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Form 990-PF Department of the Treasury Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter Social Security numbers on this form as it may be made public
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

For	calei	ndar year 2013 or tax year beginning			, and ending			
Nai	ne o	f foundation					A Employer identificatio	n number
C	AR	ING FOUNDATION OF WY	OMI	NG			83-0292601	L
_		and street (or P O box number if mail is not delivered			Room/s	suite	B Telephone number	
P	.0	BOX 2266					307-432-27	786
City	or t	own, state or province, country, and ZIP or fo	reign p	ostal code			C if exemption application is	pending, check here
C	HE	YENNE, WY 82003						
G	heck	k all that apply: Initial return		Initial return of a fo	rmer public charity		D 1. Foreign organization	s, check here
		Final return		Amended return			2 Foreign organizations m	eeting the 85% test
		Address change		Name change			2. Foreign organizations m check here and attach c	omputation
H (_			cempt private foundation			E If private foundation sta	
		ection 4947(a)(1) nonexempt charitable trust	_	Other taxable private founda			under section 507(b)(1	
		·	_	ng method: Cash	X Accrual		F If the foundation is in a	
	om •\$	Part II, col (c), line 16) L	U	men (Speciny) .	asis)		under section 507(b)(1)(B), check here
	ırt l	Analysis of Revenue and Expenses			(b) Net investme	nt	(c) Adjusted net	(d) Disbursements
	• '	(The total of amounts in columns (b), (c), and (d) ma necessarily equal the amounts in column (a))	y not	(a) Revenue and expenses per books	income	111	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		27,711.			N/A	,,
	2	Check If the foundation is not required to attach Si	ch B					
	3	Interest on savings and temporary cash investments		420.	4	20.		STATEMENT 1
	4	Dividends and interest from securities						
	5a	Gross rents						
	b	Net rental income or (loss)						<u></u>
ō	6a	Net gain or (loss) from sale of assets not on line 10	_	50,642.				
eun	b	Gross sales price for all assets on line 6a 290,00	0.					· · · · · · · · · · · · · · · · · · ·
Revenue	7	Capital gain net income (from Part IV, line 2)			50,6	42.		
_	8	Net short-term capital gain						
	9	Income modifications Gross sales less returns						
		and allowances						
	l	Cross profit or (loss)						
	11					•	-	
	12	Total Add lines 1 through 11		78,773.	51,0	62.		
	13	Compensation of officers, directors, trustees, etc		0.		0.		0.
	14	Other employee salaries and wages						
	15	Pension plans, employee benefits						
ses	16a	Legal fees						
Expense	b	Accounting fees						
	C	Other professional fees						
₹	17		_	5 000				
' 2 8 2014 Administrative	18	Taxes STMT		5,000.		0.		0.
2 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	19	Depreciation and depletion CEIVED						
on ₽	20	Occupancy						
a ∰	21 22	Travel, conferences, and meetings Printing and addications 2 3 2014	Ιö					
∑ ia	23		RS-OSC	448,543.	17,2	71.		431,272.
ΩĘ	24	Total operating and administrative	<u> ゴ</u> 生	110/5150		<u>, </u>		102/2/20
NED perating		expenses Add lines 13 through 23		453,543.	17,2	71.		431,272.
SCANNED MAY Operating and A	25	Contributions, gifts, grants paid	*******	8,400.				8,400.
ඊ	26	Total expenses and disbursements						
(Add lines 24 and 25		461,943.	17,2	71.		439,672.
	27	Subtract line 26 from line 12:						
	a	Excess of revenue over expenses and disbursement	s	-383,170.				
	b	Net investment income (if negative, enter -0-)			33,7	91.	/-	
	l c	Adjusted net income (if negative, enter -0-)		į t			N/A	1

LHA For Paperwork Reduction Act Notice, see instructions.

