

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF** 

Department of the Treasury Internal Revenue Service

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

			ten year zorr or tax yea	ii beginning		, and ending	T					
	Na	me o	f foundation				A Em	ployer identification	n number			
	CARING FOUNDATION OF WYOMING							02 0200601				
	_					Room/suite		3-029260	L			
			•	if mail is not delivered to street		B Telephone number						
			BOX 2266			07-432-2						
			own, state, and ZIP code	82003			Clifex	emption application is	pending, check here			
				┥								
	Gi	neck	all that apply:	] Initial return ] Final return	ו טן 1. ו	Foreign organization	ns, check here					
			<u> </u>	_ F	Foreign organizations makes here and attach of	neeting the 85% test,						
		 Nh1		→ <sup>2</sup> °	check here and attach o	computation						
	H (	_	type of organization			atus was terminated						
	<u></u>		ction 4947(a)(1) nonexen	<del></del>	Other taxable private founda	X Accrual		der section 507(b)(				
				end of year   J Account	=	Accrual			60-month termination			
		om : -\$	Part II, col (c), line 16)		ther (specify) imn (d) must be on cash l	hacie I	unc	der section 507(b)(	I)(B), check here			
	_	irt I							(d) Disbursements			
		21 6 1	(The total of amounts in colunecessarily equal the amount	nd Expenses umns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(	c) Adjusted net income	for charitable purposes			
		1			276,863.	> *		Ν/A	(cash basis only)			
		1 2	Contributions, gifts, gran	on is not required to attach Sch. B	270,803.			IV/A				
		3	Interest on savings and temp		145,111.	145,111		······································	STATEMENT 1			
		4	Dividends and interest from	om egeuritige	140,111.	<u> </u>	•		DIVIEWEMI'T			
2012		1 .	Gross rents	om securities								
က			Net rental income or (loss)			÷ ,	>>	74 4 ,	<del></del>			
<b>~</b>		1 _	Net gain or (loss) from sale of	Connets not on line 10	7,192.							
Z	ĭue	b	Gross sales price for all	95,532.	7,1520							
JUN 1	Revenue	1	Capital gain net income (from		>,	7,192		, DEO				
	æ		Net short-term capital ga			,,,,,,,,	1	REC	HIVED			
		9	Income modifications		,	, 4 , 2 ,			38			
Ž			Gross sales less returns and allowances	1		<del></del>		S JUN 1	1 2012   9			
SCANNED		Ι.	Less Cost of goods sold	1 11 1			1		82			
ठ			Gross profit or (loss)	<u> </u>		2/	ļ	000	CALLIT			
ഗ			Other income					OGD	<del>LIV, U I</del>			
		12	Total Add lines 1 through	gh 11	429,166.	152,303	•					
		13	Compensation of officers, dir	ectors, trustees, etc	0.	0	•		0.			
		14	Other employee salaries	and wages								
		15	Pension plans, employee	e benefits								
	ses	16a	Legal fees									
	Sen	Ь	Accounting fees									
	EX	C	Other professional fees				_					
	<u>×</u>	17	Interest									
	trat	18	Taxes	STMT 2	3,121.	0	•		0.			
	nisi	19	Depreciation and depletion	on								
	Ē	20	Occupancy									
	¥	21	Travel, conferences, and	meetings								
	auc	22	Printing and publications			·····						
	g.	23	Other expenses	STMT 3	444,966.	16,416	•		428,550.			
	Operating and Administrative Expen	24	Total operating and adm	ninistrative								
	be		expenses. Add lines 13 t	through 23	448,087.	16,416	•		428,550.			
	O	25	Contributions, gifts, gran	its paid	5,350.				5,350.			
		26	Total expenses and disb	oursements								
			Add lines 24 and 25	<del>" </del>	453,437.	16,416	•		433,900.			
		27	Subtract line 26 from line	e 12 <sup>.</sup>								
		a	Excess of revenue over exper	nses and disbursements	-24,271.							
		b	Net investment income	(if negative, enter -0-)		135,887	<u>.</u>					
	1005	<u> </u>	Adjusted net income (if n	negative, enter -0-)	l		1	N/A				

83-0292601

Form **990-PF** (2011)

CARING FOUNDATION OF WYOMING

Form 990-PF (2011)

