Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 Open to Public Inspection

A F	or the 2	200 <u>5 calendar year, or tax year beginning</u> JUL 1, 2005 and en	iding JUN 30	<u>, 2006</u>	
	heck if oplicable	Please use IRS		D Employer i	identification number
	Addres change	s label or ONE SHOT ANTELOPE HUNT FOUND.		23-7	449875
	Name change	type North Advisor D.C. S.	Room/suite	E Telephone	number
]Initial return	Specific 545 WEST MAIN STREET		307-	332-8190
	Final return	Instruc- tions			thoot X Cash Accrual
	Amend	EANDER, WI 02320	Other (specify)	>	
	Applica pendin	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). 	H and I are not appl	licable to sec	ction 527 organizations.
			eturn for affilia		
		: NWW.MYWEB.WYOMING.COM/WFWL	H(b) If "Yes," enter nu		
		ation type (check only one) ► X 501(c) (3) ◀ (insert no)	H(c) Are all affiliates i (If "No," attach a		N/A LYes L_No
		ere I if the organization's gross receipts are normally not more than \$25,000. The	H(d) is this a separat	e return filed b	
		tion need not file a return with the IRS, but if the organization chooses to file a return, be ile a complete return. Some states require a complete return.	ganization cover		N/A
		and a complete south			ation is not required to attach
L G	ross re	ceipts Add lines 6b, 8b, 9b, and 10b to line 12 ► 183, 238.	Sch B (Form 99	•	•
,		Revenue, Expenses, and Changes in Net Assets or Fund Bala			
-	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support 1a	97,8	07.	
	b	Indirect public support 1b			
	C	Government contributions (grants)			
	d	Total (add lines 1a through 1c) (cash \$ 97,807. noncash \$) <u>1d</u>	97,807.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	
•	3	Membership dues and assessments		3_	
2006	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities	1 1 2 7	16	
& &	6 a	Gross rents SEE STATEMENT 1 6a Less rental expenses SEE STATEMENT 2 6b	15,7	26	
N	b		2,1		13,590.
SCANNED SEP	7	Net rental income or (loss) (subtract line 6b from line 6a) Other investment income (describe ► INTEREST INCOME) 6c	6,113.
© Pie		Gross amount from sales of assets other (A) Securities	(B) Other	1 .	0,113.
	0 4	than inventory 8a	(b) other		
	b				
3	C	Gain or (loss) (attach schedule) 8c			
NG.	d			8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here.	▶ □		
الركم	а	Gross revenue (not including \$ of contributions	•		
		reported on line 1a) 9a	51,8		
	b		1,2	~	50 556
	C		STATEMENT		50,556.
	10 a	Gross sales of inventory, less returns and allowances	11,7	70.	
	b	<u> </u>			11,407.
	11	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line Other revenue (from Part VII, line 103)	10a) 51111	4 10c	11,407.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	179,473.
	13	Program services (from line 4 palemin(8)).		13	85,919.
ses	14	Management and general (from into 44, column (C))		14	15,157.
Expenses	15	()		15	
Exp	16	Fundraising (from line 44, column (D)) Payments to affiliates (attables heighles) 2006		16	
	17	Total expenses (and lines to and 44, column (A))		17	101,076.
₍₂₎	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	78,397.
Net Issets	19	Net assets or fund balances and baging of year (from line 73, column (A))		19	456,004.
As	20	Other changes in net assets or fund balances (attach explanation)		20	0.
5230 02-03	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			534,401.
02-03	3-06	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instruction	15.		Form 990 (2005)

