		nizations that follow SFAS 117, check here	and complete lines 67 through		<u>66</u>	
	0.94.	69 and lines 73 and 74	and domprote miles or among it	İ		l
ces	67	Unrestricted		,	67	l I
land	68	Temporarily restricted		68		
Ba	69	Permanently restricted			69	
Net Assets or Fund Balances	Organ	nizations that do not follow SFAS 117, check here 🕨	X and complete lines			- <del></del>
T.		70 through 74				 
ts c	70	Capital stock, trust principal, or current funds	Ļ	0.	70	0.
1556	71	Paid-in or capital surplus, or land, building, and equ	-	0.	71	0.
et A	72	Retained earnings, endowment, accumulated incom	· ·	406,570.	72	437,603.
Ž	73	Total net assets or fund balances (add lines 67 thr column (A) must equal line 19, column (B) must eq	-	406,570.	73	437,603.
	74	Total liabilities and net assets / fund balances (ad		406,570.	74	437,603.
			30 and 70/			13//003.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A   Reconciliation of Revenue per Return   Revenue per Return   Revenue per Return   Revenue per Return   Revenue per Return   Revenue per Return   Revenue per Return   Revenue per Return   Revenue per audited financial Statements with Expenses per Audited Financial Statements with Expenses per Audited Financial Statements with Expenses per Return   Return   Return   Revenue per land the financial Statements with Expenses per audited financial Statements with Expenses per audited financial Statements with Expenses per land to the financial Statements		990 (2003)	ONE	SHOT	<u>A</u>	NTELOPE :	HUNT	F	OUNDA	NOITA		23-	7449	875	Page
Return  a Total revenue, gains, and other support per audited financial statements  b Amounts included on line a but not on line 12, Form 990 (1) Net unrealized gains on investments  (2) Donated services and use of facilities \$ (2) Prior year adjustments reported on line 20, Form 990 (3) Losses reported on line 20, Form 990 (4) Other (specify)  Add amounts on lines (1) through (4) b c Line a minus line b  Amounts included on line 12, Form 990 (4) Other (specify)  Add amounts included on line 12, Form 990 (5) Add amounts on lines (1) through (4) b c Line a minus line b  Amounts included on line 12, Form 990 (5) Add amounts included on line 12, Form 990 (6) Other (specify)  Add amounts included on line 12, Form 990 (7) Other (specify)  Add amounts on lines (1) and (2) b d d minus (1) and (	Pa		nciliation of	f Reven	ue	per Audited	F	ar	IV-B	Recon	ciliation of Ex	pense	es per	Audited	
a Total revenue, gains, and other support per audited financial statements  Amounts included on line a but not on line 12, Form 990  (1) Net unrealized gains on investments  (2) Donated services and use of facilities \$ (3) Recoveries of prior year grants  Add amounts on lines (1) through (4)  C Line a minus line b  Amounts included on line 12, Form 990  (4) Other (specify)  Add amounts on lines (1) through (4)  C Line a minus line b		rınan Retur	iciai Statem n	ients Wi	tn .	Revenue per				Financ	ial Statemen	ts with	ı Expe	nses pe	r
per audited financial statements  Amounts included on line a but not on line 12, Form 990  (1) Net unrealized gains on investments \$ (2) Donated services and use of facilities \$ (3) Recoveries of prior year grants \$ (4) Other (specify)  Add amounts on lines (1) through (4)	а		<del></del>	ort	T	<u> </u>			Total exp				1 1	<del>, ,</del>	
Iline 17, Form 990 (1) Net unrealized gains on investments \$ (2) Donated services and use of facilities \$ (2) Prior year adjustments reported on line 20, Form 990 \$ (3) Losses reported on line 20, Form 990 \$ (4) Other (specify) \$ (4) Other (specify) \$ (4) Other (specify) \$ (4) Other (specify) \$ (4) Other (specify) \$ (4) Other (specify) \$ (4) Other (specify) \$ (5) Other (specify) \$ (6) Other (specify) \$ (7) Other (specify) \$ (8) Other (specify) \$ (1) Investment expenses not included on line 12, Form 990 \$ (1) Investment expenses not included on line (1) Investment expenses not included on line (1) Investment expenses not included on line (1) Investment expenses not included on line (1) Investment expenses not included on line (1) Investment expenses not included on line (1) Investment expenses not included on line (1) Investment expenses not included on line (1) Investment expenses not included on line (1) Investment expenses not included on line (1) Investment expenses not included on line (1) Investment expenses not included on line (1) Investment expenses not included on line (1) Investment expenses not included on line (2) Other (specify) \$ (2) Other (specify) \$ (2) Other (specify) \$ (2) Other (specify) \$ (3) Losses reported on line (1) Investment expenses not included on line (1) Investment expenses not included on line (2) Other (specify) \$ (3) Losses reported on line (2) Investment expenses not included on line (2) Other (specify) \$ (3) Losses reported on line (2) Investment expenses not included on line (2) Other (specify) \$ (3) Losses reported on line (2) Investment expenses not included on line (2) Other (specify) \$ (3) Losses reported on line (2) Investment expenses not included on line (2) I		per audited financial	statements	<b>•</b>	a	N/A		_	audited fi	nancial stat	tements	•	a	N/A	
(1) Net unrealized gains on investments \$ (2) Donated services and use of facilities \$ (3) Recoverse of prior year grants \$ (4) Other (specify) \$  Add amounts on lines (1) through (4)	b	Amounts included or	line a but not o	n				b			n line a but not on				
On investments  (2) Donated services and use of facilities (3) Recoveries of prior year grants (4) Other (specify)  Add amounts on lines (1) through (4)  C Line a minus line b  Amounts included on line 12, Form 990 but not on line a:  (1) Investment expenses not included on line 6b, Form 990 \$  (2) Other (specify)  Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990 (line c plus line d)  (A) Name and address  (2) Prior year adjustments reported on line 20, Form 990 \$  (3) Losses reported on line 20, Form 990 \$  (4) Other (specify)  Add amounts on lines (1) through (4)  C Line a minus line b  C Amounts included on line 17, Form 990 to line 6b, Form 990 \$  (2) Other (specify)  Add amounts on lines (1) and (2)  E Total revenue per line 12, Form 990 (line c plus line d)  (A) Name and address  (B) Tritle and argae hours (C) Compensation (Into 1914, enter per week devoted to position  (E) Experience and use of facilities reported on line 20, Form 990 \$  (E) Experience and use of facilities reported on line 20, Form 990 \$  (Into 1914, enter per veek devoted to position  (C) Compensation (Into 1914, enter per veek devoted to position  (E) Experience and use of facilities reported on line 20, Form 990 \$  (E) Experience and use of facilities reported on line 20, Form 990 \$  (Into 1914, enter per veek devoted to position  (E) Experience and use of facilities reported on line 20, Form 990 \$  (Into 1914, enter per veek devoted to position  (E) Experience and use of facilities reported on line 20, Form 990 \$  (Into 1914, enter per veek devoted to position  (E) Experience and use of facilities reported on line 20, Form 990 \$  (Into 1914, enter per veek devoted to position)		•						(1)							
(2) Donated services and use of facilities \$	(1)	-					1		and use o	f facilities	\$				
and use of facilities \$			\$					(2)	Prior year	r adjustmer	nts				
(3) Losses reported on line 20, Form 990 \$  Add amounts on lines (1) through (4)    C Line a minus line b    d Amounts included on line 12, Form 990 but not on line a:  (1) Investment expenses not included on line 12, Form 990 \$  (2) Other (specify) \$  Add amounts on lines (1) and (2)    B Total revenue per line 12, Form 990 (line c plus line d)    B Total revenue per line 12, Form 990 (line c plus line d)    (A) Name and address    (B) Title and average hours per week devoted to position    (C) Compensation (I) Occurrence account other allow other all	٠,,								reported (	on line 20,					
year grants \$			\$				l		Form 990	1	\$				
(4) Other (specify)  Add amounts on lines (1) through (4)  c Line a minus line b  d Amounts included on line 12, Form 990 but not on line a:  (1) Investment expenses not included on line 6b, Form 990  (2) Other (specify)  Add amounts on lines (1) and (2)  a Total revenue per line 12, Form 990  (line c plus line d)  Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensation of the analysis of the compensation of the co	٠,							(3)	Losses re	ported on					
Add amounts on lines (1) through (4)  c Line a minus line b  d Amounts included on line 12, Form 990 but not on line a:  (1) Investment expenses not included on line 6b, Form 990  (2) Other (specify)  Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990  (line c plus line d)  (A) Name and address  Add amounts on lines (1) and aworage hours per week devoted to position  Add amounts on lines (1) through (4)  C Line a minus line b  C Amounts included on line 17, Form 990 but not on line a  (1) Investment expenses not included on line 6b, Form 990  (2) Other (specify)  Add amounts on lines (1) and (2)  a Total revenue per line 12, Form 990  (line c plus line d)  (A) Name and address  (B) Title and average hours per week devoted to position  (C) Compensation (D)Contributions to employees benefit provee sement account other allow		•	<b>\$</b>						line 20, Fo	orm 990	\$				
c Line a minus line b d Amounts included on line 12, Form 990 but not on line a:  (1) Investment expenses not included on line 6b, Form 990  (2) Other (specify)  Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990 (line c plus line d)  (A) Name and address  (5) Line a minus line b  Amounts included on line 17, Form 990 but not on line a:  (1) Investment expenses not included on line 6b, Form 990 (2) Other (specify)  Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990 (line c plus line d)  (A) Name and address  (B) Title and average hours per week devoted to position  (C) Compensation (Inter a minus line b  C  Line a minus line b  A mounts included on line 17, Form 990 but not on line a:  (1) Investment expenses not included on line 6b, Form 990 (2) Other (specify)  E Total expenses per line 17, Form 990 (line c plus line d)  (B) Title and average hours per week devoted to position  (E) Expenses per line 17, Form 990 (If not paid, enter plans & deferred compensation other allow)  (E) Expenses per line 17, Form 990 (If not paid, enter plans & deferred compensation other allow)	(4)	Other (specify)	_					(4)	Other (spe	ecify)					
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990 but not on line a:  (1) Investment expenses not included on line 6b, Form 990 \$  (2) Other (specify)  Add amounts on lines (1) and (2)  Total revenue per line 12, Form 990 (line c plus line d)  Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)  (B) Title and average hours per week devoted to position  (C) Compensation (D) Compensation of the railow				•	C			C				•	c		
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Interest of the compensation   Interest of the compensation		•						(1)	Investmen	it expenses	ì				
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Add amounts on lines (1) and (2)  e Total revenue per line 12, Form 990 (line c plus line d)  Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)  (A) Name and address  (B) Title and average hours per week devoted to position  (C) Compensation (D) Contributions to each one position (If not paid, enter plans & deferred compensation other allow other allow)			2						line 6b, Fo	rm 990	\$				
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e Total expenses per line 17, Form 990 (line c plus line d)  Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated )  (A) Name and address  (B) Title and average hours per week devoted to position  (C) Compensation (If not paid, enter employee benefit plans & deferred compensation other allow		Add	\$					_			_\$				
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Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated )  (A) Name and address  (B) Title and average hours per week devoted to position  (C) Compensation (D) Contributions to employee benefit plans & deferred compensation other allow			12, Form 990				l				ne 17, Form 990				
(A) Name and address  (B) Title and average hours per week devoted to position  (C) Compensation (If not paid, enter plans & deferred compensation other allow			fficare Dire	otoro 1		otopo and K			(line c plus	s line d)	<del></del>	<u> </u>	e		_
(A) Name and address per week devoted to position (If not paid, enter plans & deferred compensation other allow	K VAI	LT; LISCOI O	moers, Dire	sciors, i	Tu	stees, and N								<del></del>	
DOSITION -0) compensation Other allow			(A) Name and	d address			۵, ا	per	week devo	oted to	(If not paid, enter	emplo	tributions t ree benefit	o (E) Exp	pense nt and
SEE STATEMENT 5 0. 0.		<del></del>							position	<u> </u>	-0)	com	ensation	other allo	wances
SEE STATEMENT 5 0. 0.														ĺ	
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Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related					_										