Part IV	Capital Gains	and Lo	osses for Tax on In	rvestmen	t Income						
			ind(s) of property sold (e.g or common stock, 200 sha			( <b>b)</b> I D	How ac - Purc - Dona	cquired hase hase	(c) Date (mo.,	acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a COM	IERICA							P	VARI	OUS	VARIOUS
b BAN	K OF AMERIC	A/ME	RRILL LYNCH					P	VARI	OUS	VARIOUS
_c				<del> </del>							
<u>d</u>			· <del>- · - · · · · · · · · · · · · · · · ·</del>	·		ļ					
_ <u>e</u>	<del></del>				<del> </del>	Ц,		ļ			
(e)	Gross sales price	(t)	Depreciation allowed (or allowable)		st or other basis expense of sale				(h) ( (e) plu	Sain or (loss s (f) minus	(g)
_a	85,500.				78,49						7,005
_b	10,032.				9,84	5.					187
					<del></del>						
<u>d</u>	-										
Compl	ete only for assets showin	u uain in	column (h) and owned by t	the foundation	on 12/31/60	-			I) Course (f	Cal (b) sava	
	oto omy for assets showing		(i) Adjusted basis		cess of col. (1)				ıl. (k), but	Col. (h) gain not less tha	n -0-) or
(ı) F I	M V. as of 12/31/69		as of 12/31/69		col (j), if any				Losses	(from col	(h))
a											7,005.
b		···									187.
C					· · · · · · · · · · · · · · · · · · ·						20,
d			· -								····
е											
			C If gain, also enter	ın Part I. line	7	1					
2 Capital (	gain net income or (net cap	oital loss	$ \begin{cases}     \text{If gain, also enter} \\     \text{If (loss), enter -0-} \end{cases} $	- in Part I, line	7	P L	2				7,192.
	rt-term capital gain or (los also enter in Part I, line 8, (		ined in sections 1222(5) an			١					
	, enter -0- in Part I, line 8	Joiumin (	<i>u).</i>			1	3			N/A	
Part V		nder S	Section 4940(e) for	Reduced	Tax on Net	Inve	estm	ent Inc	come		·
If "Yes," the	foundation does not quali	fy under	tax on the distributable am section 4940(e). Do not coi mn for each year; see instru	mplete this pa	ırt						Yes X No
Calendar	(a) Base period years year (or tax year beginnin	a in)	(b) Adjusted qualifying dist	tributions	Net value of no	(c) nchari	ıtable-ı	use assets		Distrit	(d) oution ratio rided by col. (c))
<u> </u>	2010	9 !!!)		0,050.		4	59	7,017		(001. (0) 014	.080498
	2009			5,333.				7,688			.108448
	2008			8,608.				5,776			.089963
	2007		18:	9,568.				0,774			.203667
	2006										
	line 1, column (d)								2		.482576
			se period - divide the total o	n line 2 by 5,	or by the number	of yea	ırs				
the foun	dation has been in existen	ce if less	than 5 years						3		.120644
4 Enter the	a not value of noncharitchl		sets for 2011 from Part X, I	ına E						•	4 007 E14
4 CINEFUI	s het value of honohamadi	e-use as:	sets for 2011 from Part A, ii	ille 5					4		<u>4,927,514.</u>
5 Multiply	line 4 by line 3								5		594,475.
6 Enter 1%	6 of net investment incom	e (1% of	Part I, line 27b)						6		1,359.
7 Add line	c F and C										E05 004
7 Add line:	o o allu d								7		595,834.
8 Enter au	alifying distributions from	Part XII	line 4						8		433,900.
			eck the box in Part VI, line	1h and come	lete that nart using	12 10/	k tav r	ate			200,000.
	Part VI instructions.			io, and comp	ioto that part ushi	ju 1/1	v 10A 16				
	***		<del></del>		-						OOO DE (0044)

	n 990-PF (2011) CARING FOUNDATION OF WYOMING		<u>0292</u>			Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948	- see ir	nstri	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			2,7	18.
	of Part I, line 27b					
C	: All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	İ				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0.
3	Add lines 1 and 2	3			2,7	18.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.	
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			2,7	18.
6	Credits/Payments*			-		
а	a 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 3, 200.	.]				
b	Exempt foreign organizations - tax withheld at source 6b					
C	: Tax paid with application for extension of time to file (Form 8868)	1	ļ			
d	I Backup withholding erroneously withheld 6d	] '				
7	Total credits and payments Add lines 6a through 6d	7			3,2	00.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			4	82.
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	11				0.
	art VII-A Statements Regarding Activities				-	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	e in			Yes	No
	any political campaign?			1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		Ī	1b		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	ed or				<u>``</u> .
	distributed by the foundation in connection with the activities			•		*.'
C	Did the foundation file Form 1120-POL for this year?			1c	Ì	Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		Ī	,,}		- ","
	(1) On the foundation. $\blacktriangleright$ \$ 0 . (2) On foundation managers. $\blacktriangleright$ \$ 0 .			3/15	· ` "	1.
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•		,×** }∢	Ī	4. ×
	managers. ▶ \$ 0 .			' /		", '
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		х
	If "Yes," attach a detailed description of the activities		Ī	^	,	- 3
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	or				}
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		1	3	]	x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Ī	4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		•	5		Х
	If "Yes," attach the statement required by General Instruction T		Ī	,		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.				¥	, )
	By language in the governing instrument, or		j			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law	[			
	remain in the governing instrument?			6	х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	Х	
	If "Yes," complete Part II, col (c), and Part XV		Ī		,	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				,	,
	WY					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	endar	Ī			
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		ľ	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		ſ	10		X