P			tions must complete column anizations and section 4947(
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)	ļ				
	(cash \$ 0 • noncash \$ 0					
	If this amount includes foreign grants, check here	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	19,355.	12,774.	6,581.	
27		27				
28	Other employee benefits	28				
29	Payroll taxes	29	1,703.	1,124.	579.	
30	Professional fundraising fees	30				
31	Accounting fees	31	2,275.	1,502.	773.	
32	Legal fees	32				_
33	Supplies	33		_		
34	Telephone	34	884.	583.	301.	
35	Postage and shipping	35	988.	652.	336.	
36	Occupancy	36	6,574.	4,339.	2,235.	
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	477.	477.		_ .
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize):					
a	B	43a				
30 Professional fundraising fees 31 Accounting fees 32 Legal fees 33 Supplies 34 Telephone 35 Postage and shipping 36 6,574 37 Equipment rental and maintenance 37 Requipment rental and maintenance 38 Printing and publications 39 477 40 Conferences, conventions, and meetings 41 Interest 42 Depreciation, depletion, etc. (attach schedule) 42 Depreciation, depletion, etc. (attach schedule) 43a 43b 5 43c 6 43d 8 43d						
C	.	43c				
C	1	43d				
ε	9	43e				
f		431				·
Ç	SEE STATEMENT 5	43g	68,820.	64,468.	4,352.	
44	Total functional expenses. Add lines 22		j			
	through 43. (Organizations completing					
	columns (B)-(D), carry these totals to lines	1				
_	13-15)	44	101,076.	85,919.	15,157.	0.
Jo	int Costs. Check 🕨 🔲 ıf you are following	SOF	98-2.			
Are	any joint costs from a combined educational campa	ıgn ar		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		<u>N/A</u> ,
(iii)) the amount allocated to Management and general \$	3	N/A , and (iv) the amount allocated to	Fundraising \$	N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

	at is the organization's primary exempt purpose? LESERVE HISTORY AND CONSERVE LAND AND WATER RESOURCES	Program Service Expenses
All d	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	PRESERVATION OF THE LOCAL HISTORY THROUGH OPERATION OF A MUSEUM AND CONSERVATION OF THE LAND.	
b	(Grants and allocations \$) If this amount includes foreign grants, check here ► DEVELOP WATER RESOURCES FOR WILDLIFE, WILDLIFE HABITAT AND SWORK WITH OTHER LAND USERS TO CONSERVE WATER.	
<u>c</u>	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	74,238.
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	▶ 85,919.

Form 990 (2005)

	: Whe	ere required, attached schedules and amounts ald be for end-of-year amounts only.	within the description column	(A) Beginning of year		(B) End of year
	AE	Cook non-laterest beauting		1 712	45	3 074
	45 46	Cash · non·interest-bearing Savings and temporary cash investments		1,712. 160,253.	46	3,074. 229,076.
	"	carrigo and temperary cash investments			- 10	
	47 a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47ь		47c	
		-				
		Pledges receivable	48a			
	an b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable	<u> </u>		49	
	50	Receivables from officers, directors, trustees,	' <u> </u>		E0	
ţ	E1 0	and key employees			50	
Assets		Other notes and loans receivable Less: allowance for doubtful accounts	51a		E1.0	
4	52	Inventories for sale or use	13101		51 c 52	
	53	Prepaid expenses and deferred charges	<u> </u>		53	
	54	Investments - securities	Cost FMV		54	
	1	Investments · land, buildings, and			-	
	50 "	equipment: basis	55a			
		oderbinomi sasio				
	Ь	Less: accumulated depreciation	55b		55c	
	56	Investments - other			56	
	57 a	Land, buildings, and equipment: basis	57a 302,251.			
	Ь	· · · · · · · · · · · · · · · · · · ·	57b	294,039.	57c	302,251.
	58	Other assets (describe)		58	
	59	Total assets (must equal line 74). Add lines 4	5 through 58	456,004.	59	534,401.
	60	Accounts payable and accrued expenses	<u> </u>		60	
	61	Grants payable	-		61	
s	62	Deferred revenue	-		62	
Liabilities	63	Loans from officers, directors, trustees, and l	key employees		63	
abil	1	Tax-exempt bond liabilities	-		64a	
Ï		Mortgages and other notes payable		·	64b	
	65	Other liabilities (describe	,) 		65	
	66	Total liabilities. Add lines 60 through 65)		0.	66	0.
		anizations that follow SFAS 117, check here	and complete lines	<u> </u>	00	
	Orgo	67 through 69 and lines 73 and 74.	and complete lines			
es	67	Unrestricted			67	
anc	68	Temporarily restricted	Ī		68	
Bal	69	Permanently restricted	·	-	69	
Pu	Orga	anizations that do not follow SFAS 117, chec	k here ▶ X and			· · · · · · · · · · · · · · · · · · ·
Ţ	•	complete lines 70 through 74.				
S	70	Capital stock, trust principal, or current funds		0.	70	0.
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, ar	F	0.	71	0.
As	72	Retained earnings, endowment, accumulated		456,004.	72	534,401.
Ret	73	Total net assets or fund balances (add lines 67 th				
_		column (A) must equal line 19, column (B) must ed	ual line 21)	456,004.	73	534,401.
	74	Total liabilities and net assets/fund balance	es. Add lines 66 and 73	456,004.	74	534,401.