Form	990 (2003) ONE SHOT ANTELOPE HUNT FOUNDATION 23-7449	875		Page 5
Pa	rt VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement			
80 a	is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
þ	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt			
	Enter direct or indirect political expenditures See line 81 instructions  81a 0.			Х
b 20 =	,	81b		
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	925		х
	fair rental value?	82a		
U	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83 3	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	; }
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a		84a	- <del></del> -	X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
_	tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  85e N/A			i
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  _85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? $N/A$	85g		<del></del>
þ	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year?  N/A	85h		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12  86a N/A		,	
	Gross receipts, included on line 12, for public use of club facilities  86b N/A			
87	501(c)(12) organizations. Enter a Gross income from members or shareholders 87a N/A			į
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  87b  N/A			
88	against amounts due or received from them )  At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			į
00	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?			
	If "Yes," complete Part IX	88		х
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under	"		
	section 4911 ► O • , section 4912 ► O • , section 4955 ►			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		X
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			_
	sections 4912, 4955, and 4958			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	· · · · · · · · · · · · · · · · · · ·			
	Number of employees employed in the pay period that includes March 12, 2003		356	2
91	The books are in care of ► JACK SCARLETT Telephone no ► 307-33	<u> 2-3</u>	356	
	D O BOY 02 LANDED MYOMING	252	^	
	Located at ► P. O. BOX 93, LANDER, WYOMING ZIP+4 ► 8	232	<u> </u>	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		<b>⊾</b> Г	$\neg$
-	and enter the amount of tax-exempt interest received or accrued during the tax year	N/	A ∟	
32304 12-17				(2003)