		<u>-0292601</u>		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privile	ges?		
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			·
14	The books are in care of ▶ DIANE GORE  Telephone no ▶3	07 - 432 - 2	791	
•		+4 <b>►</b> 82001		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	P <u>02002</u>		$\Box$
••	and enter the amount of tax-exempt interest received or accrued during the year	.l N	[/A	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	10	Ц	
	country	İ		,
P۶	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
_			Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		162	NO
18	During the year did the foundation (either directly or indirectly):	;,, ∣		;
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	& No		1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	· · · ·		,
	a disqualified person?		, i	, ;
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		<i>5</i> ,	* *
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No	í	1
	(5) Transfer any income or assets to a disqualified person (or make any of either available	_	*	
	for the benefit or use of a disqualified person)?	X∐No   ₃	3 .	1
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	ıf the foundation agreed to make a grant to or to employ the official for a period after	,	,	
	termination of government service, if terminating within 90 days.)	& No	\ 3	1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		ľ.,	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here	▶ 🗌	4	,
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			_
	before the first day of the tax year beginning in 2011?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			,
	defined in section 4942(j)(3) or 4942(j)(5)).			, [
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		٠,	1
	before 2011?	X No	`	1
	If "Yes," list the years , , , ,		, s . 22	
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect		* **	٠ ،
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			!
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A 2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
Ť	b	,		
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		,	
Ju	during the year?	χ No I	`	,
h	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after	~ ""		
J	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disposi	اا		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	VI/20   01		
4-		N/A 3b		· v
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			37
	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		<u>X</u>
		Form <b>990</b>	-PF (2	2011)

Form 990-PF (2011) CARING FOUNDATION OF WYO			<u>83-02926</u>	<u> 501</u>	Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗶 No		
(2) Influence the outcome of any specific public election (see section 4955), or	or to carry on, directly or indi			1	İ
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	3?	Y	es X No	:	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			ļ	-
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y	es X No		ł
(5) Provide for any purpose other than religious, charitable, scientific, literary.	, or educational purposes, or				
the prevention of cruelty to children or animals?		Y	es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	ın Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check t	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f	rom the tax because it mainta	nned			
expenditure responsibility for the grant?	ì	1/A 🔲 Y	es No		
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)		į		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		į		
a personal benefit contract?		Y	es X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b	Х
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Y	es X No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribution	utable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust		anagers, Highl			
Falu Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	, <del></del>		I ( 8 -		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address	to position	enter -0-)	compensation	allo	owances
		_			
SEE STATEMENT 4		0.	0.		0.
				<b></b>	
				,	
2 Compensation of five highest-paid employees (other than those inc	hudad on line 1). If none	ontor (MONE !		<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter NONE."	(d) Contributions to employee benefit plans	(9)	Fxnense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	and deterred	acco	Expense unt, other
NOVE	devoted to position		compensation	allo	wances
NONE					
				<b></b>	
				<u> </u>	
		1			
				-	
Table number of other employees and over \$50,000		L		L	
Total number of other employees paid over \$50,000					0

	<u>3-029260</u>	) 1 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	; (c	) Compensation
NONE		
	,	
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	0
Part IX-A Summary of Direct Charitable Activities	•	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	Evi	2000
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	CXI	penses 
PROVIDED HEALTH EXPENDITURES FOR THE BENEFIT OF ECONOMICALL	Y	
DISADVANTAGED WYOMING RESIDENTS		
	4	44,010.
2	$\dashv$	
	<del> </del>	
3		
<u> </u>	<del></del>	
1		
Part IX-B   Summary of Program-Related Investments	<del></del>	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	An An	nount
I N/A		
		<del></del>
	$\dashv$	
All other program-related investments. See instructions.		
3		
Fotal, Add lines 1 through 3	▶	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations	, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	4,967,588.
b	Average of monthly cash balances	1b	34,964.
C	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	5,002,552.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3	Subtract line 2 from line 1d	3	5,002,552.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	<u>75,038</u> .
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,927,514.
6	Minimum investment return Enter 5% of line 5	6	246,376.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	246,376.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI.)	, .	
c	Add lines 2a and 2b	2c	2,718.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	243,658.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	243,658.
6	Deduction from distributable amount (see instructions)	6	<u> </u>
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	243,658.
Р	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		400.000
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	_1a	433,900.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	٠.	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	<u>3b</u>	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	433,900.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income. Enter 1% of Part I, line 27b	5	422 222
5	Adjusted qualifying distributions Subtract line 5 from line 4	6	433,900.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	r the section

Form **990-PF** (2011)

4940(e) reduction of tax in those years.