16 Total assets (to be completed by all filers - see the 6,169,782. 6,502,575 instructions. Also, see page 1, item 1) 219.785. 92.484. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 71,791 54,256. 22 Other liabilities (describe ► CLAIMS PAYABLE 291,576 146,740. 23 Total liabilities (add lines 17 through 22) ightharpoons XFoundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Assets or Fund Balances 5,253,759. 6,109,256. 24 Unrestricted 624,447. 246,579. 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Capital stock, trust principal, or current funds

Part III Analysis of Changes in Net Assets or Fund Balances

28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds

30 Total net assets or fund balances

31 Total liabilities and net assets/fund balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	5,878,206.
2	Enter amount from Part I, line 27a	2	-383,170.
3	Other increases not included in line 2 (itemize) SEE STATEMENT 4	3	860,799.
4	Add lines 1, 2, and 3	4	6,355,835.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	6,355,835.

6,502,575.

5,878,206.

6,169,782.

6,355,835

6,502,575

Part IV	Capital Gains and	Losses for Tax on Ir	vestmen	t Income						
(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.)					(b) H	How acquired - Purchase - Donation		acquired lay, yr.)	(d) Date sold (mo., day, yr.)	
1a COMER	RICA		-0			P	01/0	1/13	12/31/13	
<u>b</u>					↓				 	
<u> </u>					 		· · - · · ·			
<u>d</u>					-					
<u>e</u>		(6) Depression allowed	(a) Co.	at or other book	1		/h\ C	aın or (loss		
(e) Gross sales price (f) Depreciation allowed (g) Cost or other batter (or allowable) (g) Cost or other batter ba							s (f) minus			
a	290,000.			239,35	8.				50,642.	
b										
C									·	
_d										
<u>e</u>										
Complete	only for assets showing gair	n in column (h) and owned by	ì					Col. (h) gain		
(i) F.M.V.	as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any		col (k), but not less than -0-) or Losses (from col. (h))				
		43 01 12/01/03							50,642.	
<u>a</u> b									30,042.	
C										
d							-		· 	
e										
	•	(If gain, also enter	r ın Part I. line	7	٦					
2 Capital gain	net income or (net capital l	oss) { If gain, also enter	- ın Part I, line	7	} [2			50,642.	
3 Net short-te	rm capital gain or (loss) as	defined in sections 1222(5) ar								
	enter in Part I, line 8, colum		` '		}	į.				
	ter -0- in Part I, line 8	- 0 1: 4040(-) 4	Deducad	Tanan Nat		3		N/A		
	_	r Section 4940(e) for					come			
(For optional us	se by domestic private foun	dations subject to the section	4940(a) tax on	i net investment in	ncome	9.)				
If section 4940	(d)(2) applies, leave this pa	rt blank.								
Mac the founds	stion liable for the cection A	942 tax on the distributable an	nount of any w	aar in the bace ner	riod2				Yes X No	
		der section 4940(e). Do not co		•	nou ·				A NO	
		column for each year; see the i			entries	· ·				
	(a) ase period years	(b)			(c)			Diotri	(d)	
Calendar yea	ase period years ir (or tax year beginning in)	Adjusted qualifying dis	tributions	Net value of no		ritable-use asset	s		oùtión ratio vided by col. (c))	
	2012	60	8,162.		5	,070,89	7.		.119932	
	2011		3,900.			,927,51			.088057	
	2010		0,050.		4	,597,01	7.		.080498	
	2009		5,333.			,907,688			.108448	
	2008		8,608.		2	<u>,985,77</u>	5.		.089963	
									405000	
2 Total of line							_2_		.486898	
-	•	base period - divide the total	on line 2 by 5,	or by the number	of yea	ars			007300	
the foundati	on has been in existence if	less than 5 years					3		.097380	
4 5 11	a de desemble de		L F						E 003 000	
4 Enter the ne	t value of noncharitable-use	e assets for 2013 from Part X,	line 5				4		5,893,980.	
E. Multiplu line	A burling 2								573,956.	
5 Multiply line	4 by line 3						5		313,330.	
6 Enter 1% of	net investment income (1%	4 of Part I line 27h)					6		338.	
U LINGI 178 OI	net investment income (17	0 011 att 1, mic 210)					-		3301	
7 Add lines 5	and 6						7		574,294.	
	- · · · · -								_ <u> </u>	
							1	l	400 650	
8 Enter qualify	ing distributions from Part	XII, line 4					8		439,672.	
	_	XII, line 4 7, check the box in Part VI, line	1b, and comp	elete that part usin	ıg a 19	% tax rate.	8		439,672.	