Fait #II Analysis of income 110					1
Note: Enter gross amounts unless otherwise	(A)	related business income	(C)	led by section 512, 513, or 514	- (E)
Indicated.	Busine	ss (B)	Exclu-	(D) Amount	Related or exempt
93 Program service revenue	code	Ainount	sion code	Amount	function income
a					
b					
C			$\perp$		
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies	s				
94 Membership dues and assessments					
95 Interest on savings and temporary cash invest	tments				
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					13,792
98 Net rental income or (loss) from personal pro	perty				
99 Other investment income					2,605.
100 Gain or (loss) from sales of assets					
other than inventory		1			
101 Net income or (loss) from special events					45,276. <1,329.
102 Gross profit or (loss) from sales of inventory					<1,329.
103 Other revenue					
a					
b					
c					
d					
8					
104 Subtotal (add columns (B), (D), and (E))		0		0 .	60,344.
105 Total (add line 104, columns (B), (D), and (E)	)		1	<b>•</b>	60,344
Note: Line 105 plus line 1d, Part I, should equ	•	ne 12. Part I.		•	
Part VIII Relationship of Activitie	s to the Accor	nplishment of Exem	not Pur	poses (See page 34 of th	ie instructions )
Line No. Explain how each activity for which in					
exempt purposes (other than by provi				and, to the accomplishment	
SEE STATEMENT 6					
Part IX Information Regarding	Taxable Subsic	liaries and Disregar	ded Er	ntities (See page 34 of the	e instructions )
(A)	(B)	(C)		(D)	(E)
	ercentage of ership interest	Nature of activities		Total income	End-of-year assets
paratoromp <sub>1</sub> or distoguidod onacy	%				40000
N/A	%	·		·········	
	%				
	%			1	
Part X Information Regarding		ciated with Person	al Rene	efit Contracte /See na	ne 34 of the instructions \
(a) Did the organization, during the year, receive					Yes X No.
	•		•		Yes X No
(b) Did the organization, during the year, pay pro	ermains, airecuy or inc	meduy, on a personal benefit	. contract?		L 162 LV NO
		ccompanying schedules a	and stateme	nts, and to the best of my knowle	edge and belief, it is true.
			arer has any	nts, and to the best of my knowle y knowledge	/
		7/15/0 Y		rint name and title	•