Form 990-PF (2011)

Part XIII Undistributed Income (see instructions)

art XIII Undistributed Income (see inst	(a)	(b) Years prior to 2010		(c) 2010	( <b>d)</b> 2011
	Corpus	Years prior to 2010	-		0.42 650
Distributable amount for 2011 from Part XI,					243,658.
line 7					
Undistributed income, if any, as of the end of 2011				0.	
a Enter amount for 2010 only					
b Total for prior years			0.		
Excess distributions carryover, if any, to 2011:					
a From 2006				\	ţ
b From 2007 143,585.			{		
c From 2008 121,276.			l l	1	
d From 2009 171,811.					
e From 2010 143,362.					
† Total of lines 3a through e	580,034.				<u> </u>
Qualifying distributions for 2011 from				{	
Part XII, line 4: ►\$ 433,900 •			1	0.	
a Applied to 2010, but not more than line 2a					,
a Applied to 2010, but not more than and					=
b Applied to undistributed income of prior	,		0.		
years (Election required - see instructions)					
c Treated as distributions out of corpus	0.				243,658
(Election required - see instructions)					22070
d Applied to 2011 distributable amount	190,242.				0
e Remaining amount distributed out of corpus	0.				
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount			- (		-
must be shown in column (a) )	× 0°		*		ľ
6 Enter the net total of each column as	` *		1		
indicated below:	770,276				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5					
b Prior years' undistributed income. Subtract	,		0.		
line 4b from line 2b					
c Enter the amount of prior years'			}		
undistributed income for which a notice of deficiency has been issued, or on which			1	,	,
the section 4942(a) tax has been previously			0.	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
assessed		1			
d Subtract line 6c from line 6b. Taxable			0.		
amount - see instructions					
e Undistributed income for 2010. Subtract line			1	0	•
4a from line 2a. Taxable amount - see instr.				······································	
f Undistributed income for 2011. Subtract			l		
lines 4d and 5 from line 1. This amount must					
be distributed in 2012					
7 Amounts treated as distributions out of					
corpus to satisfy requirements imposed by	,				
section 170(b)(1)(F) or 4942(g)(3)		0.			
8 Excess distributions carryover from 2006					
not applied on line 5 or line 7		<u> </u>			
9 Excess distributions carryover to 2012					
Subtract lines 7 and 8 from line 6a	770,27	5.			
		{	{		
10 Analysis of line 9					
a Lacess Home 2007					
LACESS HOTT 2000					
d Excess from 2009 d Excess from 2010 143,362.			1		
1E from 9040 1 14.3 . 3 0 4 *	i e	1	ì		Form <b>990-PF</b> (2

Form 990-PF (2011) CARING Part XIV Private Operating F	FOUNDATION	OF WYOMING	1 A	83-02	92601 Page 10
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	I-A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	•	•	. ▶ ∟	14040(1/0)	101115
b Check box to indicate whether the found		ig foundation described i		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2010	Prior 3 years	(d) 2008	(a) Takal
income from Part I or the minimum	(a) 2011	( <b>u</b> ) 2010	(c) 2009	(0) 2000	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a	<u> </u>				
c Qualifying distributions from Part XII,			}		
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets					j
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			<u> </u>		
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5 000 or mo	re in assets
at any time during t	he year-see instr	uctions.)	ii tile loullautioi	· παα φο,σσσ σι πιο	ne in assets
1 Information Regarding Foundation	n Managers	•			
a List any managers of the foundation wh	-	han 2% of the total contr	ributions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed n			induction to to the total by the		o or any tax
NONE					
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation (	or an equally large port	on of the ownership of a pa	ertnership or
other entity) of which the foundation has			an equally large perm	on or mo onnoromp or a po	. thoromp or
NONE					
2 Information Regarding Contributi	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation o				not accept unsolicited requi	ests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations u	nder other conditions, c	omplete items 2a, b, c, and	d.
a The name, address, and telephone num		<del></del>			
a riio namo, address, and telephone flum	or are person to willin	· apprioutions silvatu DC	aaai ooooU,		
<b>b</b> The form in which applications should b	e submitted and informat	on and materials they sh	ould include:		
c Any submission deadlines					
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields,	kınds of institutions, or	other factors:	

