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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

For calendar year 2012 or tax year beginning and ending Name of foundation A Employer identification number 83-0292601 CARING FOUNDATION OF WYOMING Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number P.O. BOX 2266 307-432-2786 City or town, state, and ZIP code C If exemption application is pending, check here CHEYENNE, WY 82003 Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here X Accrual I Fair market value of all assets at end of year | J Accounting method: ___ Cash F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 6,169,782. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarity equal the amounts in column (a)) r charitable purposes (cash basis only) expenses per books income ıncome 1,194,022 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 60,062 60,062 STATEMENT 3 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 453,956 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 6,626,778. SCANNED JUL 453,956 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less and allowances ટા b Less Cost of good c Gross profit or 11 Other income 708,040 514,018 12 Total. Add lines I through 72 1 0. Compensation of officers, directors Other employee salaries and wages 14 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees 17 Interest 9,921 STMT 2 0 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 3 621,796 16,256 605,540. 23 Other expenses Operating 24 Total operating and administrative 631,717 16,256 expenses. Add lines 13 through 23 605,540. 7,600. 25 Contributions, gifts, grants paid 7,600. 26 Total expenses and disbursements. 639,317 16,256 Add lines 24 and 25 613,140. 27 Subtract line 26 from line 12: 1,068,723 8 Excess of revenue over expenses and disbursements 497,762 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) 223501 12-05-12



CARING FOUNDATION OF WYOMING

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Part IV

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)

(c) Date acquired (mo., day, yr.)

(b) How acquired P - Purchase D - Donation

(d) Date sold (mo., day, yr.)

1a COMERICA							ARIOUS	VARIOUS
b COMERICA		·		-]	P V	ARIOUS	VARIOUS
<u>C</u>								
d								
e (e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis epense of sale			(h) Gaın or (lo: (e) plus (f) mınu	
a 313,521.		,	<u> </u>	313,521				0.
b 6,313,257.				5,859,301				453,956.
С				- 1				
d								
е								-
Complete only for assets showin	g gain in	column (h) and owned by t	he foundation	on 12/31/69	_		ains (Col. (h) ga	
(i) F.M.V. as of 12/31/69		(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any		COI. (K	i), but not less th osses (from col	ian -0-) or . (h))
<u>a</u>								0.
b					.			453,956.
С					ļ			
đ								
_e					 			
2 Capital gain net income or (net cal	ortal loss	$ \begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases} $	in Part I, line 7 in Part I, line	7	2			453,956.
3 Net short-term capital gain or (los			d (6):	,				
If gain, also enter in Part I, line 8,	column (c).			. _		3T /	3
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder S	Section 4940(e) for	Reduced	Tax on Net in	<u> 3 </u> vestm	ent Inco	N/	A
If section 4940(d)(2) applies, leave th Was the foundation liable for the sect If "Yes," the foundation does not quali Enter the appropriate amount in e	ion 4942 fy under	tax on the distributable amosection 4940(e). Do not cor	mplete this pai	·t.				Yes X No
(a) Base period years		(b)			c)		Diet	(d) ribution ratio
Base period years Calendar year (or tax year beginnin	ıg ın)	Adjusted qualifying dist	ributions	Net value of nonch	arıtable-ı	ise assets	(col. (b) (livided by col. (c))
2011		43	3,900.		4,92	7,514.		.088057
2010			0,050.			7,017.		.080498
2009			5,333.			7,688.		.108448
2008			8,608.			5,776.		.089963
2007		183	9,568.		930	0,774.		.203667
2 Total of line 1, column (d)		• • • • •					2	.570633
3 Average distribution ratio for the 5			n line 2 by 5, o	or by the number of	years .			114107
the foundation has been in existen	ice it iess	tnan 5 years					3	.114127
4 Enter the net value of noncharitable	le-use as	sets for 2012 from Part X, I	ine 5				4	5,070,897.
5 Multiply line 4 by line 3							5	578,726.
6 Enter 1% of net investment incom	e (1% of	Part I, line 27b)				,	6	4,978.
7 Add lines 5 and 6							7	583,704.
8 Enter qualifying distributions from	Part XII,	, line 4					8	613,140.
If line 8 is equal to or greater than	line 7, ct	neck the box in Part VI, line	1b, and compl	ete that part using a	1% tax ra	ate.		
See the Part VI instructions.								
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	rm 990-PF (2012) 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	4948	- see i	nstru	ctio	ns)
1a	a 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	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			4,9	<u>78.</u>
	of Part I, line 27b					
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	? Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	3 Add lines 1 and 2	3			4,9	<u>78.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	 			<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			<u>4,9</u>	78.
6	, ,					
а	a 2012 estimated tax payments and 2011 overpayment credited to 2012 6a 2,720	<u>.</u>				
b	b Exempt foreign organizations - tax withheld at source 6b					
C	c Tax paid with application for extension of time to file (Form 8868) 6c 2,258	<u>.</u>				
d	d Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments. Add lines 6a through 6d	7			4,9	<u>78.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	. 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2013 estimated tax ▶ Refunded ▶	· 11				
Pa	art VII-A Statements Regarding Activities					
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne ın			Yes	No
	any political campaign?			_1a_		<u>X</u>
þ	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	7	-	1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed or				
	distributed by the foundation in connection with the activities.					
C	c Did the foundation file Form 1120-POL for this year?			1c		<u>X</u>
đ	d Enter the amount (f any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0	•				
е	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. \triangleright \$0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
	la Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_		4a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	1	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					
6	, , , , , , , , , , , , , , , , , , , ,					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	ate law		_		
_	remain in the governing instrument?			6_	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		•	7	<u>X</u>	
_	If "Yes," complete Part II, col. (c), and Part XV.					
Вa	La Enter the states to which the foundation reports or with which it is registered (see instructions)					
	WY					
b	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	_X_	<u> </u>
9		alendar				
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses			10		X