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2003

**Employer identification number** Name of the organization 23 7449875 ONE SHOT ANTELOPE HUNT FOUNDATION Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions List each one If there are none, enter "None") (b) Title and average hours per week devoted to (d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other (a) Name and address of each employee paid (c) Compensation more than \$50.000 position allowances NONE Total number of other employees paid over \$50,000 0 Part III Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Total number of others receiving over \$50,000 for professional services

SCITE	uule A (I	onn 990 of 990-E2) 2003 ONE SHOT ANTELOPE HUNT FOUNDATION 23-74	490/	<del>ا د</del>	rage z
Pa	rt III	Statements About Activities (See page 2 of the instructions )		Yes	No
1	oublic op obbying	e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the activities   \$			
	or line i o	f Part VI-B )	1	ļ	X
	Organizat	ions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking			
,	Yes," mu	st complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During th	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,			
1	rustees,	directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such			
		affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," detailed statement explaining the transactions.)			
		nange, or leasing of property?	2a		Х
h i	andina c	of money or other extension of credit?	a <sub>h</sub>		Х
	-enaing (	indites of other extension of cledit?	2b		Α.
C I	urnishin	g of goods, services, or facilities?	20		Х
d I	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		Х
e T	ransfer (	of any part of its income or assets?	2e		X
3 a l	o you m	ake grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how	1.		3.7
, \	ou deter	mine that recipients qualify to receive payments ) ive a section 403(b) annuity plan for your employees?	3a		X
	•		3b		Х
	n the us	naintain any separate account for participating donors where donors have the right to provide advice or distribution of funds?	4		X
Pa	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions )	-		
The c	rganızatı	on is not a private foundation because it is. (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
6		A school Section 170(b)(1)(A)(II) (Also complete Part V)			
7	$\Box$	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III)			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)			
9		A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state			
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(N	/)		
	T.	(Also complete the <b>Support Schedule</b> in Part IV-A)			
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public			
		Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11b		A community trust Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A)			
12	L	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired			
		by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)			
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations desc	cribed in		
		(1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))			
		Provide the following information about the supported organizations (See page 5 of the instructions.)			
		(a) Name(s) of supported organization(s)		ie numi om abo	
_					
14		An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )			