<b>b</b> Approved for future payment			
NONE			
Total	 <u> </u>	<u> </u> 3b	0.

	ducing Activition				
nter gross amounts unless otherwise indicated.		business income		by section 512, 513, or 514	(e)
_	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Anount	Interior medite
<u>a</u>	1 1		+		
b			<del>  </del>		
<u>c</u>	1 1		<del> </del>		
d	I I		<del>  </del>		
e			+		
			-		
g Fees and contracts from government agencies					
Membership dues and assessments			<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·
3 Interest on savings and temporary cash			14	145 111	
Investments	<del>                                     </del>		<del>  14</del>   -	145,111.	<del></del>
Dividends and interest from securities			<del>  </del> -		
5 Net rental income or (loss) from real estate: a Debt-financed property			<del>                                     </del>		
a Debt-financed property b Not debt-financed property			<del>  </del>		12.4
Not debt-illianced property  Net rental income or (loss) from personal			+ +	-	
, , ,					
property 7 Other investment income			<del>  </del>		
B Gain or (loss) from sales of assets other			<del>                                     </del>		- v- · · · · · · · · · · · · · · · · · ·
• •			18	7,192.	
than inventory  Net income or (loss) from special events			10	1,134.	
O Gross profit or (loss) from sales of inventory					
1 Other revenue:			<del>                                     </del>		
					-
b					
d	l l		<del>                                     </del>		
e					<del>-</del> -
2 Subtotal. Add columns (b), (d), and (e)		0.	<del>                                     </del>	152,303.	0
3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	<u></u>	<del></del>	13	152,303
See worksheet in line 13 instructions to verify calculations	.)				101,000
		nlishment of Ev	vemnt E	Durnosas	
MART A VI-B   REPATIONS OF A CTIVITIES		ipiioriiiiciit oi L	·····	<u> </u>	
Part XVI-B Relationship of Activities					
ine No. Explain below how each activity for which ii			contribute	ed importantly to the accomp	lishment of
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the			contribute	ed importantly to the accomp	IISTIMENT OF
ine No. Explain below how each activity for which ii			contribute	d importantly to the accomp	ishment of
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the			contribute	d importantly to the accomp	iishment of
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the			A contribute	d importantly to the accomp	iishment of
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the			A contribute	d importantly to the accomp	ishment of
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the			\ contribute	d importantly to the accomp	ishment of
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the			\ contribute	d importantly to the accomp	ishment of
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the			contribute	d importantly to the accomp	iishment of
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the			contribute	d importantly to the accomp	ishment of
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the			contribute	d importantly to the accomp	ishment of
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the			contribute	d importantly to the accomp	lishment of

		Exempt Organ	nizations						
1	Did the	organization directly or indi	rectly engage in any of the follow	ing with any other organization	on described in secti	on 501(c) of		Yes	No
	the Code	e (other than section 501(c	c)(3) organizations) or in section (	527, relating to political organ	uzations?				
a			lation to a noncharitable exempt o						
	(1) Cas		•				1a(1)		Х
		er assets					1a(2)		X
b		insactions:					10,27		
Ü		es of assets to a noncharita	able evernat organization				16(1)		х
			oncharitable exempt organization				1b(2)		X
		tal of facilities, equipment,	· -						X
	• •	nbursement arrangements					1b(3)		X
	` '	· ·	•				1b(4) 1b(5)		
									X
_							1b(6)		_ <u>X</u>
			ailing lists, other assets, or paid e		wave about the form	anticat union of the goods, o	1c	L	
u			: "Yes," complete the following sch foundation. If the foundation recei	• •				seis,	
			other assets, or services received		ic iii aliy iialisaciioli	or snaring arrangement, si	IUW III		
(a) <sub>1</sub>	ine no	(b) Amount involved	(c) Name of noncharitab		(d) Description	of transfers, transactions, and s	haring ar	rangomo	nto.
(4)	.iiie iio	(b) / inodit involved	N/A	no exempt organization	(u) Description	or transiers, transactions, and s	naring ar	angeme	nts
			IN/A			<del></del>			
						<del></del>			
							•		
	<del></del>								
	····								
		<del>-</del>			-				
_	1-11-1								
2a		-	tly affiliated with, or related to, on		zations described		٦.,	72	٦
			r than section 501(c)(3)) or in se	ction 52/7			_  Yes	LX	No
D	If Yes,"	complete the following scho		(h) Type of propagation	<del></del>	a) Decernition of relationsh			
		(a) Name of org	Janization	(b) Type of organization		c) Description of relationsh	<u>.                                    </u>		
		N/A				<del></del>			
	<del> </del>								
-									
					<del></del>				
	Unde	or sonalties of severy 1 declare	that I have expensed the return maked		atatamanta, and to the l	- ant of my knowledge			
ο:	andi		that I have examined this return, includ implete. Declaration of preparer (other th			May	the IRS o	discuss the prepare	his
Siq He			d do	1 / 1/1-	Too	show	n below	(see inst	
116		r Manu		4616119	<del></del>	WURY LX	」Yes		No
	510	nature of officer or trustee	<del> </del>	<b>∕</b> Date	Title	Chack de Drus			
		Print/Type preparer's na	ame Preparer's	signature /	Date	Check if PTIN			
<b>D</b> -	id			m 1/2	5.22.12	self- employed		o o =	
Pa		JAMES W. H		700000	3 44 14		134		
	eparer	Firm's name ► MCG	EE, HEARNE & PA	AIZ, LLP		Firm's EIN ► 83 – 03	312	29	
US	e Only		<u> </u>						
			O. BOX 1088						_
		CH	EYENNE, WY 8200	03		Phone no. 307 – 6			
						For	ո 990	-PF //	20111