<u> </u>	SHOT	ANTELOPE	HUNT	FOUND.	23-7449875	Pa

	instructions.)						
а	Total revenue, gains, and other support per audited financial statement	nts				а	N/A
b	Amounts included on line a but not on Part I, line 12:	1	1				
1	Net unrealized gains on investments		b1				
2	Donated services and use of facilities		b2				
3	Recoveries of prior year grants	ļ	b3				
4	Other (specify):		<u>b4</u>				
	Add lines b1 through b4					b	
C	Subtract line b from line a					C	
đ	Amounts included on Part I, line 12, but not on line a:						
1	Investment expenses not included on Part I, line 6b		d1				
2	Other (specify):		d2				
	Add lines d1 and d2					d	
	Total revenue (Part I, line 12). Add lines c and d				<u> </u>	e	
Pε	art IV-B Reconciliation of Expenses per Audited Fina	incial Statements	Wit	h Expenses	per l	Return	
а	Total expenses and losses per audited financial statements					а	N/A
b	Amounts included on line a but not on Part I, line 17:	1					
1	Donated services and use of facilities		<u>b1</u>				
2	Prior year adjustments reported on Part I, line 20		b2				
3	Losses reported on Part I, line 20		b3				
4	Other (specify):		b4				
	Add lines b1 through b4					ь	
C	Subtract line b from line a					С	
d	Amounts included on Part I, line 17, but not on line a:	,					
1	Investment expenses not included on Part I, line 6b	.	<u>d1</u>				
2	Other (specify):		d2				
	Add lines d1 and d2					d	
	Total expenses (Part I, line 17). Add lines c and d				<u> </u>	е	
Pε	art V-A Current Officers, Directors, Trustees, and Ke				an o	fficer, dır	ector, trustee,
	or key employee at any time during the year even if they we	(B) Title and average hours	$\overline{}$	ne instructions.) C) Compensation	(D)co	ntsbutions (o (E) Expense
	(A) Name and address	per week devoted to	` {i	lf not paid, enter	pians	ntributions i byee benefit & deferred	ather alleumanes
		position	╀	-0)	compe	nsation plar	s other allowances
ë ë	CHAMENIN 6			0		0	
ŜĒ	E STATEMENT 6			0.		0	. 0.
SĒ	E STATEMENT 6			0.		0	. 0.
SĒ	E STATEMENT 6			0.		0	. 0.
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<u>SE</u>	E STATEMENT 6			0.		0	. 0.
<u>SE</u>	E STATEMENT 6			0.		0	. 0.
	CE STATEMENT 6			0.		0	0.
	E STATEMENT 6			0.		0	0.
SE	E STATEMENT 6			0.		0	. 0.
SE	E STATEMENT 6			0.		0	. 0.
SE	E STATEMENT 6			0.		0	. 0.
SE	E STATEMENT 6			0.		0	. 0.
SE	E STATEMENT 6			0.		0	Form 990 (2005)