Calendary year for fiscal year	Pa	Support Schedule (C Note: You may use th	complete only if you che se worksheet in the inst	ecked a box on line 10 ructions for converting	i, 11, or 12.) <b>Use cash</b> g from the accrual to th	method of accorder cash method of	unting. f accou	nting.
The state of the content of the state of the content of the state of the content of the conten		dar year (or fiscal year ning in)						
17 Gross recepts from admissions, machanides and services performed, or furnishing of facilities an any schedy that is related to the organization's characteristic, the purpose 49,751. 39,261. 48,009. 3,440. 140,461.  18 Gross income from interest, dowlands, amounts received from purpose to the properties of the pro	15	grants See line 28 )	72,506.	53,239.	52,855.	142,53	9.	321,139.
marchandis soli or services performed, or furnishing of facilities in any activity that is related to the organization's classification or form interest organization's classification organization and interest organization's classification organization and interest organization	<u>16</u>	Membership fees received					_	
18 Gress income from interest, dividends, amounts recaved from payments on acceptable land (section 512(4)(5)), firetts, regalates, and unrelated costness transple income businesses accounted by the businesses accounted by the businesses accounted by the public vertical of the public vertical of the public vertical of the public vertical of the public vertical of the public vertical of the organization of benefit and either public to the organization to benefit and either public to the organization to benefit and either public to the organization to benefit and either public to the organization to benefit and either public to the organization to benefit and either public to the organization to benefit and either public to the organization to benefit and either public to the organization to benefit and either public to the organization to a public vertical to the organization to a public vertical to the organization to a public vertical to the organization to a public vertical to the organization to a public vertical to the organization to a public vertical to the public vertical desires.  23 Total of lines 15 through 22	17	merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's	49,751.	39,261.	48,009.	3,44	.0.	140,461.
activities not included in line 18 20 Tax resinues livered for the part of to regended on its behalf 21 The value of services or facilities part of to regended on its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge 0.0 not include the value of services or facilities generally furnished to the public without charge 20 on the function of services or facilities generally furnished to the public without charge 21 on the function of the public without charge 22 of the public without charge 23 Total of lines 15 through 22 140 , 199 . 111 , 987 . 121 , 087 . 166 , 351 . 539 , 624 . 24 Line 23 minus line 17 90 , 448 . 72 , 726 . 73 , 078 . 162 , 911 . 399 , 163 . 25 Enter 1% of line 23 1, 402 . 1 , 120 . 1 , 211 . 1 , 664 . 25 Organizations described on lines 10 or 11 : a Enter 2% of amount in column (e), line 24 b 28a 7 , 983 . 28a	18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the						
20 Tax revenues leved for the paid to it or expended on its behalf by the paid to it or expended on its behalf by the paid to it or expended on its behalf by the paid to it or expended on its behalf by the paid to it or expended on its behalf by the paid to it or expended on its behalf by the paid to it or expended on its behalf by the paid to it or expended on its behalf by the paid to it or expended on its behalf by the paid to its or expended on its behalf by the paid to its or expended on its behalf by the paid to its or expended on its behalf by the paid to its or expended on its behalf by the paid to its or expended on its behalf by the paid to its or expended on its behalf by the paid to its or expended on its behalf by the paid to its or expended by the paid to its or expended on its behalf by the paid to its or expended by the paid to expended by the paid to expended by the paid to expended by the paid to expended by the paid to expended by the paid to expended by the paid to expended by the paid to expended by the paid to expended by the paid to expended by the paid to expended by the paid to expended by the paid to expended by the paid to expended by the paid to expended by the paid to expended by the paid to	19	Net income from unrelated business						
organization's benefit and either paid to it or expended on its behalf paid to it or expended on its behalf part of the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Do not include gain or (loss) from sale of capital assets:  37 Total of lime is 15 through 22								
governmental unit without charge Do not include the value of services of scilities generally furnished to the public without charge  20 Other income Attach a schedule Do not include the value of services of scilities generally furnished to the public without charge  21 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 22 Total of lines 15 through 22 140,199, 1111,987, 121,087, 166,351, 539,624. 23 Total of lines 15 through 22 140,199, 1111,987, 121,087, 166,351, 399,163. 24 Line 23 minus line 17 90,448, 72,726, 73,078, 162,911, 399,163. 25 Enter 1% of line 23 1,402, 1,120, 1,211, 1,664.  26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or public support of organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts c Total support (line 26c minus line 26d total)  4 Add Amounts from column (e) for lines 18 78,024, 19 22 26b 132,834, 26c 139,163.  26 Public support (line 26c minus line 26d total)  5 Public support percentage (line 25e (minerator) divided by line 26e (denominator)) ≥ 26f 147,1750 % 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person," prepare a list for your records to show the name of, and total amounts received from each year from, each "disqualified person," prepare a list for your records to show the name of, and total amounts received from each year from, each "disqualified person," prepare a list for your records to show the name of, and total amounts received from each year from, each "disqualified person," prepare a list for your records to show the name of, and total am	20	organization's benefit and either						
Do not include gam or (loss) from sale of capital assets  23 Total of lines 15 through 22	21	furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
24 Line 23 minus line 17  90,448. 72,726. 73,078. 162,911. 399,163.  25 Enter 1% of line 23  1,402. 1,120. 1,211. 1,664.  26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24  b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total grifts for 1999 through 2002 exceeded the amount shown in line 26a  Do not file this list with your return. Enter the total of all these excess amounts  c Total support for section 509(a)(1) test Enter line 24, column (e)  d Add Amounts from column (e) for lines 18  78,024. 19  22  26b 132,834. 266 210,858.  e Public support [line 26c minus line 26d total)  f Public support percentage (line 25c (mumerator) divided by line 26c (denominator))  D Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person," prepare a list for your records to show the name of, and amount included in line 12: a For amounts included in line 12: a For amounts included in line 12: a for amounts included in line 17 that was received from each person (other than "disqualified person," prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year  Add Amounts from column (e) for lines  15  17  20  21  27  B V/A  270  N/A  270  N/A  270  N/A  Public support for section 509(a)(2) test Enter amount on line 23, column (e)  Public support for section 509(a)(2)	22	Do not include gain or (loss) from						