#### Schedule B (Form 990, 990-EZ. or 990-PF

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990. Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Employer identification number Name of the organization CARING FOUNDATION OF WYOMING 83-0292601 Organization type (check one) Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part II, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

#### CARING FOUNDATION OF WYOMING

83-0292601

Part I					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	BLUE CROSS BLUE SHIELD OF WYOMING 4000 HOUSE AVE CHEYENNE, WY 82001	\$ 160,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	WYOMING AFFILIATE OF SUSAN G KOMEN PO BOX 20594 CHEYENNE, WY 82003	\$50,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Onncash Complete Part II if there is a noncash contribution Part II if there		

Name of organization

Employer identification number

#### CARING FOUNDATION OF WYOMING

83-0292601

Part II	Noncash Property (see instructions) Use duplicate copies of F	Part II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
—   <u>-</u>			
		\$	90 990-F7 or 990-PF) //

Name of org	anization		Employer identification number			
CARING Part III	G FOUNDATION OF WYOMING  Exclusively religious, charitable, etc., indi	3 ividual contributions to section 501(c	83-0292601			
-	year Complete columns (a) through (e) and the total of exclusively religious, charitable, e	the following line entry. For organization to the following line entry. For organizations of \$1,000 or less for	e)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter rithe year (Enter this information once) \$			
( ) NI	Use duplicate copies of Part III if addition					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gif	t			
_	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
	Turn of our class and decree	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_		(e) Transfer of gift	t			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT	1	
SOURCE				AMOUNT		
INTEREST			-	145,1	11.	
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	LUMN A	=	145,1	11.	
FORM 990-PF	TAXES			STATEMENT		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM			
FEDERAL TAX PAYMENTS	3,121.	0.			0.	
TO FORM 990-PF, PG 1, LN 18	3,121.	0.			0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT	3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI E PURPOSI		
MEDICAL SERVICES ADMINISTRATIVE EXPENSES RELAY FOR LIFE EXPENSE RACE FOR THE CURE EXPENSE	338,624. 81,681. 617. 24,044.	0. 16,416. 0. 0.		338,65 65,26 65,24	65. 17.	
TO FORM 990-PF, PG 1, LN 23	444,966.	16,416.		428,5	50.	

	ART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAN SULLIVAN PO BOX 2266 CHEYENNE, WY 82003	CHAIRPERSON 0.00	0.	0.	0.
RICK SCHUM PO BOX 2266 CHEYENNE, WY 82003	TREASURER 0.00	0.	0.	0.
MICHAEL HEALY PO BOX 2266 CHEYENNE, WY 82003	VICE CHAIR 0.00	0.	0.	0.
DAVE BONNER PO BOX 2266 CHEYENNE, WY 82003	BOARD MEMBER 0.00	0.	0.	0.
TOM LOCKHART PO BOX 2266 CHEYENNE, WY 82003	BOARD MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PA	AGE 6, PART VIII	0.	0.	0.