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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		_X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory	privileges?			
	If "Yes," attach statement (see instructions)		12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	_X_	
	Website address ► N/A				
14		► <u>307-43</u>		<u> 791</u>	
	Located at ► 4000 HOUSE AVENUE, CHEYENNE WY	ZIP+4 ▶ <u>8 2</u>	001		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			<u>,</u> ▶	Ш
		15		/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		1	Yes	No
	securities, or other financial account in a foreign country?		16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign				
P	country art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		<u> </u>	I	
<u></u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1:	During the year did the foundation (either directly or indirectly):			100	-110
.,		es X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	22. 22. 110			
		es X No			
		es X No			
		es X No			
	(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)?	es X No	ļ <u> </u>		
	(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.)	es X No			
t	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	. —	1b		<u>X</u>
	Organizations relying on a current notice regarding disaster assistance check here				
(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 2012?		1c		<u> </u>
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)): At the end of tay year 2012, did the foundation have any undetributed magnet (lines 6d and 6s. Part XIII) for tay year(s) having	20	1 1		
č	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012?	es X No			
	ACREC MILITAL DE	<u>ES</u>] A 110			
H	If "Yes," list the years , , , , , , , , , , , , , , , , , , ,	ıt	1		
•	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attac		1		
	statement - see instructions.)	N/A	2ь		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
	•				
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
	during the year?	es X No			
t	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons a	ter			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to	dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule of	С,			
	Form 4720, to determine if the foundation had excess business holdings in 2012.)	N/A	3ь		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		_X_
t	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	e that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2012?		4b		X

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)		
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 X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				-
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	? .	Yı	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		_	l	
509(a)(1), (2), or (3), or section 4940(d)(2)?		L ltr	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				
the prevention of cruelty to children or animals?		Y(es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	ın Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	ere			1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined		1	
expenditure responsibility for the grant?	. N	I/A □\\	es No		
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to j	pay premiums on				
a personal benefit contract?			es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
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	helter transaction?		es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trusto	es, Foundation Ma	nagers, Highl	y		
Paid Employees, and Contractors	_				
List all officers, directors, trustees, foundation managers and their		1	(4)	,	
(a) Nome 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	wances
SEE STATEMENT 4		0.	0.		0.
				-	
			1		
				ļ	
	_				
Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contribution (T	<u> </u>
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred		Expense unt, other
(a) name and address of sash simpleyes paid more than questions	devoted to position	(c) compensation	compensation	allo	wances
NONE		•			
		1			
					_
		<u> </u>			
otal number of other employees paid over \$50,000					