25 Enter 1% of line 23	23	Total of lines 15 through 22		111,987.				539,624.
Description of the property of	24	Line 23 minus line 17			73,078.			399,163.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total grifts for 1999 through 2002 exceeded the amount shown in line 26a  Do not fille this list with your return. Enter the total of all these excess amounts  C Total support for section 509(a)(1) test. Enter line 24, column (e)  Add Amounts from column (e) for lines  18	25	Enter 1% of line 23	1,402.	1,120.	1,211.	1,66	4.	·····
unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a  Do not file this list with your return. Enter the total of all these excess amounts  C Total support for section 509(a)(1) test Enter line 24, column (e)  d Add Amounts from column (e) for lines 18 78,024. 19  22 26b 132,834. 26d 210,858.  Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numerator) divided by line 26c (denominator))  77 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year. N/A  (2002) (2001) (2000) (1999)  b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and damount received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A  (2002) (2001) (2000) (1999)  c Add Amounts from column (e) for lines 15	26	Organizations described on lines 1	<b>0 or 11: a</b> Enter 2% of a	amount in column (e), line	e 24	<b>▶</b> [2	26a	7,983.
Do not file this list with your return. Enter the total of all these excess amounts  to Total support for section 509(a)(1) test. Enter line 24, column (e)  d. Add Amounts from column (e) for lines 18 78,024. 19  22 26b 132,834. 266 210,858.  Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numerator) divided by line 26c (denominator))  70 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year N/A  (2002) (2001) (2000) (1999)  b. For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A  (2002) (2001) (2000) (1999)  c. Add Amounts from column (e) for lines 15 16 16 17 20 21 1 27c N/A  d. Add Line 27a total 17 20 21 1 27c N/A  Public support (line 27c total minus line 27d total) 1 27d N/A  g. Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g N/A 9/A 18/A 18/A 18/A 18/A 18/A 18/A 18/A 18	b	Prepare a list for your records to sho	ow the name of and amou	nt contributed by each pe	rson (other than a goverr	nmental		
to Total support for section 509(a)(1) test. Enter line 24, column (e)  d. Add Amounts from column (e) for lines 18 78,024. 19 22 266 132,834. 266 210,858.  Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numerator) divided by line 26c (denominator))  Public support percentage (line 26e (numerator) divided by line 26c (denominator))  Public support percentage (line 26e (numerator) divided by line 26c (denominator))  Public support percentage (line 26e (numerator) divided by line 26c (denominator))  Public support percentage (line 26e (numerator) divided by line 26c (denominator))  Public support percentage (line 26e (numerator) divided by line 26c (denominator))  Public support percentage (line 26e (numerator) divided by line 26c (denominator))  Public support (line 26c minus line 26d total)  Public support (line 26c minus line 26d total)  Public support (line 26c minus line 26d total)  Public support (line 26c minus line 26c (denominator))  26		unit or publicly supported organizati	on) whose total gifts for 1	999 through 2002 exceed	ded the amount shown in	line 26a		
and Add Amounts from column (e) for lines 18 78,024. 19 22 26b 132,834.    Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numerator) divided by line 26c (denominator))  7 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person," Do not file this list with your return. Enter the sum of such amounts for each year:  N/A (2002) (2001) (2000) (1999)  Described in lines 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A (2002) (2001) (2000) (1999)  C. Add Amounts from column (e) for lines 15		Do not file this list with your return.	. Enter the total of all thes	e excess amounts			26b	
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22 26b 132,834. ▶ 26d 210,858. ▶ 26e 188,305.  1 Public support (line 26c minus line 26d total)  1 Public support percentage (line 25e (numerator) divided by line 26c (denominator)) ▶ 26f 47.1750 %  27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person," Do not file this list with your return. Enter the sum of such amounts for each year. N/A  (2002) (2001) (2000) (1999)  b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A  (2002) (2001) (2000) (1999)  c Add Amounts from column (e) for lines 15	d	Add Amounts from column (e) for l	nes 18	78,024. 19	100.00			
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27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person". Do not file this list with your return. Enter the sum of such amounts for each year:  N/A  (2002) (2001) (2000) (1999)  b. For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.  N/A  (2002) (2001) (2000) (1999)  c. Add Amounts from column (e) for lines 15	9	** *	•					
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(2002) (2001) (2000) (1999)  c Add Amounts from column (e) for lines 15		described in lines 5 through 11, as v	vell as individuals ) <b>Do not</b>	file this list with your re	turn. After computing the	difference between	the amo	ount received and
17 20 21 21 27c N/A  d Add Line 27a total and line 27b total 27d N/A  e Public support (line 27c total minus line 27d total) 27e N/A  f Total support for section 509(a)(2) test Enter amount on line 23, column (e) 27f N/A  g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g N/A %  h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h N/A %		•	• • •	,	·		)	
17 20 21 21 27c N/A  d Add Line 27a total and line 27b total 27d N/A  e Public support (line 27c total minus line 27d total) 27e N/A  f Total support for section 509(a)(2) test Enter amount on line 23, column (e) 27f N/A  g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g N/A %  h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h N/A %	C	Add Amounts from column (e) for l	ines 15		16			
d Add Line 27a total and line 27b total  e Public support (line 27c total minus line 27d total)  f Total support for section 509(a)(2) test Enter amount on line 23, column (e)  g Public support percentage (line 27e (numerator) divided by line 27f (denominator))  h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))  27d N/A  27e N/A  27g N/A  27g N/A  %			20		21	<b>&gt;</b> :	27 <u>c</u>	N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)  g Public support percentage (line 27e (numerator) divided by line 27f (denominator))  h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))  27h  N/A  8	d		an	d line 27b total			27d	<del></del>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))  h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))  27g  N/A  %	е	Public support (line 27c total minus	line 27d total)		.   1		27e	N/A
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	f	Total support for section 509(a)(2) t	est Enter amount on line	23, column (e)	271			,
	•	<del>-</del>			**			
<b>AA 11</b>	L .	Investment income percentage	e (line 18, column (e) (	numerator) divided b	y line 27f (denominat	or)) 🕨 🖹	27h	N/A %