#### Form, **8868**

(Rev January 2012)
Department of the Treasury
Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2012)

<ul><li>If you a</li></ul>	re filing for an Automatic 3-Month Extension, comple	,				
	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)		
Do not ca	mplete Part II unless you have already been granted	an automa	atic 3-month extension on a previou	sly filed Fo	rm 8868	
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of ti	me to file (	6 months for a	corporation
equired to	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically	file Form 8	868 to request	an extension
	file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in pag					
	irs gov/efile and click on e-file for Charities & Nonprofits		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>g</b>	
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).		
	tion required to file Form 990-T and requesting an autor					
Part I only						
All other c	orporations (including 1120-C filers), partnerships, REM me tax returns	IICs, and t	rusts must use Form 7004 to reque	st an exter	sion of time	
Type or	pe or Name of exempt organization or other filer, see instructions			Employer identification number (EIN)		
print	CARING FOUNDATION OF WYOMI	NG.			83-029	2601
File by the	Number, street, and room or suite no. If a P.O. box, s		tions		curity number	
due date for filing your	P.O. BOX 2266	ce mande	110/13		curity number	(0011)
eturn See instructions	City, town or post office, state, and ZIP code For a for CHEYENNE, WY 82003	oreign add	ress, see instructions			
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
		Ta.,	I			
Applicatio	on	Return	Application			Return
s For		Code	Is For			Code
orm 990	DI .	01	Form 990-T (corporation)			07
orm 990-	······································	02	Form 1041-A			08
Form 990-		01	Form 4720			09
orm 990-		04	Form 5227			10
	T (sec 401(a) or 408(a) trust)	05	Form 6069		<del></del>	11
-orm 990-	T (trust other than above)	06	Form 8870			12
	DIANE GORE		CHEVENNE MV 00	001		
) The bea		NOE, V	<u> CHEYENNE WY - 82</u>	OOT		
	oks are in the care of ► 4000 HOUSE AVE		PAYAL N			
Telepho	one No ► 307-432-2791		FAX No	<u>-</u>		
Telepho	one No ► 307-432-2791 rganization does not have an office or place of business	s in the Ur	nited States, check this box	16 Alone 1 - 6 -		<b>▶</b> □
Telepho	one No ► 307-432-2791  rganization does not have an office or place of business for a Group Return, enter the organization's four digit	s in the Ur Group Exe	arted States, check this box emption Number (GEN)		r the whole gro	• '
Telepho If the or If this is oox	one No ► 307-432-2791  rganization does not have an office or place of business for a Group Return, enter the organization's four digit  If it is for part of the group, check this box ►	s in the Ur Group Exe	nited States, check this box emption Number (GEN) ch a list with the names and EINs c	f all memb	J	• '
Telepho If the or If this is  oox  If the	one No ► 307-432-2791  rganization does not have an office or place of business of a Group Return, enter the organization's four digits.  If it is for part of the group, check this box ► usest an automatic 3-month (6 months for a corporation)	s in the Un Group Exe and atta	emption Number (GEN) ch a list with the names and EINs co to file Form 990-T) extension of time	f all memb until	ers the extensi	• '
Telepho If the or If this is OOX  Ireq	one No ► 307-432-2791  rganization does not have an office or place of business for a Group Return, enter the organization's four digit  If it is for part of the group, check this box ►  uest an automatic 3-month (6 months for a corporation AUGUST 15, 2012 , to file the exemp	s in the Un Group Exe and atta	nited States, check this box emption Number (GEN) ch a list with the names and EINs c	f all memb until	ers the extensi	• '
Telepho If the or If this is  poox  If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or	rganization does not have an office or place of business for a Group Return, enter the organization's four digit If it is for part of the group, check this box   uest an automatic 3-month (6 months for a corporation AUGUST 15, 2012 , to file the exemp r the organization's return for	s in the Un Group Exe and atta	emption Number (GEN) ch a list with the names and EINs co to file Form 990-T) extension of time	f all memb until	ers the extensi	• '
Telepho If the or If this is  poox  If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or	rganization does not have an office or place of business for a Group Return, enter the organization's four digit of the group, check this box ■  Jet it is for part of the group, check this box ■  Juest an automatic 3-month (6 months for a corporation AUGUST 15, 2012 , to file the exemporation or the organization's return for X calendar year 2011 or	s in the Un Group Exe and atta required to torganiza	emption Number (GEN)  ch a list with the names and EINs of the Form 990-T) extension of time tion return for the organization names.	f all memb until	ers the extensi	• '
Telepho  If the or  If this is  DOX ▶  I req  is for	rganization does not have an office or place of business for a Group Return, enter the organization's four digit If it is for part of the group, check this box   uest an automatic 3-month (6 months for a corporation AUGUST 15, 2012 , to file the exemp r the organization's return for	s in the Un Group Exe and atta required to torganiza	emption Number (GEN) ch a list with the names and EINs co to file Form 990-T) extension of time	f all memb until	ers the extensi	• '
Telepho  If the oi  If this is  OX  I req  Is for	rganization does not have an office or place of business for a Group Return, enter the organization's four digit of the group, check this box ■  Jet it is for part of the group, check this box ■  Juest an automatic 3-month (6 months for a corporation AUGUST 15, 2012 , to file the exemporation or the organization's return for X calendar year 2011 or	s in the Un Group Exe and atta required to torganiza	emption Number (GEN) ch a list with the names and EINs of the Form 990-T) extension of time tion return for the organization named and the management of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organizat	f all memb until	ers the extension	• '