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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	
To be the control of others recognize a control of the professional controls	▶ 0
Total number of others receiving over \$50,000 for professional services 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	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
PROVIDED HEALTH EXPENDITURES FOR THE BENEFIT OF ECONOMICALLY	
DISADVANTAGED WYOMING RESIDENTS	7
	391,705.
2	
3	
4	_
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	
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P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign four	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	5,044,076.
b	Average of monthly cash balances	1b	5,044,076. 104,043.
С	Fair market value of all other assets	1c	
đ	Total (add lines 1a, b, and c)	1d	5,148,119.
	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	0.
3	Subtract line 2 from line 1d	3	5,148,119.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	77,222.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,070,897.
6	Minimum investment return. Enter 5% of line 5	6	253,545.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.)	d certair	
1	Minimum investment return from Part X, line 6	1	253,545.
2a	Tax on investment income for 2012 from Part VI, line 5		·
b	Income tax for 2012. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	4,978.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	248,567.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	248,567.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	248,567.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	İ	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	613,140.
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:	1	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	613,140.
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	4,978.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	608,162.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	jualifies i	for the section

Part XIII Undistributed Income (see instructions)

	(a)	(b) Years prior to 2011	(c)	(d)
Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
line 7				248,567.
2 Undistributed income, if any, as of the end of 2012				240,307.
a Enter amount for 2011 only			0.	
b Total for prior years:				
b tom for prior years.		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 143, 585.				
b From 2008 121, 276.	-			
c From 2009 171,811.	1			
dFrom 2010 143,362.	1			
e From 2011 190, 242.	1			
f Total of lines 3a through e	770,276.			
4 Qualifying distributions for 2012 from	770,270.			
Part XII, line 4: ►\$ 613,140.				:
a Applied to 2011, but not more than line 2a	1 1		0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)	İ	0.		
		· · · · · · · · · · · · · · · · · · ·		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2012 distributable amount			·······	248,567.
• •	364,573.			240,307.
e Remaining amount distributed out of corpus	0.			0.
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,134,849.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously	ŀ			
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013				0.
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 2007	440 -0-			
not applied on line 5 or line 7	143,585.			
9 Excess distributions carryover to 2013.	001 051			
Subtract lines 7 and 8 from line 6a	991,264.			
10 Analysis of line 9:				
a Excess from 2008 121, 276.				
b Excess from 2009 171,811.				
c Excess from 2010 143, 362.				
d Excess from 2011 190,242. e Excess from 2012 364,573.				
e Excess from 2012 364,573.	<u> </u>			Form 990-PF (2012)
				1000 330 FT (2012)

	FOUNDATION				92601 Page 10
Part XIV Private Operating F		· · · · ·	-A, question 9)	N/A	
1 a If the foundation has received a ruling (
foundation, and the ruling is effective fo	or 2012, enter the date of	the ruling	. ▶ L		
b Check box to indicate whether the found	d <u>ation is a private operatii</u>	ng foundation described i	n section	4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed					1
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not				1	
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			 		·
afternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets				•	
(2) Value of assets qualifying					1
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				<u> </u>	
c "Support" alternative test - enter;					1
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on			ŀ		
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					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	ormation (Comple	te this part only	if the foundation	n had \$5,000 or m	ore in assets
at any time during					
1 Information Regarding Foundati	on Managers:				· · · · · · · · · · · · · · · · · · ·
a List any managers of the foundation w	-	than 2% of the total cont	ributions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed			•		·
NONE					
b List any managers of the foundation w	ho own 10% or more of th	ne stock of a corporation ((or an equally large port	on of the ownership of a p	artnership or
other entity) of which the foundation ha	as a 10% or greater intere	st.	, , , , , , ,		,
NONE					
2 Information Regarding Contribute	tion, Grant, Gift, Loan	Scholarship, etc., Pr	rograms		
Check here ► 🗶 if the foundation				not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	nher or e-mail of the nerso	on to whom applications s	should be addressed:		
a The name, address, and tolephone has	non or o man or mo poroc	on to morn approacions t	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
b The form in which applications should	be submitted and informa	tion and materials they st	hould include:		
c Any submission deadlines:		-			
				- ···	
d Any restrictions or limitations on award	ls, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	