			<u>02926</u>			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see in	stru	ctio	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)				_	
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	_1			6	76.
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
-	Add lines 1 and 2	3			6	<u>76.</u>
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				$\frac{0.}{76.}$
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0	/0.
	Credits/Payments:					
	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 5,000.	1				
	Exempt foreign organizations - tax withheld at source 6b	1				
	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d					
		,			E 0	00
	Total credits and payments. Add lines 6a through 6d	7			3,0	<u>00.</u> 2.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8 9			·	۷.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				1 3	22.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2014 estimated tax 680 • Refunded	10 11				42.
	rt VII-A Statements Regarding Activities		·		<u> </u>	44.
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	No
	any political campaign?	•••	-	1a		х
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)	2		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe					
	distributed by the foundation in connection with the activities	,				
	Did the foundation file Form 1120-POL for this year?			1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ 0. (2) On foundation managers ► \$ 0.					
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ►\$ 0.					
	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.					
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		1	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		Γ	4a		X
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		X
	If "Yes," attach the statement required by General Instruction T		ŀ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
	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	law				
	remain in the governing instrument?		L	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV			7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	WY					
	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	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ıdar				v
	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV		-	9		_ <u>X</u> _
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		lacksquare

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Pa	rt 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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of \blacktriangleright DIANE GORE Telephone no. \blacktriangleright 307-4	32-2	791	
	Located at ► 4000 HOUSE AVENUE, CHEYENNE, WY ZIP+4 ►8	2001		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2013, 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			
	country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		,	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after	1 '		
	termination of government service, if terminating within 90 days.)			
b	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		X
	Organizations relying on a current notice regarding disaster assistance check here			
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 2013?	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)):			
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2013? Yes X No			
	If "Yes," list the years \blacktriangleright ,,,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	1 !		
b	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after			
	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 C,			
	Form 4720, to determine if the foundation had excess business holdings in 2013) N/A	_3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u> _
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b		<u> </u>

orm 990-PF (2013) CARING FOUNDATION OF WYO			<u>83-02926</u>	<u> 501</u>	Page 6
Part VII-B Statements Regarding Activities for Which 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	4945(e))?	Ye	es X No		1
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire				
any voter registration drive?		Ye	es X No	İ	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	es 🗓 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y ₆	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	for			
the prevention of cruelty to children or animals?		Y6	es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er 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 hi	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined			
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 p					
a personal benefit contract?		Ye	as 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 si	helter transaction?		s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
Part VIII Information About Officers, Directors, Truste		nagers, Highly			
Paid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their	compensation.				
() 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 ount, other
(a) Name and address	to position	enter -0-)	and deterred compensation	all	lowances
SEE STATEMENT 6		0.	0.	,	0.
				-	
Compensation of five highest-paid employees (other than those inc		enter "NONE."	1.00		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)) Expense ount, other
(a) Name and assessed of sacrification paid more than \$60,000	hours per week devoted to position	(c) compensation	compensation	all	lowances
NONE					
				ļ	
					
				<u> </u>	
			L	<u> </u>	
Total number of other employees paid over \$50,000					0

	<u>-029260</u>	01 Page 7
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	(4	c) Compensation
NONE		
		- ·
T. 1	-+	0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		U
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	Τ	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Ex	penses
1 PROVIDED HEALTH EXPENDITURES FOR THE BENEFIT OF ECONOMICALLY	_	
DISADVANTAGED WYOMING RESIDENTS	-	200 614
0	+	308,614.
2	1	
	1	
3	4	
	4	
	 	
