# EXTENDED TO MAY 15, 2018

Form 990

Department of the Treasury

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2016 Open to Public Inspection

Internal Re	evenue S	Service	► Information about Form 990 and its instructions is at www	vw.irs.		Inspection			
A For	the 20	016 calend	dar year, or tax year beginning $$	JU	JN 30, 2017				
B Check	if able	C Name o	of organization		D Employer identific	ation number			
cha	dress ange me	CENT	TRAL WYOMING COLLEGE FOUNDATION		02 61	100522			
ch	ange tial		business as	-	83-6009533				
ret	um		er and street (or P.O. box if mail is not delivered to street address)	suite	E Telephone number 800-735-8418				
Llret	Final 2660 PECK AVENUE								
ate	ed nended		town, state or province, country, and ZIP or foreign postal code	ŀ	G Gross receipts \$	3,396,589.			
ret	urn plica-	KIVE	ERTON, WY 82501		H(a) Is this a group return for subordinates? Yes X No				
tiotio	n nding		and address of principal officer REBECCA RUTHENBECK AS C ABOVE	72	for subordinates' <b>H(b)</b> Are all subordinates in				
				1/527		list (see instructions)			
			. CWC . EDU		H(c) Group exemption				
				Year o	f formation: 1967 N	State of legal domicile: WY			
Part		ummary				773337777777777777777777777777777777777			
a 1	Bri	efly descri			E AND EXTENI				
Ĕ	AS	SSISTA	ANCE TO THE EDUCATIONAL INSTITUTION EST						
Activities & Governance		eck this bo		more t		ets			
8   3			oting members of the governing pody (Part VI Line 1a)		3	14			
<u>ق</u> 4			ndependent voting members of the governing body (Partivi, line 1b)		4	12			
(8) 5	To	tal number	r of individuals employed in calendar yean 2011 (Part V, Jine 2a)		5	0			
₹ 6	To	ital number	er of volunteers (estimatest necessary)		6	20			
· 항 7			ed business revenue from Rart-VIII- column (C), Ine-12		7a	0.			
-63	<b>b</b> Ne	et unrelated	d business taxable income from Form 990 1 dine 34	-,	7b	0.			
			because of the second s	<u> </u>	Prior Year	Current Year			
_     8	Co	ontributions	s and grants (Part VIII, line 1h)		2,642,810.	342,733.			
[일 8	Pro	ogram sen	vice revenue (Part VIII, line 2g)	<u> </u>	179,367.	204,998.			
SCANNED LEEB	0 Inv	vestment ir	ncome (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	633,881.	843,172.			
¥ 1	1 Ot	her revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		105,821.	67,278.			
2 1	2 To	tal revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,561,879.	1,458,181.			
<b>Ş</b> ⊊ 1:	<b>3</b> Gr	ants and s	similar amounts paid (Part IX, column (A), lines 1-3)		576,647.	470,865.			
(n) 1	<b>4</b> Be	enefits paid	d to or for members (Part IX, column (A), line 4)		0.	0.			
1 4	<b>5</b> Sa	alaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)		75,516.	77,446.			
Expenses	6a Pr	ofessional	I fundraising fees (Part IX, column (A), line 11e)		0.	0.			
<u>ē</u>	<b>b</b> To	tal fundra	ising expenses (Part IX, column (D), line 25)   145,352.	35	, ,	14.4			
_ û  <sub>1'</sub>	<b>7</b> Ot	ther expens	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		323,417.	571,858.			
11	<b>8</b> To	tal expens	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Ш	975,580.	1,120,169.			
	9 Re	evenue less	s expenses Subtract line 18 from line 12		2,586,299.	338,012.			
or Ses					inning of Current Year	End of Year			
Assets or Balances.	<b>0</b> To	tal assets	(Part X, line 16)		22,212,613.	24,655,714.			
<b>₹₩</b> 2	<b>1</b> To	otal liabilitie	es (Part X, line 26)		8,001,497.	9,701,849.			
Z 2 2		et assets o	or fund balances Subtract line 21 from line 20		14,211,116.	14,953,865.			
Part			re Block						
			y, I declare that I have examined this return, including accompanying schedules and st			knowledge and belief, it is			
true, co	rrect, a	and complet	ite. Declaration of preparer (other than officer) is based on all information of which pre	eparer l	has any knowledge.				
		MIL	alle kwhenbeen		× 1.3	.17			
Sign Signature of officer / Date						•			
Here			ECCA RUTHENBECK, EXECUTIVE DIRECTOR print name and title						
Print/Type preparer's name Preparer's signature Date Check PTIN									
Paid WAYNE R. HERR 12/26/17 self-employed P001890									
		irm's name			Firm's EIN	83-0331229			
Preparer Firm's name MCGEE, HEARNE & PAIN, LLP Firm's EIN 83-0331229  Use Only Firm's address P.O. BOX 1088									
OSE UII	יין ויי	iiiii s auui es	CHEYENNE, WY 82003		Phone no 30	7-634-2151			
May th	e IRS	discuss th	his return with the preparer shown above? (see instructions)		7. 1010 11010	X Yes No			

	rt III   Statement of Program Service Accomplishments	83-6009533	Page Z
	·		
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  THE FOUNDATION EXISTS TO ASSIST AND EXTEND FINANCIAL SUPI	PORT TO	<u> </u>
	CENTRAL WYOMING COLLEGE AND ITS VARIOUS EDUCATIONAL PROGR		ER
	SERVICES, AND TO PROVIDE SCHOLARSHIPS, GRANTS-IN-AID AND		
	STUDENTS ENROLLED IN THE COLLEGE.		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, a	nd
	revenue, if any, for each program service reported	204	000 /
4a	(Code) (Expenses \$ 311,807. Including grants of \$ 311,807.) (Revent PROVIDE SCHOLARSHIP ASSISTANCE TO CENTRAL WYOMNG COLLEGE		998.
		-	
			<del> </del>
			-
		<del></del>	
4b	(Code) (Expenses \$159,058159,058) (Revenue	¢	
71,7	PROVIDE FINANCIAL ASSISTANCE TO VARIOUS PROGRAMS AT CENTY		
	COLLEGE. PROGRAMS ASSISTED INCLUDE: NURSING, STUDENT LI		INE
	STUDIES, LIBRARY, MUSIC, THEATER, AND FACULTY DEVELOPMENT		
		·	
		<del></del>	
		·····	
	<u></u>		
4c	(Code) (Expenses \$) (Revenue)	ue \$	)
		<del></del>	
		<del></del>	
		<del></del> -	
4d	Other program services (Describe in Schedule O )		<del>-</del>
,,,	(Expenses \$	)	
4e	Total program service expenses ► 470,865.		
		Form 9	90 (2016)

83-6009533 Page 3

Yes No

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	· 1		
	public office? If "Yes," complete Schedule C, Part I	_3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	*		÷ 4.*
	as applicable.	11 XX		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		!	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			•
	or more? If "Yes," complete Schedule F, Parts I and IV	_14b_		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			₩.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.	X	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Δ_	<del></del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		х
	complete Schedule G. Part III	19 Form	990	(2016)
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Page 4

Form 990 (2016)

Part IV | Checklist of Required Schedules (continued)

Page 5

	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	- ; ,		, ± 1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	۲.	`, ·	, ,
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	, ^		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		*	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			•••
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<u> </u>		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "You " to line 5a or 5b, did the organization file Form 8886 T2.	5b 5c		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	oc		
Va	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		_==-
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	151	F. 3	**
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>	- A-	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		13
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
9	sponsoring organization have excess business holdings at any time during the year?	8		
а	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	"		
а	Initiation fees and capital contributions included on Part VIII, line 12	]		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	]		
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	] : , ]		. 4
b	Gross income from other sources (Do not net amounts due or paid to other sources against	133		
	amounts due or received from them)	لــــــا	9 8	**
12a		12a	* ~	82
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4 (	4	2 4
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		× 2°	(#° *
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	- Sii c	. 4
,	Note. See the instructions for additional information the organization must report on Schedule O	1 30° "	44	4.4
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand		.Î %	3.3
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	14a	) ×*	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<del></del>
	The state of the s		990	(2016)

Form 990 (2016) CENTRAL WYOMING COLLEGE FOUNDATION 83-6009533 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 12 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation Ž in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>WY</u> Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records.

82501

WY

CENTRAL WYOMING COLLEGE FOUNDATION - 307-855-2250

2660 PECK AVENUE, RIVERTON,

Form	990	(2016)	

### CENTRAL WYOMING COLLEGE FOUNDATION

83-6009533

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization	nor any related	orga	nıza	tion	con	nper	sate	ed any current officer, d	rector, or trustee	
(A) (B)					<b>C</b> )			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	box, unless perso				an	compensation	compensation	amount of
	week	$\vdash$	ceran	aaa	recto	T	(ee)	from	from related	other
	(list any	recto	ļ					the	organizations	compensation
	hours for	0	8			ated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	nstee	trust		ခ္မ	nbeu	l	(W-2/1099-WIGC)		organization and related
	below	lag i	trona		oldu	st co				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	F E			0.94
(1) JOYCE DAULER	1.00					Ĭ				
PRESIDENT		X		X				0.	0.	0.
(2) PAUL GUSCHEWSKY	1.00			ļ		ļ				
VICE PRESIDENT	<u> </u>	X		X		L		0.	0.	0.
(3) CURT GALITZ	1.00							ļ		
SECRETARY		X		Х				0.	0.	0.
(4) SCOTT ESTEP	1.00	]		1	ŀ					
TREASURER		X	<u> </u>	Х		<u> </u>	_	0.	0.	0.
(5) DAVID CLAUSS	1.00	1	ļ	ŀ					_	_
DIRECTOR		X	<u> </u>			igspace		0.	0.	0.
(6) JUDGE NANCY GUTHRIE	1.00	1	l	1		ĺ		_		_
DIRECTOR		X	<u> </u>		L	┡		0.	0.	0.
(7) JACQUIE HEDIGER	1.00				]	]	]			
DIRECTOR	+	X	ļ		<u> </u>	<u> </u>		0.	0.	0.
(8) MARGARET PEART	1.00	١.,		ĺ						_
DIRECTOR	1 00	X	<del> </del>	<del> </del>	<del> </del>	├-	-	0.	0.	0.
(9) NICOLE SCHOENING	1.00	١								
DIRECTOR (CWC TRUSTEE)	+	X	-			<u> </u>		0.	0.	0.
(10) SARAH SWEENEY	1.00	<b>∤</b>		ĺ	Į.		1			
DIRECTOR	+	X	<u> </u>	ļ	<del> </del>	$\vdash$	<u> </u>	0.	0.	0.
(11) PAT SKELTON	1.00	ļ					ŀ			
DIRECTOR (CWC TRUSTEE)	<del> </del>	X	<u> </u>		<u>.</u>	<u> </u>		0.	0.	0.
(12) DR BRAD TYNDALL	1.00	┨	ŀ		l			1		
DIRECTOR (CWC PRESIDENT)		X		ļ	_	<b> </b>		0.	80,292.	12,885.
(13) CARLTON UNDERWOOD	1.00	<b>∤</b>					ŀ			
DIRECTOR (CWC TRUSTEE)	1 20	X	<u> </u>		_	$\vdash$	ļ	0.	0.	0.
(14) DR CRISTOBAL VALDEZ	1.00		i		ŀ		Ì		000 000	40 000
DIRECTOR (FRMR CWC PRESIDENT)	40.00	X	_	_		├-	<u> </u>	0.	233,022.	18,800.
(15) REBECCA RUTHENBECK	40.00	∤	l	37	l	l			01 440	14 704
EXECUTIVE DIRECTOR		├	-	Х		┝	$\vdash$	0.	81,440.	14,724.
	<b>-</b>	1								
	<del> </del>	1				$\vdash$	-			<del>-</del>
										Form 990 (2016)

Form 990 (2016) CENTRAL	WYOMING	CO	LL	EG	E	FO	UN	IDATION	83-60	0953	<u>3</u> F	age 8
Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploye	ees,	and	Hig	hes	t C	ompensated Employee	s (continued)	<del></del>		
(A) Name and title	(B) Average hours per week	box,	not cl	ss per	tion nore son i	than o s both r/trus	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	(F) Estimat amount other	of
	(list any ğ the organi		organizations (W-2/1099-MIS	s co	ompensa from the organiza and rela organizat	ation ne ition ited						
												-
1b Sub-total c Total from continuation sheets to Part V	II. Section A			<b>.</b>	<b></b>		<b>▶</b>	0.	394,75	0.	46,4	09.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but r			lioto	d ob			<b>_</b>	0.	394,75		46,4	09.
compensation from the organization			iiste	u au	ove	·) wii	O TE	eceived more than \$100			Yes	0   No
3 Did the organization list any former officer		ustee	e, ke	у еп	nplo	yee,	or I	highest compensated e	mployee on	*	7 ± 1	
line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the s	um of reportab								he organization	3		X
and related organizations greater than \$15  5 Did any person listed on line 1a receive or			•						dual for services	4		<u> </u>
rendered to the organization? If "Yes." con Section B. Independent Contractors	pplete Schedul	e J f	or st	ıch ı	oers	on				5	·	X
Complete this table for your five highest co	mpensated inc	depe	nder	nt co	ontra	acto	rs th	nat received more than s	\$100,000 of comp	ensation	from	
the organization Report compensation for	the calendar y	ear e	ndır	ng w	ıth c	or wi	thin	the organization's tax y	ear			
(A) Name and business	address	_NC	ONE	3				(B) Description of	services	Com	(C) pensation	on
	<b>-</b>											
												·
<del></del>												
<ul> <li>Total number of independent contractors (</li> <li>\$100,000 of compensation from the organ</li> </ul>		ot lin	nited	d to t	thos (		ted	above) who received m	ore than		*	<b>4</b> . ;

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns **b** Membership dues 1b Fundraising events 1c С 1d d Related organizations 79,177. e Government grants (contributions) All other contributions, gifts, grants, and 263,556. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ Total, Add lines 1a-1f Business Code 900099 190,446 190,446. 2 a ADMIN FEES Program Service Revenue 14,552 900099 14,552. TRUST INCOME f All other program service revenue 204 998. Total, Add lines 2a-2f Investment income (including dividends, interest, and 284,260. 284,260 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ı) Real (II) Personal 49,913. 6 a Gross rents **b** Less rental expenses 49,913. Rental income or (loss) 49,913. 49,913. d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (II) Other 2,477,320. assets other than inventory b Less cost or other basis 1,918,408. and sales expenses 558,912. c Gain or (loss) 558,912 558,912. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See 37,365. Part IV, line 18 20,000 b Less direct expenses 17,365 17,365 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV. line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue Total. Add lines 11a-11d 204 998 0. 910,450. 1,458,181, Total revenue See instructions. Form **990** (2016) Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII expenses Grants and other assistance to domestic organizations 470,865. 470,865. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 20,767. 19,953. 40,720. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 20,656. 10,535. 10,121. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 11,450. 5,611. 5,839. Other employee benefits 2,356. 4,620. 2,264. 10 Payroll taxes Fees for services (non-employees). a Management 26,180. 26,180. **b** Legal 16,000. 16,000. c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, <u>47,</u>748. 77,103. 29,355. column (A) amount, list line 11g expenses on Sch O.) 38,840. 1,554. 37,286. Advertising and promotion 12 1,474. 737. 737. Office expenses 13 14 Information technology Royalties 15 1,405. 1,054. 351. 16 Occupancy 1,027. 411. 616. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 23,544. 23,544. Depreciation, depletion, and amortization 22 4,344. 2,172. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 4. 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 118,810118,810. a BAD DEBT EXPENSE 115,103. 115,103. **b ADMINISTRATIVE FEES** 52,872. 52,872. c MONEY MANAGEMENT FEE 16,940. 4,963. 11,977. d MEALS & ENTERTAINMENT 78,216. 53,307. 24,909. e All other expenses 503,952. 145,352. 1,120,169. 470,865. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1,629,944. 481,857. Cash - non-interest-bearing 1 384,676. 381,178. 2 2 Savings and temporary cash investments 110,739. 3 Pledges and grants receivable, net 3 105,305. 11,356. 4 Accounts receivable, net 4 'n. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L. 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 954,589. basis Complete Part VI of Schedule D 10a 572,676. 405,457. 381,913. b Less accumulated depreciation 10b 10c 18,370,930. 22,183,932. 11 Investments - publicly traded securities 693,351. 703,267. 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 Intangible assets 14 14 512,211. 512,211. 15 15 Other assets See Part IV, line 11 22,212,613. 655,714. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 42,750. 969. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 332,141. 318,249.Deferred revenue 19 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 7,626,606. 9,382,631 25 Schedule D 8,001,497. 9,701,849. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,659,544. 1,822,320. 27 Unrestricted net assets 27 2,233,006. 2,768,206. 28 28 Temporarily restricted net assets 10,318,566. 10,363,339. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 14,211,116 14,953,865. Total net assets or fund balances 33 33 24,655,714. 212,613. 34 Total liabilities and net assets/fund balances

Form 990 (2016)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of	lame of the organization Employer identification number							identification number
			G COLLEGE FO					<u>3-6009533</u>
Part	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part ) Se	e instructions	3	
The organ	nization is not a private found	ation because it is (	For lines 1 through 12, cl	heck only	one box )			$\sim$ /
1 🔲	A church, convention of chi	urches, or associatio	n of churches described	in section	n 170(b)(1	)(A)(ı).		
2 🗀	A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ))			0.0
з 🔲	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4 🔲	A medical research organiz	ation operated in co	njunction with a hospital	described	ın sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
	city, and state							
5 X	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental u	nıt describe	ed in
	section 170(b)(1)(A)(iv). (C	Complete Part II)						
6 🗀	A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	illy receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from ti	ne general r	oublic described in
	section 170(b)(1)(A)(vi). (C			Ŭ				
8 🔲	A community trust describe		(1)(A)(vi). (Complete Par	t II )				
9 🗔	An agricultural research org				ed in conju	nction with a	land-grant	college
<del>_</del>	or university or a non-land-g	=	,				_	•
	university.		,		, ,	•	J	
10 🔲	An organization that norma	ully receives (1) more	than 33 1/3% of its supi	port from o	contributio	ns, members	hip fees, an	d gross receipts from
	activities related to its exen	•						=
	income and unrelated busin	•	•					=
	See section 509(a)(2). (Con		,		,	, ,	•	•
11	An organization organized a	•	vely to test for public sa	fetv. See	section 50	)9(a)(4).		
12 🔲	An organization organized a		•				arry out the	purposes of one or
	more publicly supported or							
	lines 12a through 12d that							
a [	Type I. A supporting orga	- ·						giving
	the supported organization	=		-	_			-
	organization You must o			, ,				3
b [	Type II. A supporting org	•		tion with it	s supporte	d organizatio	n(s), by hav	/ing
	control or management of	•				-		-
	organization(s) You mus	· · · · · ·		,				
c	Type III functionally inte	•		in connec	tion with, a	and functiona	llv integrate	ed with.
-	its supported organization	•	· ·				, -5	- ·····,
d [	Type III non-functionally	· · ·	·				rted organi:	zation(s)
	that is not functionally int						•	• •
	requirement (see instructi	-		-		-		
е [	Check this box if the orga	•	•	•			II. Type III	
• _	functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . , po	
f Ent	er the number of supported of	• •	)og.u.oo ooppor					
	ovide the following information	-	d organization(s)					
	(I) Name of supported	(II) EIN	(III) Type of organization	(iv) is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
	organization		(described on lines 1 10 above (see instructions))	Yes	No	support (see ı	nstructions)	support (see instructions)
	<del></del>		above (acc mottagnona)					
		1	ļ					
		1		1	1			
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		* * * *	× * *	× 4%	380			

Schedule A (Form 990 or 990-EZ) 2016 CENTRAL WYOMING COLLEGE FOUNDATION 83-6009

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and	-						
	membership fees received (Do not							
	include any "unusual grants ")	521,741.	552,042.	504,516.	2642810.	342,733.	4563842.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to	j .						
	the organization without charge							
4	Total. Add lines 1 through 3	521,741.	552,042.	504,516.	2642810.	342,733.	4563842.	
5	The portion of total contributions			** * *				
	by each person (other than a	ű,			* * ** *	i y		
	governmental unit or publicly				Í, m			
	supported organization) included	·			, with the second second			
	on line 1 that exceeds 2% of the							
	amount shown on line 11,		W j		<i>"</i> "			
	column (f)			2 k K K K K	. (-3) 0.4	, y , , , ,	63,040.	
	Public support. Subtract line 5 from line 4		in ii '		***	*	4500802.	
Sec	ction B. Total Support		· ——		<u> </u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	521,741.	552,042.	504,516.	2642810.	342,733.	4563842.	
8	Gross income from interest,	ŀ			i			
	dividends, payments received on	[						
	securities loans, rents, royalties					224 452	465000	
	and income from similar sources	343,184.	296,744.	349,644.	355,577.	334,173.	16/9322.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain			ļ				
	or loss from the sale of capital		155 004	155 060	100 503	204 000	060 477	
	assets (Explain in Part VI)	147,023.	157,904.	177,969.		/ 99	868,477.	
	<b>Total support.</b> Add lines 7 through 10	*	<u> </u>	1 3	** - '	* * * * * * * * * * * * * * * * * * *	7111641.	
	Gross receipts from related activities,		•			12		
13	First five years. If the Form 990 is fo	<del>-</del>	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	, —	
Se	organization, check this box and stoction C. Computation of Publ	<del>p here</del> ic Support Per	centage					
14	Public support percentage for 2016 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	63.29 %	
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	<u>39.19 %</u>	
16a	33 1/3% support test - 2016. If the	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				$ ightharpoons \overline{X}$	
b	33 1/3% support test - 2015. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check the	is box	
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test	t - <b>2016.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,	
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orgar	nization	
	meets the "facts-and-circumstances"	test. The organization	tion qualifies as a j	publicly supported	organization		▶□	
t	10% -facts-and-circumstances test	t - <b>2015.</b> If the org	anization did not o	check a box on line	e 13, 16a, 16b, or <sup>1</sup>	17a, and line 15 is	10% or	
	more, and if the organization meets t	he "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explain	n in Part VI how the	e	
	organization meets the "facts-and-circ						▶□	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, o <u>r</u> 17b				
					Sahr	dule A (Form 990	or 000 E71 2016	

83-6009533 Page

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (c) 2014 (d) 2015 (e) 2016 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include/gain or loss from the sale of capyfal assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and/stop here Section C. Computation of Public Support Percentage 15 Public support/percentage for 2016 (line 8, column (f) divided by line 13, column (f)) % 15 Public support percentage from 2015 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 18 Investment income percentage from 2015 Schedule A, Part III, line 17 % 19a 33 /1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

# **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		No
£2-	Yes	No
1 1	,	100
G.	, , , , , , , , , , , , , , , , , , ,	<i>'</i> .
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9c		<u> </u>
, já	** (	* , 2
10a	<i>**</i>	.á
10b		

		- <u>6009533</u>	<b>)</b> Pa	ge <b>5</b>
Pa	rt IV   Supporting Organizations (continued)	<del></del> T		
4.4	Has the example the accepted a gift or contribution from any of the following accepted.		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	, ž., ` }	37	٠,٠
а	below, the governing body of a supported organization?	11a	÷	
h	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<i>j</i> *		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	, %	1	, a
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	15	*	***
	controlled the organization's activities If the organization had more than one supported organization,		, , , , , , , , , , , , , , , , , , ,	3 3
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	3,		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1 1	- 233	
2	Did the organization operate for the benefit of any supported organization other than the supported	323	4 <sup>30</sup> *	5.4
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	. , .	M. W. V.	,
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	٠٠		-4
0-0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	<del></del>		
_	Marine and the second of the s	* *	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		f	) ,
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			<u> </u>
	урган		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		8	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	4	7	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ا ان مشو
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<sup>©</sup> .	* 3	*
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	48	, sj	1,000
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		. 380	,
	significant voice in the organization's investment policies and in directing the use of the organization's		. 🕅	(
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		4,3	2,
500	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations	] 3		L
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)  The organization satisfied the Activities Test. Complete line 2 below.	ons)		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	netructions)		
2	Activities Test Answer (a) and (b) below	[	Yes	No
a		1.7	* *	4
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	*		ŽX.
	those supported organizations and explain how these activities directly furthered their exempt purposes,	* * ;	i	^ %
	how the organization was responsive to those supported organizations, and how the organization determined	1 188		<b>(</b>
	that these activities constituted substantially all of its activities.	2a		
b		***	1,	,
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	*	*	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	¥4 (3.4	1	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below	K 6.	* *	<b>`</b> ``````
а		** ;	%	
	trustees of each of the supported organizations? Provide details in Part VI	3a		<u> </u>
þ		Ŷ	<i>}</i>	″ \si
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			33-6009533 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VIII See instructions A
•	other Type III non-functionally integrated supporting organizations must co	-		art vi) See insudctions. A
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		<del> </del>
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		, , ,	
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	,		
-	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
•	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7	<del></del>	
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	*	
2	Enter 85% of line 1	2	3 4	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	/ in 1	
4	Enter greater of line 2 or line 3	4	· · · · · · · · · · · · · · · · · · ·	
5	Income tax imposed in prior year	5	y #	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			<del> </del>
J	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional			<del></del>
•		iy iiitegic	ttod Type in supporting orga	HINTALION (SEE
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Par	dule A (Form 990 or 990-EZ) 2016 CENTRAL WYOMII  V Type III Non-Functionally Integrated 509(			3-6009533 Page 7
	on D - Distributions	artor outporting orga	(Continued)	Current Year
	Amounts paid to supported organizations to accomplish exer	mpt purposes		Ourrent real
2	Amounts paid to supported organizations to accomplish exemp			
2	organizations, in excess of income from activity	it purposes or supported		•
3	Administrative expenses paid to accomplish exempt purpose	os of supported organization	<u> </u>	
4		s of supported organizations	s	
5	Amounts paid to acquire exempt use assets  Qualified set aside amounts (prior IRS approval required)			<del></del>
	Other distributions (describe in Part VI) See instructions			<del></del>
6	Total annual distributions. Add lines 1 through 6			
7_	Distributions to attentive supported organizations to which the	o organization is responsive	· · · · · · · · · · · · · · · · · · ·	
8		ie organization is responsive		
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2016 from Section C, line 6			
10_	Line 8 amount divided by Line 9 amount	(i)	(ii)	(iii)
		(i) Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
_	Distributable amount for 2016 from Section C. line 6			
1_	Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reason-	3 2 2		
2	, ,, ,			7
	able cause required- explain in Part VI) See instructions		* *	.3° .7° / .
3	Excess distributions carryover, if any, to 2016			
<u>a</u>		<u> </u>		
<u>b</u>	<u> </u>	** **		
	From 2013	` *		
	From 2014			<del> </del>
	From 2015			
	Total of lines 3a through e		*	· · · · · · · · · · · · · · · · · · ·
	Applied to underdistributions of prior years	Air 8 "		
<u>h</u>	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)	s sauturas constituir a sum yelle.	A CONTRACTOR OF THE CONTRACTOR	
	Remainder Subtract lines 3g, 3h, and 3i from 3f			** ** ** ** **
4	Distributions for 2016 from Section D,			
	line 7 <sup>·</sup> \$	<u> </u>	<u>                                     </u>	£ (3)
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount		7 2	
<u>C</u>	Remainder Subtract lines 4a and 4b from 4	5.0° ( %*		
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI See instructions	*	<u> </u>	*** ` ** **
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub>	İ		
	and 4c			
8	Breakdown of line 7.	- W. J W W		
a			(	
	Excess from 2013	* **	* · · · · · · · · · · · · · · · · · · ·	
	Excess from 2014		20 M	
	Excess from 2015	3		/ X · ·
_	Excess from 2016	l*	I * . * . * . *	1 " " " " " / " / "

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	(CCC IIISTRUCTIONS)
<del></del>	
<del></del>	

# **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 16 Open to Public Inspection 🚙

Name of the organization

CENTRAL WYOMING COLLEGE FOUNDATION

**Employer identification number** 83-6009533

Schedule D (Form 990) 2016

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6		
		(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a		used only	
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically important la	and area
	Protection of natural habitat	Preservation of a cert	ified historic structi	ure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation ea	asement on the last
	day of the tax year		Held	at the End of the Tax Year
a	Total number of conservation easements		2a	
þ	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during	the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements if			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements	s during the year
	<b>—</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements dur	ing the year
	<b>\$</b>			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(	h)(4)(B)(ı)	<b>—</b>
	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservati			
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	the organization's a	ccounting for
Da	conservation easements  t III   Organizations Maintaining Collections of	Art Historical Transuras or Ot	hor Similar Ass	ente ————
Fal			nei Siniiai As	oc.s.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext		nce or public servic	e, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
р	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of pur	olic service, provide	the following amounts
	relating to these items		<b>.</b> •	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> *	512,211.
_	(ii) Assets included in Form 990, Part X			214,411.
2	If the organization received or held works of art, historical tre	•	i gain, provide	
	the following amounts required to be reported under SFAS 1	To (ASC 958) relating to these items	<b>.</b> •	
a	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> *	
b	Assets included in Form 990, Part X			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

		WYOMING CO					<u>83-60</u>		
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other	Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accession	n, and other records	, check any of the f	ollowing that a	are a sıgı	nıficant u	ise of its c	ollection i	tems
	(check all that apply)								
а	X Public exhibition	d	Loan or exc	hange prograr	ns				
b	X Scholarly research	е	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization	ı's exem	pt purpo	se in Part	XIII	
5	During the year, did the organization solicit or				sımılar a	assets		_	
	to be sold to raise funds rather than to be ma							Yes	X No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Y	es" on F	Form 990	), Part IV, I	line 9, or	
	reported an amount on Form 990, Part	t X, line 21		<del></del> -					
1a	Is the organization an agent, trustee, custodia	n or other intermedi	ary for contribution:	s or other asse	ets not in	cluded		_	
	on Form 990, Part X?						Ĺ <u></u> .	」Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table.						
						$\vdash$		Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f	L	<del></del> -	
	Did the organization include an amount on Fo		•			y,	<u> </u>	_ Yes	No
∗Paı	If "Yes," explain the arrangement in Part XIII  TV Endowment Funds. Complete if					· ·			
<u> </u>	Complete it			1		-	ware back	(a) Four	years back
4	Decimples of year belongs	(a) Current year 12,101,811.	(b) Prior year 7,606,896.	(c) Two years 7,318			years back 173,859.		834,883.
1a	Beginning of year balance Contributions	147,689.	4,588,793.	<del></del>	390.		25,348.		247,714.
b	Net investment earnings, gains, and losses	1,051,818.	-93,878.	<del>)</del>	022.		19,321.	<del>                                     </del>	-8,738.
۲ C	Grants or scholarships	1,031,010.	33,070.		<del>, • = = -</del>	-	10,321.		,,,,,,,
d	Other expenditures for facilities				- +				
E	· 1	274,203.		Ĭ				[	
	and programs  Administrative expenses			<del>                                     </del>					<del></del>
,	End of year balance	13,027,115.	12,101,811.	7,606	896.	7 3	318,528.	7	073,859.
g 2	Provide the estimated percentage of the curre				,			1	
a	Board designated or quasi-endowment	ent year end balance	%	)) Hold as					
b	Permanent endowment > 80.00	<u></u>							
	Temporarily restricted endowment ▶ 20								
·	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	tion that are held ar	nd administere	ed for the	e organiz	ation		
-	by					3		Γ	Yes No
	(i) unrelated organizations								X
	(ii) related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds _						
Pai									
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11a S	See Form 990,	Part X, I	ine 10			·
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value
		basis (investri		(other)		reciation			
1a	Land			1,500.	- 34	**>	* 、		,500.
b	Buildings		82	4,532.	5	44,1	19.	280	,413.
С	Leasehold improvements								
d	Equipment		2	8,557.		28,5	57.		0.
е	Other							<u></u>	
Total	Add lines 1a through 1e (Caluma (d) must se	and Form OOO Dard	V saluma (D) lina 1	00.1				381	.913.

(9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value	
(1)_ Federal income taxes	_	
(2) ENDOWMENT PAYABLE	9,382,631.	
(3)		
(4)		
(5)		
(6)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	<b>▶</b> 9,382,631.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2016

	dule D (Form 990) 2016 CENTRAL WYOMING COLLEGE FOUNDATION		009533	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			212
1	Total revenue, gains, and other support per audited financial statements	1	1,882	<u>,918.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments  2a 394,821	-		
þ	Donated services and use of facilities 2b	-[, ;, `		
С	Recoveries of prior year grants 2c	-1 <i>*</i> *		
d	Other (Describe in Part XIII ) 2d 29,916	7	404	727
е	Add lines 2a through 2d	2e	1,458	<u>,737.</u>
3	Subtract line 2e from line 1	3	1,458	, 101.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	, i «,		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
þ	Other (Describe in Part XIII )			Λ
_C		4c	1,458	191
Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)  † XII   Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return		,101.
- 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	rictan		
		11	1,140	169
1	Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25		1,140	, 100 .
2	Donated services and use of facilities 23	1 1		
a	Prior year adjustments 2b			
b	Other losses 2c	<b>-  **  </b>		
d	20,000	7. 1		
e		2e	20	,000.
3	Subtract line 2e from line 1	3	1,120	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			,
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII )			
c		4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,120	
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line	4; Part >	(, line 2, Part X	G,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information			
PAI	RT_V, LINE 4:			
ENI	DOWMENT FUNDS ARE FOR THE PURPOSES OF PROVIDING SCHOLARSHI	PS TO	O CWC	
ST	DENTS AND/OR FINANCIAL SUPPORT OF THE PROGRAMS OFFERED BY	CEN	PRAL	
	WING GOLLEGE			
MY	OMING COLLEGE.			
ו א כד	om v ithe ).			
PAI	RT X, LINE 2:	·		
MΔ1	NAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONC.	IAGILI	י שמעשי ר	מעי
THAT	NAGEMENT EVALUATED THE POUNDATION 5 TAX TOSTITONS AND CONC.	HODEL	7 11121 .	[ ] ] ]
FO	UNDATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE	ADJT	ISTMENTS	3
	ALDERICAN LIEU TITUDE TO THE STATE OF THE ST			
то	THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE FOUND	ATIO	N IS NO	
<u>LO</u> I	NGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERA	L, S	TATE OR	
LO	CAL TAX AUTHORITIES EXCEPT FOR THE LAST THREE YEARS FILED.			

Schedule D (Form 990) 2016 CENTRAL WYOMING COLLEGE FOUNDATION  [Part XIII   Supplemental Information (continued)	83-6009533 Page 5
Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EVENT COSTS	20,000.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	9,916.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	29,916.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EVENT COSTS	20,000.
	·

### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization  CENTRAL	WYOMING COLLEGE FO	UNI	AT)	ON_		83-6009	ntification number
Part I Fundraising Activities. required to complete this part	Complete if the organization answer	red "Y	es" on	Form 990, Part IV, I	ne 17	7. Form 990-EZ	filers are not
Indicate whether the organization raise	e Solicitat f Solicitat g Special r oral agreement with any individual ( art VII) or entity in connection with production or entities (fundraisers) pursual	ion of ion of fundra (includ ofessi	non-go goveri ising e ing off onal fu	overnment grants nment grants events ficers, directors, trus indraising services?		Yes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have ci or con contribi	istody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			. <b></b>				
					_	<del></del>	
					-		
	L		· ·				
Total  3 List all states in which the organization or licensing	n is registered or licensed to solicit c	ontribi	utions	or has been notified	ıt ıs e	exempt from reg	gistration

	edul i <b>rt</b> [	le G (Form 990 or 990-EZ) 2016 CENTRAL  Fundraising Events. Complete if the	WYOMING COLI	LEGE FOUNDAT	ION 83-	6009533 Page 2
		of fundraising event contributions and gre				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			RUSTLER 400			col. (c))
θ			(event type)	(event type)	(total number)	551. (C))
Revenue	1	Gross receipts	37,365.			37,365.
	2	Less. Contributions				
	3	Gross income (line 1 minus line 2)	37,365.			37,365.
	4	Cash prizes	15,000.			15,000.
S	5	Noncash prizes				
beuse	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
٦	8	Entertainment				
	9	Other direct expenses	5,000.			5,000.
	10	Direct expense summary. Add lines 4 through	· •		•	20,000.
I Da	ırt l		ine 3, column (d)	000 Det N/ Ime 10 en		17,365.
1.6		\$15,000 on Form 990-EZ, line 6a	answered fest on Form	1990, Part IV, line 19, or	reported more than	
	Γ-	ψ10,000 011 0111 000 t.Σ., iiilo 0t	T	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
eve						
	1	Gross revenue	<u> </u>			
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses		<u></u>		
	6	Volunteer labor	Yes% No	Yes % No	Yes % No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	<u> </u>
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
			. <u>.                                   </u>			<del>-</del>
		ter the state(s) in which the organization condu	-			
		the organization licensed to conduct gaming a				Yes No
D	) IT "	No," explain		· · · <del></del>		
				· · · · · · · · · · · · · · · · · · ·		
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	year?	Yes No
b	If "	Yes," explain				
	_					<del></del>

Sch	edule G (Form 990 or 990-EZ) 2016 CENTRAL WYOMING COLLEGE FOUNDATION 83	<u>-6009533</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No.
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	L No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	: If "Yes," enter name and address of the third party		
	Name	<del></del>	
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	<del>)</del>	
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part I	II, lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable Also provide any additional information. See instructions		
			<u> </u>
_			
			<del></del>

Schedule Ĝ	(Form 990 or 990-EZ)	CENTRAL	WYOMING	COLLEGE	FOUNDATION		83-6009533	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (contin	ued)				·	
			<u>ucu</u>	···				
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047

► Information about Schedule I (Form 990) and its instructions is at www.irs.cov/form990 ▶ Attach to Form 990.

CENTRAL WYOMING COLLEGE FOUNDATION

Employer identification number Inspection

83-6009533

% × Schedule I (Form 990) (2016) (h) Purpose of grant or assistance SUBGRANTS FROM THE FEDERAL GOVERNMENT ☐ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SCHOLARSHIPS Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) CASH CASH 。 。 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 159,058, 311,807 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 83-0206286 83-0206286 Part 1: General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government CENTRAL WYOMING COLLEGE CENTRAL WYOMING COLLEGE RIVERTON, WY 82501 RIVERTON, WY 82501 2660 PECK AVE 2660 PECK AVE Part II

7	COLLEGE	FOUNDATION	N	00 onl 18 to 0	83-6009533 Page 2
Fart III. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	40, Part IV, IIN6 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					,
**Part.IV   Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	uired in Part I, lin	e 2, Part III, column	(b), and any other ad	ditional information	
632102 11-01-16					Schedule I (Form 990) (2016)

# **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at www.rs.gov/form990

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CENTRAL WYOMING COLLEGE FOUNDATION

Employer identification number 83-6009533

	irt   Questions negarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	- " . "	*	3.7
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	3	ş. ***	
	First-class or charter travel	1 /	4	\ \```}
	Travel for companions Payments for business use of personal residence	, , , , , , , , , , , , , , , , , , ,	54	% .
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees	*.	**	2,
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)	, * . l	1	. **
		*/	**	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	* **	"	힣
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
			42.	J.
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's		M	
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	*	j	183) .
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract		(	5.0
	Independent compensation consultant Compensation survey or study		,	198
	Form 990 of other organizations  Approval by the board or compensation committee	, ×		\$
		4		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	***		
	organization or a related organization		,	22
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	 	× ,	
		1	4	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		A	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	, i	×× ××	
	contingent on the revenues of	1 6	8	^
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III	ż	W.	4 4
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	4	100	×
	contingent on the net earnings of	i	3	
а	The organization?	6a		X
b	Any related organization?	6b		X_
	If "Yes" on line 6a or 6b, describe in Part III.	.* *	2	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	**	×	I.X
	not described on lines 5 and 69 lf "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	3	À	i de la companya de l
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	R .	ć0	ź
	Regulations section 53 4958-6(c)?	9		

83-6009533

Page 2

CENTRAL WYOMING COLLEGE FOUNDATION

Schedule J (Form 990) 2016

IOMING COLLEGE FOUNDALION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

0 reported as deferred on prior Form 990 (F) Compensation ın column (B) Note: The sum of columns (B)(1)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (E) Total of columns 0. ,822. (B)(I)-(D) 251 18,800. 0 (D) Nontaxable benefits . . (C) Retirement and other deferred compensation 0 0 (B) Breakdown of W-2 and/or 1099-MISC compensation (iii) Other reportable compensation . (ii) Bonus & incentive compensation o · 233,022. (i) Base compensation ≘ (1) € 🖺 € 🖹 ≘ ≘ ≘ ≘ ≘ ≘ ≘ ≘  $\Xi$  $\equiv$  $\Xi$ ≘≘  $\equiv$ Ξ DIRECTOR (FRMR CWC PRESIDENT) (A) Name and Title (1) DR CRISTOBAL VALDEZ

Schedule J (Form 990) 2016

## **SCHEDULE O**

(Fòrm 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

16 Open to Public

CENTRAL WYOMING COLLEGE FOUNDATION

Employer identification number 83-6009533

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COUNTY COMMUNITY COLLEGE DISTRICT CONDUCTING ITS AFFAIRS AS CENTRAL
WYOMING COLLEGE, AND ITS VARIOUS EDUCATIONAL PROGRAMS AND OTHER COLLEGE
SPONSORED ACTIVITIES, FROM SOURCES OTHER THAN THOSE AVAILABLE TO THE
COLLEGE FROM FEES, TUITIONS, OR OTHER ASSESSMENTS AUTHORIZED BY LAW.
(B) TO PROVIDE SCHOLARSHIPS, GRANTS-IN-AID AND LOANS TO STUDENTS
ENROLLED IN CENTRAL WYOMING COLLEGE;
(C) TO PROVIDE OTHER FORMS OF ASSISTANCE AS MAY BE OF BENEFIT TO THE
PROGRAMS AND ACTIVITIES OF CENTRAL WYOMING COLLEGE.
(D) TO ASCERTAIN FROM OFFICIALS OF CENTRAL WYOMING COLLEGE ITS NEEDS
FOR ENHANCEMENT AND SUPPORT OF PROGRAMS AND ACTIVITIES CONDUCTED BY THE
COLLEGE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD REVIEWS THE TAX RETURN PRIOR TO ITS FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 9,916.

SCHEDULE R (Form 990) Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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OMB No 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

CENTRAL WYOMING COLLEGE FOUNDATION

Employer identification number 83-6009533

Section 512(b)(13) controlled entity? Š × Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Direct controlling entity End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity (e) Total income Exempt Code ਉ section 501(c)(3) ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) છ WYOMING Primary activity Primary activity 9 EDUCATION Name, address, and EIN (if applicable) CENTRAL WYOMING COLLEGE - 83-0206286 Name, address, and EIN of related organization of disregarded entity RIVERTON, WY 82501 2660 PECK AVE Part II. Part I

Schedule R (Form 990) 2016

83-6009533

Page 2

CENTRAL WYOMING COLLEGE FOUNDATION Schedule R (Form 990) 2016 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership 3 Yes No Code V-UBI camount in box no 20 of Schedule Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling
entity Legal
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(a)	(q)	(0)	(p)	(e)	(J)	(a)	3	3	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	- 6 <u>13</u> -
		country)		or trust)		assets		Yes	۶
								-	
									}
									1
									ĺ
632162 09-06-16						Sche	Schedule R (Form 990) 2016	990) 20	016

Page 3

Part V	Transactions With Related Organizations.	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 34, 35b, or 36
	1		

				, N
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	ex exem so each chine se	etel organizations listed in	Darts II.1//2	-
Beceipt of (i) interest, (ii) annuities, (iii) rovalties, or (iv) rent from a controlled entity				1a X
				1b X
				to X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan guarantees by related organization(s)				1e X
<ul><li>f Dividends from related organization(s)</li></ul>				<b>∀</b>
g Sale of assets to related organization(s)				7g X
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)				×
j Lease of facilities, equipment, or other assets to related organization(s)				<b>1</b>
k Lease of facilities, equipment, or other assets from related organization(s)				4k X
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	ızatıon(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n X
o Sharing of paid employees with related organization(s)				10 X
				;
<ul> <li>p Reimbursement paid to related organization(s) for expenses</li> </ul>				1
q Reimbursement paid by related organization(s) for expenses				1q X
y Other transfer of oneh or property to related organization(s)				×
If the answer to any of the above is "Yes." see the instructions for inform	ho must complete th	is line, including covered re	ation on who must complete this line, including covered relationships and transaction thresholds	
(a)	(g)	(၁)	(p)	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	/olved
(1) CENTRAL WYOMING COLLEGE	В	470,865.	CASH RECEIVED	
(2) CENTRAL WYOMING COLLEGE	Ŋ	31,500.	CASH RECEIVED	
(A) CENTRAL, WYOMING COLLEGE	0	. 946.	CASH PAID	
			1	
(5)				
(9)				!
632163 09-06-16			Schedule	Schedule R (Form 990) 2016

Page 4

83-6009533

Schedule R (Form 990) 2016 CENTRAL WYOMING COLLEGE FOUNDATION

Rart VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

( <del>)</del>	Dispropor- Librate amount in box 20 managing ownership allocations of Schedule K-1 partner?																													
	Per Per								_											$\perp$										
3	anaging arther?	Yes No		_		_			$\vdash$		_									+-				_			4			<del></del>
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		CON			J																									
Ξ.	Sche																													
-	्ट्रुब्र इ.स.	-							-											+			-	-			-			
Ξ	hspropo tronate location	Yes No			_				$\vdash$			_	-					<u> </u>		╁		_		-			$\dashv$			
	<u> </u>	_							$\dagger$										-	T									-	
	of year	2																		1							}			
( <u>6</u>	Share of end-of-year	8336																												
'	o, ne																													
-		+		-					$\dagger$				-							$\dagger$				-						
	و _ و ا _ و	<u> </u>											ļ }																	
€	Share of total	5																												
1		}											}														}			
<b>₽</b>	e partners sec 501(c)(3) der 0195	2							1		_					_				+										
₩ ₩	501 (c	Yes No																												
	Predominant income processed (related, unrelated, excluded from tax under -	(4)				l														İ							j	İ		
	nt inc nrelat rax	2-210																												
9	ted, u	Suoi							1																					
	Predo (rela colude	Seci																												
-	<u>6</u> ∃ E	+			_	-			+				-				-			+				-						
	Legal domicile (state or foreign																													
0	gal domic tte or fore	5																												
	Le <sub>t</sub>	$\perp$															_			$\perp$				_						
							_			_								_			_	_				_				
,	tivity																													
<u> </u>	ary ac																													
	Primary activity																													
(a) (b) (c) (d)	_																													
		$\dagger$	Γ				T		T		Γ								Ţ	$\dagger$		T			Ţ					T
	_														<u> </u>															
	Name, address, and EIN of entity																									ļ				
,	s, an																													
(a)	address, a of entity																													
	e, ao o																													
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Schedule R (Form 990) 2016 CENTRAL WYOMING COLLE	EGE FOUNDATION	83-6009533 Page 5
Part VII   Supplemental Information.		
Provide additional information for responses to questions on Schedu	ule R See instructions	
		<del></del>
		<del></del>
		<del></del>