Part VII	Analysis of Income-P	Producing Activitie	S (See the instruction	s.)		
Note: Ent	er gross amounts unless otherw	/IS U	related business income		ded by section 512, 513, or 514	(E)
indicated.		(A) Busines	(B)	(C) Exclu-	(D)	Related or exempt
93 Progr	am service revenue:	code	SS Amount	sion code	Amount	function income
а						
_						
		· · · · · · · · · · · · · · · · · · ·	-			
e						····
	care/Medicaid payments					,
	and contracts from government	agencies				
-	bership dues and assessments	. agonoloo		<u> </u>		
	st on savings and temporary cash in	vestments				
	ends and interest from securitie	1				<u> </u>
	ental income or (loss) from real e	· — — — — — — — — — — — — — — — — — — —				
	financed property	ssiate.				
	ebt-financed property		 			13,590
	ental income or (loss) from perso	anal proporty				10/330
	r investment income	onal property				6,113
		-				0/113
	or (loss) from sales of assets					
	than inventory	to	-			50,556
	ncome or (loss) from special eve					11,407
102 Gross	s profit or (loss) from sales of inv	rentory				11/40/
	revenue.					
a			- 			
						
			-			
404 Outst	and forder on the second (D) (D) and (<u> </u>		0.	0.	81,666
	otal (add columns (B), (D), and (· · · · · · · · · · · · · · · · · · ·		U • j	•	0.4 6.6.6
	i (add line 104, columns (B), (D), • 105 plus line 1d, Part I, should		no 12 Port I			01,000
	Relationship of Activ			omnt Du	rnasas (Saa tha instruc	tions)
Line No.	Explain how each activity for which				· · · · · · · · · · · · · · · · · · ·	
TINE NO.	exempt purposes (other than by p			ipatea impor	tantiy to the accomplishment	or the organization's
	SEE STATEMENT		arposos,			
	SEE STATEMENT	<i>'</i>				
			-			
	= =					
Part IX	Information Regardir	ng Tayable Subsid	liaries and Disred	arded F	ntities (See the instructi	one l
<u> </u>	(A)	(B)	(C)	jui aca Ei	(D)	(E)
Name, a	ddress, and EIN of corporation, ership, or disregarded entity	Percentage of	Nature of activities		Total income	End-of-year
ранн	ership, or disregarded entity	ownership interest %				assets
	N/A	%			<u> </u>	
	N/A	%			 	
-		%			<u></u>	
Part X	Information Regardir	**	ciated with Perso	nal Ren	efit Contracts (See #	ne instructions)
					•	
	he organization, during the year, rec	•		•		
	he organization, during the year, pay	• • • • •	• • •	ient contract	,	Yes _X No
	"Yes" to (b), file from 8870 and	have examined this return, inc	tions).	les and stateme	ents, and to the best of my knowle	dge and belief, it is true.
Please	Under penalties of perjury, I declare that correct, and complete Declaration of pre	parer (officer than officer) is base	ed on all information of which r	preparer has an	y knowledge	✓ ··········· ✓
Sign Here	Signature of officer	sruey_		Type or s	print name and title	
11616		A	Dare .	Date	Check if	Preparer's SSN or PTIN
Paid	Preparer's	1/2/	CPA	2/0	/ self	ا ا
Preparer's	signature Firm's name (or MCKEE,	MARBURGER &	FAGNANT, P	17/8/	employed employed	P0036230-
Use Only	vours if	MARBURGER & JTH 5TH STRE		.c., c	PA'S EIN ►	
523163 02-03-06		WY 82520	ŗΙ			307-332-4545
	ZIP+4 LANDER,	WI OZJZU			Phone no 💌 🤄	, しょーこうとーせいせい

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

2005

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

ONE SHOT ANTELOPE HUNT FOUND. 23 7449875 Part I 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") (e) Expense count and other (b) Title and average hours d) Contributions t (a) Name and address of each employee paid employee benefit plans & deferred compensation per week devoted to (c) Compensation more than \$50,000 allowances NONE Total number of other employees paid 0 over \$50,000 Part II-A 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 NONE Total number of others receiving over 0 \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over 0 \$50,000 for other services

