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Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ 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. Open to Public Inspection

		dar year 2015 or tax year beginning December	er 12 , 201 5	5, and ending	December 31 or identification numb	, 20 ₁₅
	· · · · · · · · ·				81-0816092	
		ARD TRUST d street (or P.O. box number if mail is not delivered to street address)	Room	/surte B Telephor	ne number (see instruct	
		•				
40	or town	NES WAY, STE 104-205 n, state or province, country, and ZIP or foreign postal code		C If avame	307-640-5060 tion application is pend	
				Cirexemp	tion application is pend	ung, check nere ► [
		WY 83014 sall that apply:	of a former public	Charity D 1 Foreign	n organizations, check	here ►
	OHECK	Final return Amended r	•	`\ ``	•	h
		✓ Address change ☐ Name char			n organizations meetin here and attach compi	
	Check	type of organization: Section 501(c)(3) exempt p			foundation status was	
		on 4947(a)(1) nonexempt charitable trust		ation section 5	07(b)(1)(A), check here	▶□
		parket value of all assets at J Accounting method:		onual		
		f year (from Part II, col. (c),		jr numenou	ndation is in a 60-mont ction 507(b)(1)(B), chec	
		(Part I, column (d) must be	on cash basıs.)			
	art I	·		_ 	<u> </u>	(d) Disbursements
_		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	books		1	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	49,000.			
	2	Check ► ☐ If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities			L	
į	5a	Gross rents				
	b	Net rental income or (loss)				
2	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)		0.		
	8	Net short-term capital gain				
	9	Income modifications				
ĺ	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
i	C	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)				
	12	Total. Add lines 1 through 11	49,000.	<u> </u>		
	13	Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14	Other employee salaries and wages				
are Experience	15	Pension plans, employee benefits				
-	16a	Legal fees (attach schedule) STMT 1	1,550.			0.
1	b	Accounting fees (attach schedule) RECE				<u> </u>
	C	Other professional fees (attach schedule)				
	17	Interest	70			
	18		2017			ļ
i	19	Depreciation (attach schedule) and depletion	1 1 1 1			
	20	Occupancy				
	21		J J j			
- Louis and a manage	22	Printing and publications				
0	23	Other expenses (attach schedule) STMT 2	400.			0.
	24	Total operating and administrative expenses.	į			ļ
		Add lines 13 through 23	1,950.			0.
-	25	Contributions, gifts, grants paid	0.			0.
4	26	Total expenses and disbursements. Add lines 24 and 25	1,950.	0.		<u> </u>
	27	Subtract line 26 from line 12:		:		1
	a	Excess of revenue over expenses and disbursements	47,050.	<u> </u>		
	Ь	Net investment income (if negative, enter -0-)		0.		
_i		Adjusted net income (if negative, enter -0-)	<u> </u>	11289X	N/A	orm 990-PF (2015)

Da	rt II	Attached schedules and amounts in the description column	Beginning of year	End o	of year
		Balance Sheets should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	49,000.	47,050.	47,050
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
İ		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ą	10a	Investments – U.S. and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments-mortgage loans		·	
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers—see the			· · · · · · · · · · · · · · · · · · ·
		instructions. Also, see page 1, item l)	49,000.	47,050.	47,050.
	17	Accounts payable and accrued expenses			,
"	18	Grants payable			-
jě	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶			
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)	0.	0.	
98		Foundations that follow SFAS 117, check here			
Ž	24	Unrestricted			
ia	25	Temporarily restricted			
B	26	Permanently restricted			ļ
Fund Balances	20	·			
		Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.			
s or	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	49,000.		
t A	30	Total net assets or fund balances (see instructions)			
Ne	31	Total liabilities and net assets/fund balances (see			
		instructions)		47,050.	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		I net assets or fund balances at beginning of year-Part II, colui		· · · · · · ·	
		, , , , ,			0.
2		r amount from Part I, line 27a			47,050.
3		er increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	47,050.
5	Decr	reases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)—I		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), lir	ne 30 6	47,050.

Part	V Capital Gains and	Losses for Tax on investm	ent income			
	(a) List and describe the i 2-story brick warehouse	kind(s) of property sold (e.g., real estate , or common stock, 200 shs MLC Co.)),	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	N/A	· · · · · · · · · · · · · · · · · · ·				
b						
c						
d					- 	· · · · · · · · · · · · · · · · · · ·
ө			· · · · · · · · · · · · · · · · · · ·	L	., 	L
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		in or (loss) (f) minus (g)
a						
<u>b</u>						
<u>c</u> _						··.
<u>d</u>						
θ	Complete only to accord about		bu the formulation	on 10/21/60		
	Complete only for assets snow	ing gain in column (h) and owned	<u> </u>			I (h) gain minus t less than -0-) or
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), ıf any		rom col (h))
a		····				-
<u>b</u>						
<u>c</u>						
d						
е		(If non	also enter in Pa	wt Line 7		
2	Capital gain net income or (net capital loss) { If (loss)	, enter -0- in Pa	rt I, line 7	2	
3	If gain, also enter in Part I,	or (loss) as defined in sections line 8, column (c) (see instructions or contractions)	ctions). If (loss)	, enter -0- in (3	
Part		r Section 4940(e) for Redu				
		ate foundations subject to the				
•			section 4940(a)	tax on het investi	ment income.)	N/A
II Sect	ion 4940(d)(2) applies, leave	this part blank.				
		ection 4942 tax on the distribu ualify under section 4940(e). D			pase period?	☐ Yes ☐ No
1	Enter the appropriate amou	nt in each column for each yea	ar; see the instru	uctions before ma	akıng any entries.	
Cale	(a) Base period years andar year (or tax year beginning in)	(b) Adjusted qualifying distributions	s Net value o	(c) f nonchantable-use as		(d) tribution ratio divided by col. (c))
	2014					
	2013					
	2012					
	2011					
	2010	<u> </u>				
2	Total of line 1, column (d)				. 2	
3	•	r the 5-year base period—divi		• • •	1 1	
	number of years the founda	tion has been in existence if le	ss than 5 years		. 3	
4	Enter the net value of nonch	naritable-use assets for 2015 fo	rom Part X, line	5	. 4	
-	Marialania iran Albardana O					
5	Multiply line 4 by line 3 .				. 5	
6	Enter 1% of net investment	income (1% of Part I, line 27b)		. 6	
7	Add lines 5 and 6				. 7	
8	Enter qualifying distribution	s from Part XII, line 4			. 8	

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instr	uctio	ns)
1a				1
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)		_	İ
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		0.	
	here ▶ ☐ and enter 1% of Part i, line 27b			
С	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-)	_	0.	
3	Add lines 1 and 2		0.	
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		0.	
6	Credits/Payments:			1
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a			ĺ
b	Exempt foreign organizations—tax withheld at source 6b			1
C	Tax paid with application for extension of time to file (Form 8868) . 6c 6c			}
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		0.	ļ
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	ļ
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			├
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax Refunded 11			<u> </u>
1a	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Τ	Voc	No
161	participate or intervene in any political campaign?	1a	103	140
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	Ia		 *
	Instructions for the definition)?	1b	1	1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	"		۱÷
	published or distributed by the foundation in connection with the activities.			1
С	Did the foundation file Form 1120-POL for this year?	1c	├· ~	1
ď	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.	1		
Θ	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		ł	1
	on foundation managers. ► \$ 0.			ļ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		1
	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		1
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		✓
b	in res, has it med a tax return of it of the year.	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		/
_	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	}		
	By language in the governing instrument, or By language in the governing instrument, or	}		İ
	• 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?			
_		6		/
7 90	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	✓	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE	1		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	1		1
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	OD	√	
J	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	ا مم ا	,	l

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Part	VII-A	Statements Regarding Activities (continued)				
					Yes	No
11		ne during the year, did the foundation, directly or indirectly, own a controlled entry of section 512(b)(13)? If "Yes," attach schedule (see instructions)	-	11	}	/
12		undation make a distribution to a donor advised fund over which the foundation of advisory privileges? If "Yes," attach statement (see instructions)		12		/
13	•	indation comply with the public inspection requirements for its annual returns and exempt		13	-	 `
		ddress NA	ion application:			<u> </u>
14		s are in care of ▶ PAUL GIARRUSSO Telephone	no. ▶ 307	'-640 -	5060	
			P+4 ►	8301		
15		947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Chec	k here			▶ 🗸
	and enter	the amount of tax-exempt interest received or accrued during the year	. 15			0.
16		e during calendar year 2015, did the foundation have an interest in or a signature of			Yes	No
		nk, securities, or other financial account in a foreign country?		16		✓
		structions for exceptions and filing requirements for FinCEN Form 114. If "Yes," er	nter the name of			
		n country ►				
Part		Statements Regarding Activities for Which Form 4720 May Be Required	d			
		4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	_	year did the foundation (either directly or indirectly):	·			
		e in the sale or exchange, or leasing of property with a disqualified person?	∐Yes ☑No		1	
		w money from, lend money to, or otherwise extend credit to (or accept it from) a diffied person?				
			☐ Yes ☑ No☐ Yes ☑ No☐			
		empensation to, or pay or reimburse the expenses of, a disqualified person?	☐ Yes ☑ No			
		er any income or assets to a disqualified person (or make any of either available for				
			☐ Yes ☑ No			
		to pay money or property to a government official? (Exception. Check "No" if the	1			
		ation agreed to make a grant to or to employ the official for a period after				
		ation of government service, if terminating within 90 days.)		•	-	
Ь		ver is "Yes" to 1a(1)-(6), did any of the acts fall to qualify under the exceptions described]
		.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b		
_	-	ons relying on a current notice regarding disaster assistance check here			j	
С		undation engage in a prior year in any of the acts described in 1a, other than exce corrected before the first day of the tax year beginning in 2015?	•	īc		J
2		failure to distribute income (section 4942) (does not apply for years the foundation	was a private			
		foundation defined in section 4942(j)(3) or 4942(j)(5)):				
а		of tax year 2015, did the foundation have any undistributed income (lines 6d and		I	ŀ	
		III) for tax year(s) beginning before 2015?	☐Yes ☑No			
h	Are there	any years listed in 2a for which the foundation is not applying the provisions of sec	ntion 4042(n)(2)		ļ	ĺ
D		o incorrect valuation of assets) to the year's undistributed income? (If applying section		- 1	ŀ	-
		sted, answer "No" and attach statement—see instructions.)		2b		۲
С		isions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the v				
	▶ 20	,20 ,20 ,20		ł	1	
3a	Did the for	undation hold more than a 2% direct or indirect interest in any business enterprise	1	}	1	
	at any time	e during the year?	☐ Yes ☑ No		1	1
b		lid it have excess business holdings in 2015 as a result of (1) any purchase by the		- 1	- [
		d persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period at		-	1	
		oner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or			ŀ	
		15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to de n had excess business holdings in 2015.)				
4a		Indation invest during the year any amount in a manner that would jeopardize its charita		3b		
ь		undation make any investment in a prior year (but after December 31, 1969) that coul		4a		
_		nurnose that had not been removed from legnardy before the first day of the tay year bec				

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Parl	VII-B Statements Regarding Ac	ctivities for V	Vhich Form	4720	May Be P	equir	ed (contin	ued)			
5a	During the year did the foundation pay o							_	- 1	, !	
	(1) Carry on propaganda, or otherwise a							✓ No	·		
	(2) Influence the outcome of any specific	•	•		•	-					
	directly or indirectly, any voter registr						===	∠ No			
	(3) Provide a grant to an individual for tra(4) Provide a grant to an organization of							☑ No	`		
	section 4945(d)(4)(A)? (see instruction						_	☑No			
	(5) Provide for any purpose other than r							<u> </u>	1		
	purposes, or for the prevention of cru							√ No			
b	If any answer is "Yes" to 5a(1)-(5), did at	-									
_	Regulations section 53.4945 or in a curren							·N/A	5b		
	Organizations relying on a current notice	regarding disa	ster assistan	ce che	ck here			▶□			
C	If the answer is "Yes" to question 5a(4)										
	because it maintained expenditure respo	nsibility for the	grant?			N/A	Yes	☐ No			
	If "Yes," attach the statement required by	/ Regulations s	ection 53.49	45–5(d).	•				1		
6a		ive any funds,	directly or in	directly	, to pay pre	emiums	.			- 1	
	on a personal benefit contract?						_	✓ No			
b	Did the foundation, during the year, pay	premiums, dıre	ctly or indire	ctly, on	a personal	benefi	t contract?	•	6b		✓
_	If "Yes" to 6b, file Form 8870.						п.,	<u>г</u>		}	
_	At any time during the tax year, was the fou						☐ Yes				ل ۔۔
b Por	If "Yes," did the foundation receive any p			come a			ransaction	'IWA	7b		
	NIII Information About Officers	Directors 1	fruetage E	ounda	tion Mon	2405	Highly D	old E	mnlov	000	
, di	t VIII Information About Officers and Contractors	, Directors, 1	rustees, F	ounda	tion Man	agers,	Highly Pa	aid E	mploy	ees,	_
1	and Contractors								mploy	ees,	
	and Contractors List all officers, directors, trustees, for	undation mana (b) ⊺ıtıl	agers and the	eir con	npensation	(see i	nstruction: Contributions	s). to	mploy		ount,
	and Contractors	undation mana	gers and th	eir con (c) Coi	npensatior	(see i	nstruction	s). to lans	(e) Expe		
1	and Contractors List all officers, directors, trustees, for	undation mana	agers and the e, and average rs per week	eir con (c) Coi	npensation mpensation not paid,	(see i	nstruction: Contributions byee benefit pl	s). to lans	(e) Expe	nse acc	
1 PAUL 465 N	and Contractors List all officers, directors, trustees, for (a) Name and address E. GIARRUSSO I PINES WAY, STE 104-205	undation mana (b) Trit hou devot	agers and the e, and average rs per week	eir con (c) Coi	npensation mpensation not paid,	(see i	nstruction: Contributions byee benefit pl	s). to lans	(e) Expe	nse acc	
1 PAUL 465 N	and Contractors List all officers, directors, trustees, for (a) Name and address E. GIARRUSSO	undation mana (b) Trit hou devot	agers and the e, and average rs per week ed to position	eir con (c) Coi	npensation mpensation not paid, ter -0-)	(see i	nstruction: Contributions byee benefit pl	s). to lans sation	(e) Expe	nse acc	ces
1 PAUL 465 N	and Contractors List all officers, directors, trustees, for (a) Name and address E. GIARRUSSO I PINES WAY, STE 104-205 DN, WY 83014	undation mana (b) Trit hou devot	agers and the e, and average rs per week ed to position	eir con (c) Coi	npensation mpensation not paid, ter -0-)	(see i	nstruction: Contributions byee benefit pl	s). to lans sation	(e) Expe	nse acc	ces
1 AUL 465 N VILSC	and Contractors List all officers, directors, trustees, for (a) Name and address E. GIARRUSSO PINES WAY, STE 104-205 DN, WY 83014 Y GIARRUSSO	Undation mana (b) Title hou devot TRUS1	agers and the agers and the agers and average rs per week ed to position	eir con (c) Coi	npensation mpensation not paid, (ter -0-)	(see i	nstruction: Contributions byee benefit pl	s). to lans sation	(e) Expe	nse acc	
1 465 N VILSC RAC	and Contractors List all officers, directors, trustees, for (a) Name and address E. GIARRUSSO PINES WAY, STE 104-205 DN, WY 83014 Y GIARRUSSO PINES WAY, STE 104-205	Undation mana (b) Title hou devot TRUS1	agers and the e, and average rs per week ed to position	eir con (c) Coi	npensation mpensation not paid, ter -0-)	(see i	nstruction: Contributions byee benefit pl	s). to lans sation	(e) Expe	nse acc	ces
1 465 N VILSC RAC	and Contractors List all officers, directors, trustees, for (a) Name and address E. GIARRUSSO PINES WAY, STE 104-205 DN, WY 83014 Y GIARRUSSO	Undation mana (b) Title hou devot TRUS1	agers and the agers and the agers and average rs per week ed to position	eir con (c) Coi	npensation mpensation not paid, (ter -0-)	(see i	nstruction: Contributions byee benefit pl	s). to lans sation	(e) Expe	nse acc	
1 465 N VILSC 465 N VILSC	and Contractors List all officers, directors, trustees, for (a) Name and address E. GIARRUSSO I PINES WAY, STE 104-205 DN, WY 83014 Y GIARRUSSO I PINES WAY, STE 104-205 DN, WY 83014	Undation mana (b) Title hou devot TRUS1	agers and the agers and the agers and average rs per week ed to position	eir con (c) Col (lf r en	npensation mpensation not paid, ter -0-) 0.	(d) (d) empl and def	nstruction: Contributions byee benefit pl erred compen	s). to tans sation 0.	(e) Experimental (e) (e) (e) (e) (e) (e) (e) (e) (e) (e)	nse acc	0. 0.
1 465 N VILSC RAC	and Contractors List all officers, directors, trustees, for (a) Name and address E. GIARRUSSO PINES WAY, STE 104-205 DN, WY 83014 Y GIARRUSSO PINES WAY, STE 104-205	Undation mana (b) Title hou devot TRUS1	agers and the agers and the agers and average rs per week ed to position	eir con (c) Col (lf r en	npensation mpensation not paid, ter -0-) 0.	(d) (d) empl and def	nstruction: Contributions byee benefit pl erred compen	s). to tans sation 0.	(e) Experimental (e) (e) (e) (e) (e) (e) (e) (e) (e) (e)	nse acc	0. 0.
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Part \	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	nployees,
3	ive highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		† · · · · · · · · · · · · · · · · · · ·
		1
Total r	ımber of others receiving over \$50,000 for professional services	0
Part	Summary of Direct Charitable Activities	
	e foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of zations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N		
		1
2		
_		
3 _		ŧ
_		
4		
		1
	(D. Comment of the Co	
Part	Summary of Program-Related Investments (see instructions) be the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
		Amount
1 <u>N</u>	1	
2 -		
All ot	er program-related investments. See instructions	
3		
Total.	dd lines 1 through 3	0.
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Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign four	idations,
	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	0
b	Average of monthly cash balances	1b	49,000
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	49,000
0	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	49,000
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	735
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	48,265
6	Minimum investment return. Enter 5% of line 5	6	2,413
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► ☐ and do not complete this part.)	oundati	ons
1	Minimum investment return from Part X, line 6	1	2,413
2a	Tax on investment income for 2015 from Part VI, line 5		2,410
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,413
4	Recoveries of amounts treated as qualifying distributions	4	2,413
5	Add lines 3 and 4	5	2,413
6	Deduction from distributable amount (see instructions)	6	2,413
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	 	
•	line 1	7	0.440
		 	2,413
Part	XII Qualifying Distributions (see instructions)		·
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etctotal from Part I, column (d), line 26	1a	0.
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.,	1 1	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	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	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	1	
	Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whether	er the foundation

Part	Undistributed Income (see instruction	ons)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
	line 7				2,413
2	Undistributed income, if any, as of the end of 2015:				ļ
a	Enter amount for 2014 only			0.	
ь	Total for prior years: 20,20,20		0.		
3	Excess distributions carryover, if any, to 2015:				
a	From 2010				i
b	From 2011				1
c	From 2012				
d	From 2013		II	ļ	•
θ	1101112011				!
f 4	Total of lines 3a through e	O.			·····
~	line 4: > \$				1
_	Applied to 2014, but not more than line 2a .				
a b	Applied to undistributed income of prior years			0.	
D	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election		0.		
·	required—see instructions)	0.			
d	Applied to 2015 distributable amount	<u> </u>			0
e	Remaining amount distributed out of corpus	0.	·		
5	Excess distributions carryover applied to 2015	0.			0
•	(If an amount appears in column (d), the same	<u>.</u>			
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
_	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b	Prior years' undistributed income. Subtract				······
	line 4b from line 2b		0.		
С	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.		
е	Undistributed income for 2014. Subtract line				_
	4a from line 2a. Taxable amount-see				
	instructions			0.	
f	Undistributed income for 2015. Subtract lines			1	
	4d and 5 from line 1. This amount must be				
	distributed in 2016				2,413
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section			1	
	170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2010 not	O.			
0	applied on line 5 or line 7 (see instructions).	_ :			
9	Excess distributions carryover to 2016.	O.	*		
9	Subtract lines 7 and 8 from line 6a	o.			
10	Analysis of line 9:				
	Excess from 2011 N/A				
b	Excess from 2012 N/A				
C	Excess from 2013 N/A			ł	
d	Excess from 2014 N/A		1	ļ	
	Excess from 2015 0.			İ	
			<u> </u>	·	Form 990-PF (2015)

Page 10

Part	XIV Private Operating Founda	tions (see instru	uctions and Part	VII-A, question 9	9) N/A	
1a	If the foundation has received a ruling	g or determination	letter that it is a	private operating		
	foundation, and the ruling is effective fo	r 2015, enter the d	ate of the ruling .	•		
b	Check box to indicate whether the four	ndation is a private	operating founda	ition described in s	ection	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(1) T 1) - 1
	income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	investment return from Part X for each year listed					
b	85% of line 2a		<u> </u>			<u> </u>
c	Qualifying distributions from Part XII,		 	 		
	line 4 for each year listed			ļ		ļ
d	Amounts included in line 2c not used directly			 	 	ļ
-	for active conduct of exempt activities					
е	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:					
а	"Assets" alternative test-enter:				1	i
	(1) Value of all assets	<u> </u>			Į.	ļ
	(2) Value of assets qualifying under	<u> </u>	†	 		† — — — — — — — — — — — — — — — — — — —
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test-enter 43					
	of minimum investment return shown in Part X, line 6 for each year listed				ł	
С	"Support" alternative test—enter:		 			
•	• •			1	ļ	
	(1) Total support other than gross investment income (interest,			ľ	ŀ	<u> </u>
	dividends, rents, payments on					
	securities loans (section	ļ				ļ
	512(a)(5)), or royalties) (2) Support from general public					
	and 5 or more exempt					
	organizations as provided in	}			ļ	
	section 4942(j)(3)(B)(iii)	<u> </u>	 			
	(3) Largest amount of support from an exempt organization					i
			 	 		
Dout	(4) Gross investment income XV Supplementary Information	n /Complete th	io mort orbi if t	ha farmdatian b	od \$5 000 or	
Part	any time during the year-		•	ine loungation n	au \$5,000 or m	ore in assets at
		· · · · · · · · · · · · · · · · · · ·	13.)			
1	Information Regarding Foundation List any managers of the foundation v		ited more than 20	% of the total cont	nhutions rossured	by the foundation
а	before the close of any tax year (but o					by the loundation
	, , ,	only if they have o	ontributed more ti	nan 45,000). (Gee s	ection 507 (d)(2).)	
	E. GIARRUSSO List any managers of the foundation	who own 1006 o	r mars of the sta	als of a parmeration	o for on onvolly to	and modice of the
b	ownership of a partnership or other er					irge portion of the
	Ownership of a partiership of other ci	inty) or willow the	Touridation has a	1070 of greater into	G1 G3 1.	
NONE	Información Demondina Contribution	- C Ciff I	on Cabalandia a	-A- D	······	
2	Information Regarding Contribution					
	Check here if the foundation					
	unsolicited requests for funds. If the f other conditions, complete items 2a, l		giris, grants, etc.	(See Instructions)	O maividuais or or	ganizations under
			delve en ef Ab		-4	
а	The name, address, and telephone nu	imber or e-mail at	adress of the pers	on to whom applic	auons snould be a	idaressea:
	The form in which applications should	l be submitted an	d information and	materials they sho	uld include:	
b	The form in which applications should	i de submitted an	u momation and	materials triey sho	ula include.	
	Any submission deadlines:				·	
•	, my capitalonia acadimes.					
d	Any restrictions or limitations on av	vards, such as b	y geographical a	reas, charitable fie	elds, kinds of ins	titutions, or other
	factors:	-, -	, <u> </u>		.,	

3	Grants and Contributions Paid During	the Year or Approv	ed for Fu	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	oon Date.	
	Paid during the year E Initial return (at year-end) No Distributions made	or substantial contributor	recipient		
		<u> </u>	l		
b	Total			▶ 3a	

Part XV Enter gros	-A Analysis of Income-Producing Ac	tivities			81-0816092	Page 12
Enter gros		MAICIOS				
	s amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by sect	on 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1 Prog	ram service revenue:					
ь –			··· <u>·</u>			
c -						
d _						
е _						
f =		ļ		ļ		
_	ees and contracts from government agencies	ļ	··	 		
	bership dues and assessments	<u> </u>		ļ		
	lends and interest from securities			 		
	rental income or (loss) from real estate:					
	ebt-financed property					
	lot debt-financed property					
	ental income or (loss) from personal property			<u> </u>		
	r investment income	 	·	ļ		
	or (loss) from sales of assets other than inventory			 		
	ncome or (loss) from special events					<u> </u>
	•			 		
11 b	r revenue: a	<u> </u>				
c						
d _						
Θ_						
	otal. Add columns (b), (d), and (e)		0		0.	0
	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 				13	0.
Part XV		10.)				
	Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
Line No.					-A contributed in	nportantly to the
Line No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt put				-A contributed in oses). (See instruc	nportantly to the tions.)
					-A contributed in oses). (See instruc	nportantly to the tions.)
					-A contributed in oses). (See instruc	nportantly to the tions.)
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Form **990-PF** (2015)

			ganizations						
1	in sec			engage in any of the fo section 501(c)(3) organ				Yes No	
а	Trans	fers from the rep	porting foundation to	a noncharitable exem	pt organization	of:			
		ash						1a(1) ✓	
	(2) 01	ther assets .						1a(2) 🗸	
b		transactions:							Ì
			a nonchantable exe	mpt organization .				1b(1) ✓	-
				able exempt organization				1b(2) ✓	-
				rassets				1b(3) 🗸	-
	• •		rangements					1b(4) ✓	-
		ans or loan gua	•					1b(5) 🗸	-
		_		ip or fundraising solici				1b(6) ✓	-
С				sts, other assets, or pa				1c 🗸	-
		-		s," complete the follow					+
•				ces given by the repor					
				ement, show in column					•
(a) Line		a) Amount involved		nantable exempt organization			rs, transactions, and sha		-
<u> </u>				N/A				3 3	-
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	descr	ibed in section 5		iliated with, or related other than section 501(_	Yes 🗹 No	-
	11 16.	(a) Name of organ		(b) Type of organ	uzatron		(c) Description of relatio	nehin	-
			ization	(b) Type of organ	iizabori		(C) Description of relatio	isnip	-
		N/A							-
									-
									-
									-
	Hodo	nonalties of noning	declare that Maria evamina	d this return, including accomp	anving schedules and	l etatemente and	to the hest of my knowley	Ine and heliaf it is to a	-
Sign				an taxpayer) is based on all info			wledge.	<u> </u>	ì
_				144 44 47	TRUCTEE			RS discuss this return preparer shown below	I
Here		ature of officer or trus	to d	11-14-17 Date	TRUSTEE Title			ctions)? [Yes No	I
	Joigila	Print/Type preparer	/	Preparer's signature	1100	Date		אודי	-
Paid		and type propaler		opaici o signaturo			Check if		
Prepa				.1	··-	_ ,	self-employed		-
Use ()nly	Firm's name ▶					Firm's EIN ▶		-
	- 1	Firm's address >					Phone no		

Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

THE EDWARD TRUST 81-0816092 Organization type (check 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 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific. literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, chantable, etc., purposes, but no such contributions totaled 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 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) **Employer identification number** Name of organization THE EDWARD TRUST 81-0816092 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) (b) (c) Νo. Name, address, and ZIP + 4 Total contributions Type of contribution Person \mathbf{V} _1_ Paul E. Giarrusso Payroll 49,000. Noncash 3465 N Pines Way, Ste 104-205 (Complete Part II for noncash contributions.) Wilson, WY 83014 (b) (d) (a) (c) Ño. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payrol! Noncash

(Complete Part II for noncash contributions.)

Name of o	rganization	Employer identification number	
THE EDWA	ARD TRUST	81-0816092	
Part II	Noncash Property (see instructions). Use duplicate co	pies of 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
		s	
(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
		s	
(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
		s	

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of or	ganization				Employer identification number			
THE EDWA	RD TRUST				81-0816092			
Part III	Exclusively religious, charitable, et (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the following line entry.	or the year from any ations completing Pa the year. (Enter this in	one contributor. ort III, enter the tota nformation once. S	Complete al of exclus	columns (a) through (e) and ively religious, charitable, etc.,			
70 No. 1	Use duplicate copies of Part III if ad	Iditional space is nee	eded.					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) De	scription of how gift is held			
	(e) Transfer of gift							
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use	(c) Use of gift		(d) Description of how gift is held			
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	Transferee's name, address, a	fer of gift Relatio	Relationship of transferor to transferee					
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(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift (d) Description of how gift is		scription of how gift is held			
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	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
-	Hansieree S Hallie, audiess, 8	neiatio		incident to management				

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(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held			
ţ					·			
	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
}								
			<u> </u>					

FORM 990-PF		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITBLE PURPOSES
CHARITABLE TRUST FORMATION	1,550.	0.		0.
TO FORM 990-PF, PG 1, LN 16A	1,550.	0.		0.

FORM 990-PF	o	OTHER EXPENSES			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITBLE PURPOSES	
IRS 501(c)(3) FILING FEE	400.				
TO FORM 990-PF, PG 1, LN 23	400.				