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement

1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50,

Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 instrument, or in a resolution of its governing body? 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) 32 Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff? 32a Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 33 Does the organization discriminate by race in any way with respect to Students' rights or privileges? 33a а b Admissions policies? 33b C Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? 33a Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 34 a Does the organization receive any financial aid or assistance from a governmental agency? 34a

Schedule A (Form 990 or 990-EZ) 2003

34b

Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Total lobbying expenditures (Add lines c through h.)

0.

Schedule	A (Form 990 or 990-EZ) 2003	ONE SHOT ANTELO	OPE HUNT FOUN	IDATION 23-7	44987	5	Page (
Part '	<del></del>	garding Transfers To an zations (See page 12 of the inst		d Relationships With Noncha	ritable		
<b>51</b> Di		rectly or indirectly engage in any of		r organization described in section			
	• •	section 501(c)(3) organizations) or i		olitical organizations?			т
		ganization to a noncharitable exemp	t organization of		F4 - (1)	Yes	No
•	i) Cash				51a(i)		X
	i) Other assets				a(ii)		X
	ther transactions	to with a nanaharitahla ayamat aras			b(i)		Х
•	•	ts with a noncharitable exempt orga			b(ii)		X
•	<ol> <li>Furchases of assets from a</li> <li>Rental of facilities, equipme</li> </ol>	noncharitable exempt organization			b(iii)	ļ <del></del>	X
•	<ul> <li>r) Reimbursement arrangeme</li> </ul>				b(iv)		X
-	Loans or loan guarantees				b(v)		X
•	-	membership or fundraising solicita	tions		b(vi)	:	Х
		mailing lists, other assets, or paid e			C		Х
d If	the answer to any of the above	e is "Yes," complete the following sc	hedule Column (b) should a	always show the fair market value of the		-	
		given by the reporting organization					
tra	ansaction or sharing arrangem	nent, show in column (d) the value o	of the goods, other assets, o	r services received		N/A	1
(a) Line no	(b) Amount involved	(c) Name of noncharitable ex	kempt organization	(d) Description of transfers, transactions, an	and sharing arrangeme		
	•						
	1 7 1 1 1						
	***************************************						
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				-			
				11732			
				1700-10-0			
			, ,		-		
C	the organization directly or inc ode (other than section 501(c) "Yes," complete the following s	(3)) or in section 527?	one or more tax-exempt org	anizations described in section 501(c) of th	e Yes	X	No.
	(a) Name of organization		(b) Type of organization	(c) Description of relation	iship		
		×					
		1-1-1-1	,,				
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		· · · · · · · · · · · · · · · · · · ·					
		1100					

FORM 990	RENTA	L INCOME			STATE	MENT	1
KIND AND LOCATION OF PROPE	RTY			IVITY MBER		ROSS	ME
BUILDING, LANDER, WY				1		13,79	2.
TOTAL TO FORM 990, PART I,	LINE 6A					13,79	2.
FORM 990 S	SPECIAL EVE	NTS AND ACTI	VITIES		STATE	MENT	2
FORM 990 S DESCRIPTION OF EVENT	GROSS RECEIPTS	NTS AND ACTI CONTRIBUT. INCLUDED	GROSS REVENUE	DIRE EXPEN	СТ	MENT NET INCOME	
	GROSS	CONTRIBUT. INCLUDED	GROSS	EXPEN	CT SES	NET	

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 3
INCOME			
2. RETURNS AND AI	CLOWANCES	1,450	1,450
	SOLD (LINE 13) (LINE 3 LESS LINE 4)	2,779	<1,329>
7. MERCHANDISE PU 8. COST OF LABOR 9. MATERIALS AND 10. OTHER COSTS	BEGINNING OF YEAR	2,779	2,779
12. INVENTORY AT E	END OF YEAR		2,779

SALT LAKE CITY, UT 84108

FORM 990	OTI	HER EXPENSES		STAT	EMENT
	(A)	(B) PROGRAM	(C) MANAGEMEN	ጥ	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENER		DRAISING
INSURANCE	3,359	2,239.	1,1	20.	
OFFICE EXPENSE	3,664	2,443.	1,2	21.	
PROPERTY TAXES	612.		2	04.	
MUSEUM EXPENSE	751				
MISCELLANEOUS WATER CONSERVATION	925	. 117.	8	08.	
PROJECTS	94,251	94,251.			
TOTAL TO FM 990, LN 43	103,562	100,209.	3,3	53.	<u></u>
		TITLE AND AVRG HRS/WK	· · · · · · · · · · · · · · · · · · ·	EMPLOYEE BEN PLAN	EMENT :
	-			———	ACCOUNT
JOHN MAYFIELD 740 S. STATE STREET UKIAH, CA 95482		PRESIDENT	0.	0.	0
MICKEY ASBELL PO BOX 911 RIVERTON, WY 82501		JICE PRESIDENT	0.	0.	0
JIM KING 1005 COUNTRY CLUB ROAD RIVERTON, WY 82501		SECRETARY-TREAS	URER 0.	0.	0
TOM BANDY 20709 GOLDEN SPRINGS DRI		DIRECTOR	0.	0.	0
DIAMOND BAR, CA 91789	-		•		J
JIM HANNON 2823 LONDON LANE ENID, OK 73703		DIRECTOR ).	0.	0.	0
AUSTIN LARSEN 1825 S. 2300 EAST SALT LAKE CITY UT 84108	(	DIRECTOR	0.	0.	0

· ONE : SI	HOT ANTELOPE HUNT FOUNDATIO	DN		23-7449	875
	IPTON NA VISTA DRIVE WY 82520	DIRECTOR 0.	0.	0.	0.
	HENNING WILLIAMS AVE NV 89406	DIRECTOR 0.	0.	0.	0.
3 CARBIN	ARNSBERGER NE LANE WY 82520	PRESIDENT - HUNT CLUB 0.	0.	0.	0.
JACK SCA P.O. BOX LANDER,		EXECUTIVE VICE-PRESIDE	ENT O.	0.	0.
BOB SCOT		PRESIDENT - PS CLUB 0	0.	0.	0.
	HELEAU YMOUTH S.E. D RAPIDS, MI 49506	DIRECTOR 0	0.	0.	0.
TOTALS I	INCLUDED ON FORM 990, PART	V	0.	0.	0.
FORM 990		ONSHIP OF ACTIVITIES TO OF EXEMPT PURPOSES	)	STATEMENT	6
LINE I	EXPLANATION OF RELATIONSHIE	OF ACTIVITIES	-		
99 1 101 1	RENTAL FROM PORTION OF ONE INTEREST ON FUNDS SET ASIDE PROJECTS NET PROCEEDS OF AUCTION HEI SALES OF BOOKS AND MERCHAND	E FOR FUTURE PRESERVATION  LD AS A FUND RAISER			ſ