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2017

## OMB No 1545-0052

**Return of Private Foundation** 

Form 990-PF Department of the Treasury

Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public

								Inspection
For	caler	ndar year 2017, or tax year b	eginning 07-01-20	)17 , aı	nd en	ding 06-30-	2018	
		indation		· · ·		A Employer id	entification numbe	r
CH	IRISTIN	E GEMPP LOVE FOUNDATION				83-0267496		
Num	ber and	I street (or P O box number if mail is not o	delivered to street address)	Room/suite		P Tolophono nu	mber (see instruction	ne)
P	O BOX N	N				(307) 672-9003	·	13)
		, state or province, country, and ZIP or fo	reign postal code					
SHE	RIDAN,	WY 82801				C If exemption	application is pending	g, check here
G Ch	neck al	l that apply 🔲 Initial return	$\square$ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere 📘 🗀
		☐ Final return	Amended return				ganizations meeting k here and attach coi	
		Address change				•	ındatıon status was t	· -
	•		1(c)(3) exempt private				n 507(b)(1)(A), chec	
		4947(a)(1) nonexempt charitable t		e private foundation				
		ret value of all assets at end irom Part II, col (c),		☐ Cash ☑ Accru	ıal		ition is in a 60-month n 507(b)(1)(B), chec	
line	≘ 16)▶	<b>\$</b> 504,338	☐ Other (specify) _ Part I, column (d) must	be on cash basis )				
Da	rt I	Analysis of Revenue and Ex	YNANGAS (The total		T			(d) Disbursements
ra		of amounts in columns (b), (c), and (d) equal the amounts in column (a) (see in	may not necessarily	(a) Revenue and expenses per books	(b) i	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , reschedule)	eceived (attach					
	2	Check ► ✓ If the foundation is <b>no</b>						
	3	Sch B	cash investments	49	)	49	49	
	4	Dividends and interest from securit	ies	15,616	5	15,616	15,616	
	5a	Gross rents						
a)	ь	Net rental income or (loss)	-		<u> </u>			
ΣE	6a	Net gain or (loss) from sale of asse	ets not on line 10	34,617	7			
Revenue	b	Gross sales price for all assets on li	' <u>-</u>		-			
~	7   8	Capital gain net income (from Part Net short-term capital gain	•		-			
	9	Income modifications			+			
	10a	Gross sales less returns and allowa	nces					
	ь	Less Cost of goods sold						
	c	Gross profit or (loss) (attach sched	ule)					
	11	Other income (attach schedule)		-907			-907	
	12			49,375	5	15,665	14,758	
	13 14	Compensation of officers, directors, Other employee salaries and wages	,		-			
ر.	15	Pension plans, employee benefits			1			
156	16a	Legal fees (attach schedule)						
bei	ь	Accounting fees (attach schedule)		925	5			925
Operating and Administrative Expenses	c	Other professional fees (attach sch	edule)		1			
ţ	17	Interest		67	7		67	
stra	18	Taxes (attach schedule) (see instru	uctions)	181				181
Ξ	19	Depreciation (attach schedule) and	depletion					
Ð	20	Occupancy						
ק פו	21	Travel, conferences, and meetings			<u> </u>			
ਰ	22	Printing and publications Other expenses (attach schedule)		<b>9</b> 17	,	17		
Ę	23	Total operating and administrat		17	-	17		
era	24	Add lines 13 through 23	·	1,190		17	67	1,106
d	25	Contributions, gifts, grants paid		26,000	-	17	<u> </u>	26,000
	26	Total expenses and disburseme	nts. Add lines 24 and					·
	27	Subtract line 36 from line 12		27,190	)	17	67	27,106
	27 a	Subtract line 26 from line 12  Excess of revenue over expense	es and	22,185	5			
		disbursements			1			
	b c	Net investment income (if negat Adjusted net income(if negative,			+	15,648	14,691	
For		work Reduction Act Notice, see in		<u> </u>	<u> </u>	Cat No 11289>		 m <b>990-PF</b> (2017)
	- F				_	11203/	. 101	(201/)

	~	Savings and temporary cash investments	3,501	1,120	1,120
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
8		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	266,834	<b>9</b> 313,974	502,918
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	ı	Part of the control o			