Fai	Note: You may use the	e worksheet in the instr	uctions for converting	from the accrual to the	cash method o	of accour	nting.
	dar year (or fiscal year ning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	56,525.	105,942.	72,506.	53,2	39.	288,212.
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	42,339.	49,508.	49,751.	39,2	61.	180,859.
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 organization after June 30, 1975	18,199.	16,397.	17,942.	19,4		72,025.
19	Net income from unrelated business		10,00,0	1,7512.	10,1	<u> </u>	7270231
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities 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						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22	117,063.	171,847.	140,199.	111,9	87.	541,096.
24	Line 23 minus line 17	74,724.	122,339.	90,448.	72,7	26.	360,237.
25	Enter 1% of line 23	1,171.	1,718.	1,402.	1,1	20.	
26	Organizations described on lines 10) or 1 1: a Enter 2% of a	imount in column (e), line	24	>	26a	7,205.
b	Prepare a list for your records to sho	w the name of and amour	nt contributed by each per	rson (other than a govern	imental		
	unit or publicly supported organization	on) whose total gifts for 2	001 through 2004 exceed	led the amount shown in	line 26a		
	Do not file this list with your return.				>	26b	157,236.
C	Total support for section 509(a)(1) to				>	26c	360,237.
d	Add Amounts from column (e) for it	 	72,025. 19	157,230	<u>-</u>	004	229,261.
_	Dublin august (line 06a minus line 0	22	26b _	137,23	<u>• • </u>	26d 26e	130,976.
6	Public support (line 26c minus line 2 Public support percentage (line 26c		lino 76a (donominator))	•		26f	36.3583%
<u>'</u> _ 27	Organizations described on line 12:			t ware received from a "d	icqualified percen		
-,	records to show the name of, and to		ch year from, each "disqu			ur return.	•
b	For any amount included in line 17 th		•			-	show the name of
•	and amount received for each year, t						
	described in lines 5 through 11b, as		•	•	• •		*
	the larger amount described in (1) or (2004)		se differences (the excess				
C	Add Amounts from column (e) for li	nes 15	·	16	·	•	
				21		27c	N/A
đ	Add Line 27a total	and	i line 27b totai			27d	N/A
e	Public support (line 27c total minus	line 27d tota!)		1 2	.	27e	N/A
f	Total support for section 509(a)(2) to			L	N/A		/-
g	Public support percentage (line		-		•	27g	N/A %
<u>h</u>	Investment income percentage					27h	N/A %
7R I	Inusual Grants: For an organization	described in line 10 11	or 12 that received any in	Anc pairtib attern ferrance	1 through 2004 i	arenare a	list for your records to

29	Does the organization have a recally pendicorrespectant adjust toward students by statement in the shocker by laws at her constitutions.		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,	29		
•	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	- 30		
	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	1	
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		_		
32	Does the organization maintain the following	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
a	admissions, programs, and scholarships?	32c	-	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d		
	If you allowered two 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	-		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
1	Use of facilities?	331		
g	Athletic programs?	_33g		
h	Other extracurricular activities?	33h	ļ	
	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		
þ	, , , , , , , , , , , , , , , , , , ,	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,			
	1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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.