Total

Analysis of Income-Producing Activities

				ed by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	_		1		
b	_ _				
c			$\downarrow \downarrow \downarrow$		
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			1 1		
investments			14	60,062.	
4 Dividends and interest from securities			1 - 1	00,0021	
5 Net rental income or (loss) from real estate:			1 1		- -
			1		
a Debt-financed property	-		+ +		
b Not debt-financed property			+ +	·	
6 Net rental income or (loss) from personal	1				
property .			1		
7 Other investment income			11		
8 Gain or (loss) from sales of assets other					
than inventory			18	453,956.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			1 [
a			1 1		
b				'	
) 1		1 1		
C) 1		+		
d					
e	- 	0.	+ +	E14 010	
12 Subtotal. Add columns (b), (d), and (e)		<u> </u>	·II	514,018.	514 018
13 Total. Add line 12, columns (b), (d), and (e)				13	514,018.
(See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie		nplishment of E	xempt	Purposes	
		column (a) of Port V/	A	ited importantly to the accomi	- h h 4 4
Line No. Explain below how each activity for which			4 contribi	and imperiality to the decomp	DIISNMENT OF
the foundation's exempt purposes (other t			4 CONTRIDI		DIISNMENT OI
Abo formale comment comment for the state of			4 CONTRIDI		DISTIMENT OF
the foundation's exempt purposes (other t			A CONTRIDI		DISNMENT OF
the foundation's exempt purposes (other t			A CONTRIDI		DISNIMENT OF
the foundation's exempt purposes (other t			A CONTRIDI		DISNIMENT OF
the foundation's exempt purposes (other t			A CONTRIDI		DISNMENT OF
the foundation's exempt purposes (other t			A CONTRIDI		DISSIMENT OF
the foundation's exempt purposes (other t			A CONTRIDI		DISSIMENT OF
the foundation's exempt purposes (other t			A CONTRIDI		DISSIMENT OF
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the foundation's exempt purposes (other t			4 contribi		DISSIMENT OF
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the foundation's exempt purposes (other t			4 contribi		DISNIMENT OF
the foundation's exempt purposes (other t			4 contribi		DISNIMENT OF
the foundation's exempt purposes (other t			4 contribi		DISNIMENT OF

		Exempt Organ	izations							
1	Did the o	rganization directly or indir	rectly engage in any	of the following	ng with any other organizati	on described in sect	ion 501(c) of		Yes	No
	the Code	(other than section 501(c))(3) organizations) (or in section 52	27, relating to political orgai	nizations?				
a	Transfers	from the reporting founda	ation to a noncharite	able exempt or	ganization of:					ĺ
	(1) Cast	1		_				1a(1)		Х
	(2) Othe	r assets				_		1a(2)		X
b		nsactions:		. ,		•				
	(1) Sales	s of assets to a noncharital	ble exempt organiza	ation				16(1)		х
		hases of assets from a noi		•	·			1b(2)		Х
		al of facilities, equipment,		Ū				1b(3)		Х
		nbursement arrangements				•	•	1b(4)		X
		is or loan guarantees						1b(5)		X
		ormance of services or me	mbership or fundra	ising solicitatio	ons		•	1b(6)		X
		of facilities, equipment, ma	•	=				1c		X
		The state of the s	-		edule. Column (b) should al	ways show the fair r	narket value of the on		ets	
					ed less than fair market vali				,	
		d) the value of the goods,				,	, er enamg an angen			
	ne no	(b) Amount involved	,		e exempt organization	(d) Description	of transfers, transaction	s, and sharing ar	rangeme	nts
			, , ,	N/A	<u>_</u>		•••	<u> </u>		
		- -				-				
								_		
		-			· · · · · ·					
							· .			
		· · · ·								
		·								
										
										
				······································		-				
20	le the fou	ndation directly or indirect	the offiliated with or	related to one	or more toy exempt error	. I				
					or more tax-exempt organi	zations described			132	٦
		501(c) of the Code (other	•	(3)) or in sec	tion 5277			Yes	LA	No
D	ii Yes, c	omplete the following sche (a) Name of org			(b) Type of organization	1	(a) Deceription of rela	tionohin		
		. , , , , , , , , , , , , , , ,	anization		(b) type of organization		(c) Description of rela	ittoristiip		
		N/A								
							· · · · · · · · · · · · · · · · · · ·	_		
		 								
	Undo	r popultion of parties. I declare t	that I have evamined th	un satura, maludur	lg accompanying schedules and		hant of my knowledge			
Sig					n taxpayer) is based on all inforn			May the IRS of return with the		
He	re N		d da	,	1/1/0/12	Times	14	shown below	(see inst	ir)?
	<u></u>	- LANGARD -			4011112	· -	Burer_	_ X Yes		J No∫
	_ Siy	nature of officer or trustee		Dunnaunula n	// Date	Title	Chook	TIN		
		Print/Type preparer's na	ine	Preparer's s	iyilature /	Date	_ ,	PTIN		
Pai	d	TAMPO		11	wal	5-22-13	self- employed	500404		
		JAMES W. H		1 yamu	11. Dawne	0 44-13	1	P00134	<u>005</u>	
	parer	Firm's name MCG	EE, HEARN	IF/ & PA	IZ, LLP		Firm's EIN ► 83	-03312	29	
US	e Only	6		<u>v</u>			ļ			
		Firm's address ▶ P.			_					
		L CH	EYENNE, W	VY 8200	3	 	Phone no. 30	<u>7-634-</u>		
								Form 990	-PF (2012)

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

2012

Name of the organization

Employer identification number

C	ARING FOUNDATION OF WYOMING	83-0292601
Organization type(check of	one)	"
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule)(/), (8), or (10) organization can check boxes for both the General Hule and a Special Hu	ie. See instructions
)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions
contributor Comp	n filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in molete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170((c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the one form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.	
total contributions	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contri- s of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educruelty to children or animals. Complete Parts I, II, and III.	
contributions for L If this box is checl purpose. Do not c	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not tot ked, enter here the total contributions that were received during the year for an exclusive omplete any of the parts unless the General Rule applies to this organization because it e, etc., contributions of \$5,000 or more during the year	tal to more than \$1,000. If religious, charitable, etc.,
Caution. An organization t	hat is not covered by the General Rule and/or the Special Rules does not file Schedule E	3 (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) (2012)

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).

Name of organization

Employer identification number

CARING FOUNDATION OF WYOMING

83-0292601

Part I Contribu	utors (see instructions)	. Use duplicate copies of	of Part I if additional space is needed.
-----------------	--------------------------	---------------------------	--

(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	\$\$222,000.	Person X Payroll
(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 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
3	WYOMING WOMEN FIRST 315 MAIN STREET LANDER, WY 82520	\$ <u>817,166.</u>	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II of 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 Payroli Noncash Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

CARING FOUNDATION OF WYOMING

83-0292601

(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b) Description of noncash property given (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) FMV (or estimate) (see instructions) (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (g) FMV (or estimate) (see instructions)

ame of orga	nization	Employer identification number					
ARING Part III	FOUNDATION OF WYOMING Exclusively religious, charitable, etc., individually year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.,	Jual contributions to section 501(c) following line entry. For organization	83-0292601 e)(7), (8), or (10) organizations that total more than \$1,000 for one completing Part III, enter				
	Use duplicate copies of Part III if additional		tile year. (Enter this information once)				
(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, and	1 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, and	1 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, and	I 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, and	ZIF + 4	Relationship of transferor to transferee				
-							