Telepho If the or If this is ox If the or If this is ox If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or If the or	reganization does not have an office or place of business of a Group Return, enter the organization's four digital lifeting in the group, check this box I was an automatic 3-month (6 months for a corporation AUGUST 15, 2012 and the exemporation of the organization's return for the organization's return for the automatic 3-month (6 months for a corporation of the organization's return for the organization's return for the organization of the second of the corporation of the organization of the second of the corporation of the organization of the corporation of the organization of the corporation of the corporation of the organization of the corporation  s in the Un Group Exe and atta required torganization , an heck reaso	emption Number (GEN) ch a list with the names and EINs of the Form 990-T) extension of time tion return for the organization named ending Initial return	of all member until ed above	ers the extension	• '	
Telepho If the on If this is  OOX  If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on If the on I	rganization does not have an office or place of business for a Group Return, enter the organization's four digit of the group, check this box □  If it is for part of the group, check this box □  uest an automatic 3-month (6 months for a corporation AUGUST 15, 2012 , to file the exemp rethe organization's return for X calendar year 2011 or tax year beginning □  etax year entered in line 1 is for less than 12 months, coloring change in accounting period	s in the Un Group Exe and atta required torganization , an heck reaso	emption Number (GEN) ch a list with the names and EINs of the Form 990-T) extension of time tion return for the organization named ending Initial return	of all member until ed above	ers the extension	• '
Telepho If the oi If this is  OX If the si If the oi If this is If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If	rganization does not have an office or place of business for a Group Return, enter the organization's four digit of the first is for part of the group, check this box □ usest an automatic 3-month (6 months for a corporation AUGUST 15, 2012 , to file the exemporate organization's return for X calendar year 2011 or tax year beginning □ tax year entered in line 1 is for less than 12 months, color Change in accounting period sapplication is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720,	s in the Un Group Exe and atta required to torganization, an heck reason	emption Number (GEN) ch a list with the names and EINs of the form 990-T) extension of time tion return for the organization name and EINs of the ending Initial return	of all members until ed above	ers the extension The extension	on is for
Telepho If the oi If this is DOX  If this is If the oi If this is If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi If the oi	rganization does not have an office or place of business for a Group Return, enter the organization's four digit of the first is for part of the group, check this box ↓ usest an automatic 3-month (6 months for a corporation AUGUST 15, 2012 , to file the exemporation or the organization's return for the organization's return for tax year beginning etax year entered in line 1 is for less than 12 months, color Change in accounting period as application is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-PF, 990 T, 4720, organization is for Form 990-BL, 990-P	s in the Ur Group Exe and atta required to torganization, and heck reason or 6069, en	emption Number (GEN) ch a list with the names and EINs of the form 990-T) extension of time tion return for the organization name on Initial return Inter the tentative tax, less any	of all members until ed above	ers the extension The extension	on is for
Telepho  If the oi  If this is  DOX   I req  Is for  I store  I fthe  Is for  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I store  I stor	reganization does not have an office or place of business of or a Group Return, enter the organization's four digital lifeties for part of the group, check this box   Lifeties for part of the group, check this box   Liest an automatic 3-month (6 months for a corporation automatic 3-month (6 months for a corporation automatic 3-month (6 months for a corporation automatic 3-month (6 months for a corporation automatic 3-month (6 months for a corporation automatic 3-month (6 months for a corporation automatic 3-months for the organization's return for a calendar year 2011 or tax year beginning  Let tax year entered in line 1 is for less than 12 months, condition accounting period  Let tax year entered in line 1 is for less than 12 months, condition accounting period  Let tax year entered in line 1 is for less than 12 months, condition accounting period  Let tax year entered in line 1 is for less than 12 months, condition accounting period  Let tax year entered in line 1 is for less than 12 months, condition accounting period  Let tax year entered in line 1 is for less than 12 months, condition accounting period  Let tax year entered in line 1 is for less than 12 months, condition accounting period  Let tax year entered in line 1 is for less than 12 months, condition accounting period  Let tax year entered in line 1 is for less than 12 months, condition accounting period  Let tax year entered in line 1 is for less than 12 months, condition accounting period  Let tax year entered in line 1 is for less than 12 months, condition accounting period	s in the Ur Group Exe and atta required to torganizate , an heck reason or 6069, ei	emption Number (GEN) ch a list with the names and EINs of the form 990-T) extension of time tion return for the organization name on Initial return Inter the tentative tax, less any refundable credits and lowed as a credit	of all members until ed above	ers the extension The extension n	2,718.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.