	-	
Part IX-B Summary of Program-Related Investments	т.	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	AI	mount
1 <u>N/A</u>	-	
	1	
2		
	_	
All other are area related in rectments. Con instructions	 	
All other program-related investments. See instructions.		
Y	1	
	7	

Total. Add lines 1 through 3

	m 990-PF (2013) CARING FOUNDATION OF WYOMING	83-0292601	Page 8
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:		
а	Average monthly fair market value of securities	1a 5,692 1b 291	,206.
b	Average of monthly cash balances	1b 291	<u>,530.</u>
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 5,983	<u>,736.</u>
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	0.
3	Subtract line 2 from line 1d	3 5,983	
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		756.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5 5,893	,980.
6	Minimum investment return Enter 5% of line 5	6 294	,699.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations check here 🕨 🔲 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 294	,699.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	676.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 294	,023.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 294	,023.
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	7 294	,023.
Р	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 439	<u>,672.</u>
b	Program-related investments - total from Part IX-B	1b	<u> </u>
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:		
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	4 439	<u>,672.</u>
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 439	,672.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for the section	

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
Distributable amount for 2013 from Part XI, line 7				294,023.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			0.	
ь Total for prior years:		0		
3 Excess distributions carryover, if any, to 2013:		0.		
a From 2008 121,276.				
b From 2009 171,811.				
c From 2010 143, 362.				
d From 2011 190,242.				
e From 2012 364,573.				
f Total of lines 3a through e	991,264.			
4 Qualifying distributions for 2013 from				
Part XII, line 4: ▶\$ 439,672.				
a Applied to 2012, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	· · · · · · · · · · · · · · · · · · ·		
d Applied to 2013 distributable amount				294,023.
e Remaining amount distributed out of corpus	145,649.			
Excess distributions carryover applied to 2013 (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	1,136,913.			
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				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2012. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2013. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2014				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 2008	121 276			
not applied on line 5 or line 7	121,276.			
9 Excess distributions carryover to 2014	1,015,637.			
Subtract lines 7 and 8 from line 6a	1,015,057.			
10 Analysis of line 9: a Excess from 2009 171,811.				
b Excess from 2010 143,362.			ł	
c Excess from 2011 190, 242.				
d Excess from 2012 364,573.				
e Excess from 2013 145,649.				
5 EXCOSO ITOM 20 10				Earm QQA-DF (2012)

3 Grants and Contributions Paid During the Yo		Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
SCHOLARSHIPS PAID TO WYOMING COMMUNITY COLLEGES	NONE	501(C)(3)	SCHOLARSHIP	8,400.
COMMONITI CONDEGES	· · · · · · · · · · · · · · · · · · ·			0,400.
		<u> </u>		
Total b Approved for future payment			► 3a	8,400.
2 , др. о.				
NONE				
NONE				
Total			▶ 3b	0.

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code		code		
a					
·					
c					
			<u> </u>		-
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					····
3 Interest on savings and temporary cash					
investments			14	420.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	50,642.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			ļ		
b			-		
			1		
c			 		
d					
de		0		F1 062	0
d e 12 Subtotal. Add columns (b), (d), and (e)		0.		51,062.	0.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e)		0.		51,062. 13_	
d e 12 Subtotal. Add columns (b), (d), and (e)	o the Acce			13	0. 51,062.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which incor	me is reported	omplishment of Ex	emp	13 nt Purposes	51,062.
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(3) CARING FOUNDATION OF WYOMING 83-0292601 Page 13 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations Form 990-PF (2013) Part XVII In