# (چە 552 22 Other liabilities (describe -22,963 552 23 Total liabilities(add lines 17 through 22) . . . . . . . . . . . . . 22,963

	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	270,798	315,394	504,338
-	17	Accounts payable and accrued expenses			
	18	Grants payable			
les	19	Deferred revenue			
Ę	20	Loans from officers, directors, trustees, and other disqualified persons			
abilities	21	Mortgages and other notes payable (attach schedule)			

270,246

270,246

270,798

292,431

292,431

315,394

2

3

4

5

6

270,246

22,185

292,431

292,431 Form **990-PF** (2017)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Capital stock, trust principal, or current funds . . . . Paid-in or capital surplus, or land, bldg, and equipment fund

Net Assets or Fund Balances

24

25 26

27

28

29

30

31

Part III

2

3

Unrestricted

Temporarily restricted

Permanently restricted .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . .

Decreases not included in line 2 (itemize) ▶

Page **3** 

GI G	Capital Callis	and 1000co for the off theese		1			
	List and describe 2-story brick war	<b>(a)</b> the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	al estate, MLC Co )	(b) How acquired P—Purchase D—Donation	e Da		(d) Date sold (mo , day, yr )
1a						Date acquired (mo , day, yr )  (h)  Gain or (loss) (e) plus (f) minus (g)  (d)  Col (k), but not less than -0-) or  Losses (from col (h))  2  3  Pres  (d)  Distribution ratio (col (b) divided by col (c))  0 058456 0 057348 0 051934 0 046280 0 044164 0 258182	
•							
-							
•							
	(e)	(f) Depreciation allowed		(g) other basis			
	Gross sales price	(or allowable)	plus exp	ense of sale		(e) plus (f	) minus (g)
a							
b							
С							
d							
e							
	Complete only for assets	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69			1)
		(j)		(k)			
	(i) FMV as of 12/31/69	Advicted bacie		of col (ı)	cc		
	F M V as of 12/31/69	as of 12/31/69	over col	(j), if any		Losses (fr	om col (h))
a							
b							
С							
d							
e							
			If gain, also enter in P	art I. line 7	1		
2	Capital gain net income	e or (net capital loss)	If (loss), enter -0- in I		}   2		
3	Net short-term capital o	gain or (loss) as defined in sections 1	1222(5) and (6)			1	
,	•	rt I, line 8, column (c) (see instruction		1-	,		
	in Part I, line 8	re 1, inte 0, column (c) (see instruction			} 3		
	•						
Part	V Qualification	Jnder Section 4940(e) for Re	duced Tax on Net	Investment	Income	•	
(For or	otional use by domestic p	private foundations subject to the sec	tion 4940(a) tax on ne	et investment in	come )		
	, ,	•	` '		,		
If secti	on 4940(d)(2) applies, le	eave this part blank					
Was th	e foundation liable for th	ie section 4942 tax on the distributal	ole amount of any year	ın the base per	nod?	□ Y	es 🗹 No
		ot qualify under section 4940(e) Do					
1	Enter the appropriate an	nount in each column for each year,	see instructions before	e making any en	tries		
	(a)	(b)	(c)				
	e period years Calendar (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitab	le-use assets	(col		
ycui	2016	28,028		479,470	(601	(b) divided by c	
	2015	25,853		450,807			
	2013	24,648		474,599			
	2013	25,557		552,230			
	2012	22,241		503,598			
2 .	Total of line 1, column (				2		
	, ,	o for the 5-year base period—divide t		<u> </u>			0 230102
		ndation has been in existence if less			3		0 051636
		ncharitable-use assets for 2017 from		[	4		502,294
5	Multiply line 4 by line 3			$ abla$	5		25,936
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		🗀	6		156
				🗀	7		26,092
		ions from Part XII, line 4 ,		🗁	8		27,106
:		eater than line 7, check the box in Pa			_	% tax rate Se	

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

101111 330-11 (2	.017)
	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,
Part VIII	and Contractors

1 List all officers, directors, trustee	es, fo	undation managers ar	d their compensation	(see instructions).	
(a) Name and address		Title, and average hours per week o) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
M CHRISTINE LOVE	DIRE	CTOR	0	C	0
PO BOX N	2 00				
SHERIDAN, WY 82801					
CHARLES C LOVE	DIRE 2 00	CTOR	0	C	0
11788 HOPES CREEK RD COLLEGE STATION, TX 77845	2 00				
2 Compensation of five highest-pa	id en	plovees (other than th	nose included on line 1	l—see instructions). If no	ne, enter "NONE."
			T	Contributions to	,
(a) Name and address of each employee pa more than \$50,000	aıd	Title, and average hours per week (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE					
Total number of other employees paid over	er \$5	0,000			
3 Five highest-paid independent co	ontra	ctors for professional	services (see instructi	ons). If none, enter "NON	E".
(a) Name and address of each person	n paic	d more than \$50,000	<b>(b)</b> Typ	e of service	(c) Compensation
NONE					
Total number of others receiving over \$50	0,000	for professional services			
Part IX-A Summary of Direct (				'	
List the foundation's four largest direct charitable				nation such as the number of	Expenses
organizations and other beneficiaries served, con	ferenc	es convened, research paper	s produced, etc		Lxpenses
1					
2					
3					
4					_
Part IX-B Summary of Program	m-Re	elated Investments	(see instructions)		
Describe the two largest program-related inve			<u> </u>	and 2	Amount
<b>1</b> N/A			<b>y ,</b>		
2					
All other program related investments	C	Instructions			
All other program-related investments	see	เกรน นับเบทีร			
3					
Total. Add lines 1 through 3 .				▶	
iotai. Add intes i tillough 3			. <b></b>		

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

27.106

26,950

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156

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

3

4

24,959

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,	
Part XIII	U

**b** Total for prior years

a From 2012. . . . . **b** From 2013. . . . c From 2014. . .

d From 2015. . . . .

e From 2016. . . . .

Form 990-PF (20	017)	
Part XIII	Undistributed Income	(see instructions)

1 Distributable amount for 2017 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . .

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

1 708

3.597 4,354

1,708 3.597

4.354

2.147

(a)

Corpus

9.659

2,147

11,806

11,806

(b)

Years prior to 2016

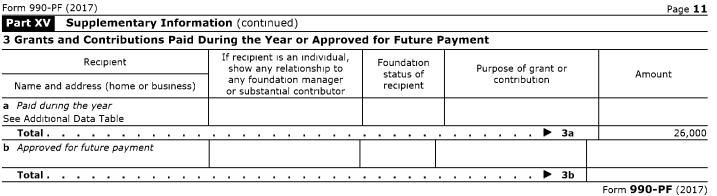
(d) 2017 24,959

(c)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

c Any submission deadlines

factors



orm 990-l		Activities				Page <b>12</b>
	s amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e)
		(a)	(b)	(c)	(d)	Related or exempt function income (See instructions)
-	n service revenue	Business code	Amount	Exclusion code	Amount	(See man decions )
с						
	and contracts from government agencies					
3 Intere	est on savings and temporary cash tments			14	49	
	nds and interest from securities			14	15,616	
	ntal income or (loss) from real estate					
	-financed property					
	debt-financed property enable betal income or (loss) from personal property					
	investment income					
	or (loss) from sales of assets other than					
	tory					34,617
	come or (loss) from special events					
	profit or (loss) from sales of inventory					
11 Other						100
	NT/DOW MERGER IGAS PARTNERS, L P					-196 100
	RPRISE PRODUCTS PTRS, L					-811
е						
	al Add columns (b), (d), and (e)				15,665	
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			13		49,375
	I-B Relationship of Activities to the		ment of Exem	nt Purposes		
	Explain below how each activity for which			· · · · · · · · · · · · · · · · · · ·	ed importantly to	
Line No. ▼	the accomplishment of the foundation's ex	empt purposes (o	ther than by pro	viding funds for such	purposes) (Sée	
	instructions )					
	1					
	-					
	1					
	I .					rm <b>990-PF</b> (2017)

orm 9	90-PF (	2017)										Pa	ge <b>13</b>
Part	XVII	Information Re Exempt Organi		ransfers	Тоа	nd Transact	ions and	Relatio	nships With Noi	ncharita	able		
		ganization directly or in Code (other than sectio								ion 501		Yes	No
<b>a</b> Tra	nsfers f	rom the reporting foun	dation to a r	oncharitab	ole exe	empt organization	on of						
(1)	Cash.									. [	1a(1)		No
(2)	Other	assets								. [	1a(2)		No
<b>b</b> Oth	er tran	sactions											
(1)	Sales	of assets to a nonchar	table exemp	t organizai	tion.					[	1b(1)		No
(2)	Purch	ases of assets from a r	oncharitable	exempt o	rganız	ation				[	1b(2)		No
(3)	Renta	ıl of facılıtıes, equipmer	nt, or other a	ssets						[	1b(3)		No
(4)	Reim	oursement arrangemen	ts							· [:	1b(4)		No
(5)	Loans	or loan guarantees.								· [	1b(5)		No
(6)	Perfor	mance of services or m	embership o	r fundraısıı	ng solı	citations				. [3	1b(6)		No
	-	facilities, equipment, neer to any of the above								. [	1c		No
	ny trar	ds, other assets, or ser saction or sharing arra (b) Amount involved	ngement, sh	ow in colu	mn (d		he goods, c	ther asse		ived		ngemen	ıts
des	cribed	idation directly or indire in section 501(c) of the omplete the following si (a) Name of organization	Code (other chedule		ion 50		ection 527?				Yes	<b>V</b>	No
		(a) Hame of organization			,,,	, . , pe or organizi			(C) Description	. 51 / 5146101	.51119		
								-					
Sign Here	of m whic	er penalties of perjury, y knowledge and belief h preparer has any kno *****	, it is true, c				n of prepar			ased on a	ill Infor	mation	n of
	, ,	Signature of officer or t	rustee	T		Date	<b>,</b>	Title	,		str)? 🕻	Yes	□No
Paid		Print/Type preparer's  JENNIFER M REED	name	Preparer'	s Sign	ature	Date 2018	-11-15	Check if self- employed ▶ ✓	PTIN F	P01833	674	
Dron	aror	1		1					-				

Preparer | Firm's name ▶ JENNIFER M REED CPA LLC Firm's address ► 41 E BURKITT ST SHERIDAN, WY 828016301

Fırm's EIN ▶47-2170724

Phone no (307) 674-7491

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total . 3a

a Paid during the year			
BEATRIX FARRAND SOCIETYPO BOX 111 MT DESERT, ME 04660		LANDSCAPE PRESERVATION	1,000

HATILLON DEMENIL FOUNDATION 352 DEMENIL PL T LOUIS, MO 63118		PRESERVATION	
·, · · · · · · · · · · · · · · · ·			

ST LOUIS, MO 63118			
DOG AND CAT SHELTER 84 EAST RIDGE ROAD		ANIMAL WELFARE	

DOG AND CAT SHELTER 84 EAST RIDGE ROAD SHERIDAN, WY 82801		ANIMAL WELFARE	500
Total	 		26,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Daid during the year

3a

a Paid during the year				
GREAT RIVERS ENVIRONMENTAL LAW CENTER319 N FOURTH STREET SUITE 3200 ST LOUIS, MO 631021935			LAND PRESERVATION	1,000
	l .	l		

ST LOUIS, MO 631021935			
GREAT RIVERS HABITAT ALLIANCE PO BOX 500114 ST LOUIS, MO 63105		PRESERVATION	1,000

ST LOUIS, MO 63105			
LIFELINK OF SHERIDANPO BOX 2095 SHERIDAN, WY 82801		MEDICAL	500

26,000

51 20015,140 05105			
LIFELINK OF SHERIDANPO BOX 2095 SHERIDAN, WY 82801		MEDICAL	5

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

MISSOURI BOTANICAL GARDEN 4344 SHAW BLVD ST LOUIS, MO 63110		PRESERVATION	1,000
a raid during the year			

ST LOUIS, MO 63110			
MISSOURI HISTORY MUSEUM PO BOX 11940 ST LOUIS, MO 63112		HISTORICAL PRESERVATION	1,000
PLANNED PARENTHOOD OF ST LOUIS		MEDICAL	1,000

ST LOUIS, MO 63112			
PLANNED PARENTHOOD OF ST LOUIS 4251 FOREST PARK AVENUE ST LOUIS, MO 63108		MEDICAL	1,000

Total			26,000
PLANNED PARENTHOOD OF ST LOUIS 4251 FOREST PARK AVENUE ST LOUIS, MO 63108		MEDICAL	1,0

4251 FOREST PARK AVENUE ST LOUIS, MO 63108		
Total	 	 26,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

<del> </del>			
PUPPIES BEHIND BARS 263 W 38TH STREET NEW YORK, NY 10018		ANIMAL RESCUE	500
RED CLOUD INDIAN SCHOOL		EDUCATION	1,000

RED CLOUD INDIAN SCHOOL 100 MISSION DRIVE PINE RIDGE, SD 57770		EDUCATION	1,000
REPRODUCTIVE HEALTHCARE OF THE BIG HORNS128 S THURMOND		MEDICAL	1,000

T			26.000
REPRODUCTIVE HEALTHCARE OF THE BIG HORNS128 S THURMOND SHERIDAN, WY 82801		MEDICAL	1,000
FINE RIDGE, 3D 37770			<u> </u>

OF THE BIG HORNS128 S THURMOND SHERIDAN, WY 82801		MEDICAL	1,00
Total	 		26,000

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

SHERIDAN COUNTY MUSEUM & HISTORICAL SOCIETY 850 SIBLEY CIRCLE SHERIDAN, WY 82801		HISTORICAL PRESERVATION	1,000
SHERIDAN HIGH SCHOOL SUMMER STRING PROGRAM 1056 LONG DRIVE SHERIDAN, WY 82801		EDUCATION	1,500

SUMMER STRING PROGRAM 1056 LONG DRIVE SHERIDAN, WY 82801			
SHERIDAN LAND TRUSTPO BOX 7185 SHERIDAN, WY 82801		PRESERVATION	1,000
Total	 		26,000

SHERIDAN, WI 02001			
SHERIDAN LAND TRUSTPO BOX 7185 SHERIDAN, WY 82801		PRESERVATION	1,00

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

3a

a Paid during the year			
ST STANISLAUS HISTORICAL MUSEUM 3030 CHARBONIER RD FLORISSANT. MO 63031		HISTORICAL PRESERVATION	1,000

,			
STRAY RESCUE OF ST LOUIS 2320 PINE STREET ST LOUIS, MO 63103		ANIMAL RESCUE	

2320 PINE STREET ST LOUIS, MO 63103			
SWEET BRIAR COLLEGEPO BOX 1057 SWEET BRIAR, VA 24595		EDUCATION	1,000

1,000

Total	 		26,000
SWEET BRIAR COLLEGEPO BOX 1057 SWEET BRIAR, VA 24595		EDUCATION	1,000
ST LOUIS, MO 63103			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

TOWER GROVE PARK 4256 MAGNOLIA AVENUE ST LOUIS, MO 63110		PRESERVATION	500
UNIVERSITY OF WYOMING FOUNDATION 222 SOUTH 22ND STREET		EDUCATION	2,000

OUNDATION 222 SOUTH 22ND STREET ARAMIE, WY 82070			
VASHINGTON UNIVERSITY 7425 FORSYTH BLVD		EDUCATION	

LARAMIE, WY 82070			
WASHINGTON UNIVERSITY 7425 FORSYTH BLVD		EDUCATION	1,000
ST LOUIS, MO 63105			

WASHINGTON UNIVERSITY 7425 FORSYTH BLVD ST LOUIS, MO 63105		EDUCATION	1,00

T LOUIS, MO 63105		
Total	 	 26.000

51 LOUIS, MO 63105		
Total	 	26,000

If recipient is an individual, Foundation Recipient Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

6,000

a Paid during the year			
WYO THEATER42 NORTH MAIN STREET		PERFORMING ARTS	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

SHERIDAN, WY 82801

or substantial contributor

Name and address (home or business)

3a

Total. 26,000

efile GRAPHIC print - DO NOT	PROCESS	As Filed D	ata -		DLN: 93491319028178
TY 2017 Accounting I	Fees Sch	edule			
Accounting Fees Schedule		CHRISTII 83-0267	NE GEMPP LOVE F 496	OUNDATION	
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES		925			925

Note: To capture the full content of this document, please select landscape mode (11" $\times$ 8.5") when printing.	
TY 2017 Gain/Loss from Sale of Other Assets Schedule	

DLN: 93491319028178

Name: CHRISTINE GEMPP LOVE FOUNDATION

EIN: 83-0267496

	LIN 05	0207 130								
Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
1,000 SH REYNOLDS AMERICAN MERGER		PURCHASE	2017-07		65,865	21,394			44,471	
0 2 SH DOWDUPONT INC CASH IN LIEU	2010-03	PURCHASE	2017-09		13	5			8	
526 SH BRITISH AMERN TOBACCO	2017-07	PURCHASE	2018-04		27,172	36,426			-9,254	
50 SH BRITISH AMERN TOBACCO	2016-04	PURCHASE	2018-04		2,628	3,127			-499	
50 SH CITIGROUPINC NEW	2017-08	PURCHASE	2018-04		3,394	3,503	·		-109	

### **TY 2017 Investments Corporate Stock Schedule**

Name: CHRISTINE GEMPP LOVE FOUNDATION

**EIN:** 83-0267496

Name of Stock	End of Year Book Value	End of Year Fair Market Value
500 SH ABBOTT LABORATORIES	17,625	30,495
458 SH ABBVIE INC.	24,653	42,434
1000 SH ALTRIA GROUP INC.	28,704	56,790
10 SH AMAZON.COM	15,664	16,998
300 SH AMERIGAS PARTNERS LP	1,035	4,222
39 SH BAXTER INTL INC.	2,483	2,880
500 SH BRISTOL MYERS SQUIBB	11,234	27,670
290 SH BRITISH AMERN TOBACCO	9,448	14,630
200 SH CHEVRON CORP.	15,563	25,286
175 SH COCA-COLA COMPANY	7,516	7,676
100 SH CONSTELLATION BRANDS	19,060	21,887
100 SH DU PONT E.I.DE NEMOUR & CO		
128 SH DOWDUPONT INC.	3,655	8,438
1200 SH ENTERPRISE PRODUCTS	2,050	
400 SH EXXON MOBIL CORP.	25,010	33,092
25 SH HOME DEPOT	2,718	4,877
50 SH HONEYWELL INTL INC.	7,007	7,203
200 SH INTEL CORP	7,289	9,942
100 SH INVESCO QQQ ETF	14,393	17,165
200 SH KRAFT HEINZ CO	8,688	12,564
500 SH MERCK & CO	20,807	30,350
50 SH NVIDIA CORP	11,230	11,845
50 SH ONE GAS INC	946	3,737
300 SH PEPSICO INC.	16,508	32,661
200 SH PFIZER	4,281	7,256
200 SH PHILIP MORRIS	6,923	16,148
1000 SH REYNOLDS AMERICAN		
400 SH UNION PACIFIC	29,484	56,672

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TY 2017 Other Expenses Sc	hedule			
Nam	e: CHRISTINE GEN	1PP LOVE FOUND	ATION	
EI	<b>N:</b> 83-0267496			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
CUSTODIAL FEE	17	17		

DLN: 93491319028178

Name: CHRISTINE GEMPP LOVE FOUNDATION **EIN:** 83-0267496

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
DUPONT/DOW MERGER	-196		-196
AMERIGAS PARTNERS, L P	100		100
ENTERPRISE PRODUCTS PTRS, L P	-811		-811

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<b>TY 2017 Other Liabilities Sche</b>	dule			
Name:	CHRISTINE GE	=MPP I OVE E	OUNDATION	
			OUNDATION	
EIN:	83-0267496			
Description				
Description	n		Beginning of Year - Book Value	End of Year - Book Value
Description BANK OVERDRAFT	n 			

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	DLN: 93491319028178		
TY 2017 Taxes Schedule				
Name: CHRISTINE GEMPP LOVE FOUNDATION				
<b>EIN:</b> 83-0267496				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
				Purposes
STATE ANNUAL TAX	25			25
FEDERAL INCOME TAX	156			156