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
INTEREST				•	60,0	62.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A			60,0	62.
FORM 990-PF	TAX	ES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-			
FEDERAL TAX PAYMENTS	9,921.		0	•		0.
TO FORM 990-PF, PG 1, LN 18 =	9,921.		0	•		0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-			
MEDICAL SERVICES ADMINISTRATIVE EXPENSES RELAY FOR LIFE EXPENSE RACE FOR THE CURE EXPENSE FEES SUPPLIES	271,198. 324,074. 6,870. 18,949. 525. 180.	1	0 6,256 0 0 0	• • •	271,198. 307,818. 6,870. 18,949. 525. 180.	
TO FORM 990-PF, PG 1, LN 23	621,796.	,796. 16,256. 605,540.		40.		

	- LIST OF OFFICERS, DIRECTORS STATEMENT ES 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.	
DIANE GORE PO BOX 2266 CHEYENNE, WY 82003	TREASURER 0.00	0.	0.	0.	
DAVE BONNER PO BOX 2266 CHEYENNE, WY 82003	DIRECTOR 0.00	0.	0.	0.	
TOM LOCKHART PO BOX 2266 CHEYENNE, WY 82003	DIRECTOR 0.00	0.	0.	0.	
MIKE HEALY PO BOX 2266 CHEYENNE, WY 82003	DIRECTOR 0.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.	

Form **8868**

(Rev. January 2013)

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. 1-2013)

• If y	ou are filing for an Automatic 3-Month Extension, complet	te only Pa	art I and check this box	-		ightharpoons	
• If y	ou are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)			
Do n	ot complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868		
Elect	ronic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tir	ne to file (6	months for a	a corporation	
requi	red to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically f	ile Form 8	368 to reques	it an extension	
of tım	ne to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated W	ith Certain	
Perso	onal Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the elec	tronic filing o	f this form,	
	www rs gov/efile and click on e-file for Charities & Nonprofits						
Pai	t I Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).			
A cor	poration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
	only					▶ 📖	
	her corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time		
to file	income tax returns			,			
Туре	or Name of exempt organization or other filer, see instru-	ctions		Employe	Employer identification number (EIN)		
print							
File by	CARING FOUNDATION OF WYOMIN	1G		83-0292601			
due da	te for Number, street, and room or suite no. If a PO box, s	ee instruc	tions.	Social se	cunty numbe	r (SSN)	
filing ye eturn				<u> </u>			
nstruc		oreign add	ress, see instructions				
	CHEYENNE, WY 82003						
Enter	the Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
		1	<u> </u>				
Appli	cation	Return	Application				
s Fo		Code					
	990 or Form 990-EZ	01	Form 990-T (corporation)			07	
	990-BL	02	Form 1041-A				
	4720 (individual)	03	Form 4720 0				
	990-PF	04	Form 5227				
	990-T (sec 401(a) or 408(a) trust)	05	Form 6069				
-orm	990-T (trust other than above)	06	Form 8870			12	
	DIANE GORE						
	e books are in the care of \triangleright 4000 HOUSE AVE	WE, (001		<u> </u>	
	lephone No ► 307-432-2791		FAX No. >				
	the organization does not have an office or place of business		·				
	this is for a Group Return, enter the organization's four digit		· · · · · · · · · · · · · · · · · · ·		•	roup, check this	
box			ch a list with the names and ElNs o		ers the exten	sion is for	
1	I request an automatic 3-month (6 months for a corporation	•	•				
		t organiza	tion return for the organization name	ed above.	The extension	n	
	is for the organization's return for:						
	X calendar year 2012 or						
	tax year beginning	, an	d ending		_·		
2	If the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Fınal retur	n		
	Change in accounting period						
	(A)						
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					_	4 050	
	nonrefundable credits. See instructions		3a \$			<u>4,978.</u>	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069,	· 1 1					
	estimated tax payments made. Include any prior year overp			3b	\$	2,720.	
С	Balance due. Subtract line 3b from line 3a. Include your pa						
	by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	2,258.	
Cauti	on. If you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453-EO and Fe	orm 8879-l	O for payme	nt instructions	

LHA

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