1		organization directly or indir e (other than section 501(c)			-		on 501(c) of		Yes	No
а		rs from the reporting founda				inzations.				
_	(1) Cas				g			1a(1)		X
		er assets						1a(2)		X
b		ansactions:								
		es of assets to a noncharital	ble exempt organizat	tion				1b(1)		X
		chases of assets from a noi						1b(2)		X
		ntal of facilities, equipment,		Ū				1b(3)		X
		mbursement arrangements						1b(4)		Х
		ans or loan guarantees						1b(5)		X
		formance of services or me	mbership or fundrais	sıng solicitatio	ns			1b(6)		X
С		of facilities, equipment, ma						1c		X
						ways show the fair m	narket value of the goods, otl	ner ass	ets,	
							or sharing arrangement, sho		•	
		(d) the value of the goods,				-				
a) Li	ne no	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	(d) Description	of transfers, transactions, and sh	arıng arı	angeme	nts
				N/A						
					········					
				,						
										
					****	+				
						-				
	-		-			·		···		
	ın sectio	oundation directly or indirect on 501(c) of the Code (other complete the following sche	r than section 501(c)			 zations described] Yes	X] No
ט	11 165,	(a) Name of org			(b) Type of organization	1	c) Description of relationship	·		
		N/A			(#/ 1)po or or guinzation	<u> </u>	er = soonphon or rolano(13/11)			
	·	N/A				<u> </u>	······································			
				 						
								·		
Sig He	in and	der penalties of perjury, I declare to belief, it is true, correct, and com	nplete Declaration of pre		n taxpayer) is based on all inform		has any knowledge Return showi	with the	iscuss te prepare (see inst	er
	31	Print/Type preparer's na		Prenarer's si	Date	Date	Check If PTIN			
		THILD Type preparer S lia	nine	Preparer's si	gnature /	Date	self- employed			
Pa	id	TANTO	TO A TO P.T. (1)	/ _ •	n 76	5-14-14		1 2 4	005	
		JAMES W. H		yam '	To Jame	1-17-14	P00			
	epare	1111101141110 - 1100	EE, HEARN	P & PA	IZ, LLP		Firm's EIN ► 83-03	5 I Z	49	
US	e Only			/						
		Firm's address ▶ P.		.088	•		207 55		4 - 4	
		CH	EYENNE, W	Y 8200	3		Phone no. 307-63			
							Fori	n 990	PF	(2013)

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.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Name of the organizat	ion	Employer identification number
	CARING FOUNDATION OF WYOMING	83-0292601
Organization type(che	ck 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	1
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule X For an organiz	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more	
Special Rules	omplete Parts I and II	
509(a)(1) and	501(c)(3) organization filing Form 990 or 990·EZ that met the 33 1/3% support test of the 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h, or (ii) Form 990·EZ, line 1. Complete Parts I and II.	-
total contribut	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one ions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, of cruelty to children or animals Complete Parts I, II, and III	
contributions f If this box is cl purpose Do n	501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one for use exclusively for religious, charitable, etc., purposes, but these contributions did necked, enter here the total contributions that were received during the year for an exot complete any of the parts unless the General Rule applies to this organization becatable, etc., contributions of \$5,000 or more during the year	not total to more than \$1,000 cclusively religious, charitable, etc ,
but it must answer "No	on that is not covered by the General Rule and/or the Special Rules does not file Scholl on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or oneet 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) (2013)

Name of organization

Employer identification number

CARING FOUNDATION OF WYOMING

83-0292601

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	onal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	BLUE CROSS BLUE SHIELD OF WYOMING 4000 HOUSE AVE CHEYENNE, WY 82001	\$ <u>37,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Omnicash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)