2	2	_7	7 /	1	a	Q	7	5	
,	٠,	/	4	4	7	$^{\sim}$	•	- 3	

<u>Schedu</u> le	A (Form 990 or 990-EZ) 2005	5 ONE SHOT ANTELO	PE HUNT FOUN	D. 23-7	449875	Page 6
Part		garding Transfers To and zations (See page 12 of the instri		Relationships With Noncha	ritable	
51 D		lirectly or indirectly engage in any of t		organization described in section		
5	01(c) of the Code (other than s	section 501(c)(3) organizations) or in	section 527, relating to po	itical organizations?		
a T	ransfers from the reporting or	ganization to a noncharitable exempt	organization of		Ye	
	(i) Cash				51a(i)	X
•	ii) Other assets				a(ii)	X
	ther transactions				L/33	v
	• •	ets with a noncharitable exempt organ	nization		b(i)	X
•	•	noncharitable exempt organization			b(ii) b(iiı)	X
•	ii) Rental of facilities, equipmev) Reimbursement arrangeme	•			b(iv)	X
	v) Loans or loan guarantees	5111,5			b(v)	X
	-	r membership or fundraising solicitati	ions	•	b(vi)	X
		, mailing lists, other assets, or paid er			C	Х
		-	-	lways show the fair market value of the		
g	oods, other assets, or services	s given by the reporting organization	If the organization received	less than fair market value in any		
tr	ansaction or sharing arrangen	nent, show in column (d) the value of	f the goods, other assets, or	services received	N/	Α
(a)	(b)	(c)		(d)		
Line no	Amount involved	Name of noncharitable exe	empt organization	Description of transfers, transactions, ar	o snaring arrang	ements
_						
<u> </u>	the example the directly or in	I dispetit efficient with a seleted to a		l		
	•		me or more tax-exempt org	anizations described in Section 501(c) of the		X No
					ies [
	(a		(b)	(c)		
	Name of or	ganization	Type of organization		nship	
-						
		=				
					 	
						
	Amount involved Name of noncharitable exempt organization Description of transfers, transactions, an provided in section of transfers, transactions, and provided in section					
						

FORM 990	RENTAL	INCOME			STATEMENT	1
KIND AND LOCATION OF PROPE	ERTY			IVITY MBER	GROSS RENTAL INC	OME
BUILDING, LANDER, WY				1	15,7	16.
TOTAL TO FORM 990, PART I,	LINE 6A			=	15,7	16.
FORM 990	RENTAL	EXPENSES			STATEMENT	2
DESCRIPTION		ACTIVITY NUMBER	AMOUN'	T	TOTAL	
REPAIRS & MAINTENANCE	- SUBTOTAL	- 1	2	,126.	2,1	26.
TOTAL TO FORM 990, PART I,	LINE 6B				2,1	.26.
FORM 990 S	SPECIAL EVEN	TS AND ACTI	VITIES		STATEMENT	3
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT.	GROSS REVENUE	DIREG EXPEN		ΙE
AUCTION PROCEEDS	51,825.		51,825.	1,2	69. 50,5	56.
TO FM 990, PART I, LINE 9	51,825.	**************************************	51,825.	1,2	69. 50,5	56.

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10) 	STATEMENT 4
INCOME			
2. RETURNS AND ALLO	WANCES	11,777	11 777
		272	11,777
5. GROSS PROFIT (LI	LD (LINE 13)	370	11,407
COST OF GOODS SOLD			
7. MERCHANDISE PURC 8. COST OF LABOR . 9. MATERIALS AND SU	INNING OF YEAR	370	
10. OTHER COSTS 11. ADD LINES 6 THRO	UGH 10		370
	OF YEAR		370

SANDY, UT 84093

	OTHEI	R EXPENSES		STAT	EMENT	
	(A)	(B) PROGRAM	(C) MANAGEMEN	lub	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENER		DRAISI	NG
INSURANCE	3,834.	2,530.	1,3	04.		
OFFICE EXPENSE	7,800.	5,148.	2,6	52.		
PROPERTY TAXES	965.	637.		28.		
MUSEUM EXPENSE	1,082.	1,082.				
MISCELLANEOUS	214.	214.				
WATER CONSERVATION						
PROJECTS	36,661.	36,661.				
MEETING EXPENSE	483.	483.				
SPECIAL PROJECTS	100.	100.				
EXPENSE	17,582.	17,582.				
ADVERTISING	199.	131.		68.		
						
TOTAL TO FM 990, LN 43	68,820.	64,468.	4.3	352.		
				 		
		TITLE AND	COMPEN-	EMPLOYEE BEN PLAN	EXPEN	
NAME AND ADDRESS		TITLE AND VRG HRS/WK	COMPEN- SATION		EXPEN	
NAME AND ADDRESS JOHN MAYFIELD 740 S. STATE STREET UKIAH, CA 95482	A			BEN PLAN	EXPEN	NT
JOHN MAYFIELD 740 S. STATE STREET	DI:	VRG HRS/WK 	SATION	BEN PLAN CONTRIB	EXPEN	
JOHN MAYFIELD 740 S. STATE STREET UKIAH, CA 95482 MICKEY ASBELL PO BOX 911 RIVERTON, WY 82501	A' DI	VRG HRS/WK RECTOR 0.00 ESIDENT	SATION 0.	BEN PLAN CONTRIB	EXPEN	Т И
JOHN MAYFIELD 740 S. STATE STREET UKIAH, CA 95482 MICKEY ASBELL PO BOX 911 RIVERTON, WY 82501 JIM KING 1005 COUNTRY CLUB ROAD	A' DI	VRG HRS/WK RECTOR 0.00 ESIDENT 0.00	SATION 0.	BEN PLAN CONTRIB	ACCOU!	0 0
JOHN MAYFIELD 740 S. STATE STREET UKIAH, CA 95482 MICKEY ASBELL PO BOX 911 RIVERTON, WY 82501 JIM KING 1005 COUNTRY CLUB ROAD RIVERTON, WY 82501 JIM HANNON	PR:	VRG HRS/WK RECTOR 0.00 ESIDENT 0.00 CE PRESIDENT 0.00 RECTOR	0. 0.	O. O.	ACCOU	0 0
JOHN MAYFIELD 740 S. STATE STREET UKIAH, CA 95482 MICKEY ASBELL PO BOX 911 RIVERTON, WY 82501 JIM KING 1005 COUNTRY CLUB ROAD RIVERTON, WY 82501	PR:	VRG HRS/WK RECTOR 0.00 ESIDENT 0.00 CE PRESIDENT 0.00	0. 0.	O.	ACCOU	0 0
JOHN MAYFIELD 740 S. STATE STREET UKIAH, CA 95482 MICKEY ASBELL PO BOX 911 RIVERTON, WY 82501 JIM KING 1005 COUNTRY CLUB ROAD RIVERTON, WY 82501 JIM HANNON 2823 LONDON LANE	PRI VIO	VRG HRS/WK RECTOR 0.00 ESIDENT 0.00 CE PRESIDENT 0.00 RECTOR	0. 0.	O. O.	ACCOU	0 0

ONE SHOT ANTELOPE HUNT FOU	ND.		23-74	149875
HOWARD HENNING 1351 W. WILLIAMS AVE FALLON, NV 89406	DIRECTOR 0.00	0.	0.	0.
JACK SCARLETT	EXECUTIVE VICE-	PRESIDENT		
350 GRAND VIEW DR LANDER, WY 82520	0.00	0.	0.	0.
DON ROCHELEAU	SECRETARY/TREASU	JRER		
1025 PLYMOUTH S.E. E. GRAND RAPIDS, MI 49506	0.00	0.	0.	0.
BEN FREEDMAN	DIRECTOR			
143 AMORETTI LANDER, WY 82520	0.00	0.	0.	0.
JAY MANCINI	DIRECTOR			
465 CALIFORNIA ST, STE 1010 SAN FRANCISCO, CA 94104	0.00	0.	0.	0.
GARY SCHLESSMAN	DIRECTOR			
1301 PENNSYLVANIA AVE #800 DENVER, CO 80203	0.00	0.	0.	0.
AL WORDEN	DIRECTOR			
4449 OAK ARBOR CT GRAND RAPIDS, MI 49525	0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990,	PART V	0.	0.	0.
,	=====			·
	RELATIONSHIP OF ACTIVIT SHMENT OF EXEMPT PURPOS		STATEME	NT 7
LINE EXPLANATION OF RELATION	ONSHIP OF ACTIVITIES			
97B RENTAL FROM PORTION O				
INTEREST ON FUNDS SET	ASIDE FOR FUTURE PRESI	ERVATION AND (CONSERVAT	ION

SALES OF BOOKS AND MERCHANDISE RELATED TO THE ONE SHOT FOUNDATION

NET PROCEEDS OF AUCTION HELD AS A FUND RAISER

99

101

102

PROJECTS