Employer identification number

CARING FOUNDATION OF WYOMING

83-0292601

Part II	Noncash Property (see instructions) Use duplicate copies of P	art 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. rom 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
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Name of organization Employer identification number 83-0292601 CARING FOUNDATION OF WYOMING Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) Part III Use duplicate copies of Part III if additional space is needed (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 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 ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAV	INGS AND TEM	IPORARY	CASH :	INVESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	NUE		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST		420.		420.	
TOTAL TO PART I, LINE 3		420.		420.	
FORM 990-PF	TAX	ES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	NET I	3) NVEST- INCOME	(C) ADJUSTED NET INCOM	
FEDERAL TAX PAYMENTS	5,000.		0 .	•	0.
TO FORM 990-PF, PG 1, LN 18	5,000.		0 .	•	0.
FORM 990-PF	OTHER E	XPENSES	5 		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	NET I	3) NVEST- INCOME	(C) ADJUSTED NET INCOM	
MEDICAL SERVICES ADMINISTRATIVE EXPENSES RELAY FOR LIFE EXPENSE RACE FOR THE CURE EXPENSE FEES	232,446. 192,563. 6,875. 15,973. 686.	1	0. 17,271. 0. 0.	•	232,446. 175,292. 6,875. 15,973. 686.
TO FORM 990-PF, PG 1, LN 23	448,543.	1	17,271	•	431,272.

FORM 990-PF OTHER INCREASES IN	NET ASSETS OR FU	JND BALANCES	STAT	EMENT 4
DESCRIPTION			Al	MOUNT
UNREALIZED GAIN/ <loss> FEDERAL TAX REFUND</loss>				851,465. 9,334.
TOTAL TO FORM 990-PF, PART III, I	LINE 3			860,799.
FORM 990-PF	OTHER ASSETS		STAT	EMENT 5
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE		MARKET ALUE
FEDERAL TAX REFUND ACCRUAL	0.	4,32	24.	4,324.
TO FORM 990-PF, PART II, LINE 15	0.	4,32	24.	4,324.
FORM 990-PF PART VIII - LIS TRUSTEES AND	T OF OFFICERS, I		STAT:	
			SIRI	EMENI O
		AGERS	EMPLOYEE BEN PLAN	
NAME AND ADDRESS DAN SULLIVAN	TITLE AND AVRG HRS/WK CHAIRPERSON	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	AGERS COMPEN-	EMPLOYEE BEN PLAN	EXPENSE
NAME AND ADDRESS DAN SULLIVAN PO BOX 2266	TITLE AND AVRG HRS/WK CHAIRPERSON	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS DAN SULLIVAN PO BOX 2266 CHEYENNE, WY 82003 DIANE GORE PO BOX 2266	TITLE AND AVRG HRS/WK CHAIRPERSON 0.00 TREASURER	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS DAN SULLIVAN PO BOX 2266 CHEYENNE, WY 82003 DIANE GORE PO BOX 2266 CHEYENNE, WY 82003 DAVE BONNER PO BOX 2266	TITLE AND AVRG HRS/WK CHAIRPERSON 0.00 TREASURER 0.00 DIRECTOR	COMPEN- SATION 0.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPENSE ACCOUNT 0.
NAME AND ADDRESS DAN SULLIVAN PO BOX 2266 CHEYENNE, WY 82003 DIANE GORE PO BOX 2266 CHEYENNE, WY 82003 DAVE BONNER PO BOX 2266 CHEYENNE, WY 82003 TOM LOCKHART PO BOX 2266	TITLE AND AVRG HRS/WK CHAIRPERSON 0.00 TREASURER 0.00 DIRECTOR 0.00	COMPEN- SATION 0.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPENSE ACCOUNT 0.

Form **8868**

(Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

ightharpoons If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www rs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print CARING FOUNDATION OF WYOMING 83-0292601 File by the Number, street, and room or suite no. If a P O box, see instructions Social security number (SSN) due date for filing your P.O. BOX 2266 return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions CHEYENNE, WY 82003 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Code Is For Is For Form 990 or Form 990-EZ Form 990-T (corporation) 01 07 Form 1041-A Form 990-BL 02 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 DIANE GORE • The books are in the care of $ightharpoonup 4000\,$ HOUSE AVENUE - CHEYENNE, WY $82001\,$ Telephone No \triangleright 307-432-2791 Fax No ▶ If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for-► X calendar year 2013 or tax year beginning Final return If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 676. nonrefundable credits See instructions If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 5,000. estimated tax payments made. Include any prior year overpayment allowed as a credit Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.

LHA For

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment