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.

		of the Treasury nue Service  Do not enter social security numb  Go to www.irs.gov/Form990PF fo							to Public Inspection
Baaaaa							on. I IV I		or 30 <b>,20</b> 19
	r calen	ndar year 2018 or tax year beginning	May 1	, 2010,	anu e		er identification		
		ON MEMORIAL EDUCATION TRUST					025176	,	
		street (or P O box number if mail is not delivered to street address)	<u> </u>	Room/s	surte		ne number (see	instruct	ions)
PΩ	ВОХ	510					) 455-346		•
		, state or province, country, and ZIP or foreign postal code							ling, check here ▶
_		WY 82513				O II OAGIII,	lion applicanc	is pene	ing, check heres
			n of a former p	ublic c	harity	D 1. Foreig	n organizations	check	here ▶□
-		☐ Final return ☐ Amended i	•				•		_
		Address change Name char	nge				n organizations here and attact		
H	Check	type of organization: Section 501(c)(3) exempt p	rivate founda	tion (	74	E If private	foundation star	tus was	terminated under
		on 4947(a)(1) nonexempt charitable trust			, , ,	section 5	507(b)(1)(A), che	ck here	. ▶∟
_		narket value of all assets at J Accounting method			crual	E If the four	indation is in a (	en-mont	th tarmination
		f year (from Part II, col. (c),				under se	ction 507(b)(1)(l	B), chec	k here . ▶
	line 16		on cash basis	)					
P	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue a	and					(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses po			investment come	(c) Adjusted		for charitable purposes
		the amounts in column (a) (see instructions).)	books		/_				(cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule)					: /	<del>;</del>	A 7 11
_	2	Check ► 🗵 If the foundation is not required to attach Sch. B						/	2 7" 1
	3	Interest on savings and temporary cash investments	12,.9	68.	:	12,968.	12,	968.	* ***
	4	Dividends and interest from securities							٠ ·
	5a	Gross rents				7			, 1
	b	Net rental income or (loss)	3	$\longrightarrow$					. , ]
ne	6a	Net gain or (loss) from sale of assets not on line 10		<u> </u>			· · · ·		, ; ]
en	b	Gross sales price for all assets on line 6a	٠ .,			- '			, <u>.</u> .,
Revenue	7	Capital gain net income (from Part IV, line 2)					<u> </u>	•	, ,
Œ	8	Net short-term capital gain	X		<u>, :                                    </u>	<u> </u>			4.
	9	Income modifications		p.F	•	a 7 .	* * 3	••	3 3.
0	10a	Gross sales less returns and allowances	paralle at		-	<u> </u>		<i>y</i>	
2020	b	Less: Cost of goods sold	14.7	,		4. 4	"دو يا هي	¥,	*
8	11	Gross profit or (loss) (attach schedule)  Other income (attach schedule) See.Stmt	<u> </u>	4.7	7				, ,
_	12	Total. Add lines 1 through 11	2,8 15,8			12,968.	12	968.	
$\overline{\mathbf{m}}$	13		13,0	09.		14,500.	14,	900.	
S)	14	Other employee salaries and wages							
CH	15	Pension plans, employee benefits				· · · · · · · · · · · · · · · · · · ·			
ĪĞ	16a	Pension plans, employee benefits Legal fees (attach schedule) NOV.25 2019							
Operating and Administ@0001815EHseEE	b	Accounting fees (attach schedule)		75.					
<b>%</b>	С	Other professional fees (and Figure 1).CA.							
To the state of th	17	Interest							
ist	18	Taxes (attach schedule) (see instructions e. Stmt.	2	61.					
nin	19	Depreciation (attach schedule) and depletion							,
þ	20	Occupancy							
Į p	21	Travel, conferences, and meetings							
an	22	Printing and publications							
ηg	23	Other expenses (attach schedule) See .St.mt	4	00.					
atir	24	Total operating and administrative expenses.	•						
er		Add lines 13 through 23		36.		- A	ļ		
Q	25	Contributions, gifts, grants paid	13,2			4.422	A s s s s s s s		
	26	Total expenses and disbursements. Add lines 24 and 25	13,9	86.		) P; ,	<u> </u>		
	27	Subtract line 26 from line 12:	1 0	1	, 14.	4	-1,		1:
	a	Excess of revenue over expenses and disbursements	1,8	23.		+ 1	- 67 도달 1		
	b	Net investment income (if negative, enter -0-)		- 1 - 1		12,968.	<u> </u>		

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		End o	f year
_		should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Val	ue	(c) Fair Market Value
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	627,523.	629,3	346.	629,346.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►	1			
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				1
	6	Receivables due from officers, directors, trustees, and other				
	_	disqualified persons (attach schedule) (see instructions)		<del> </del>		
	7	Other notes and loans receivable (attach schedule) ▶				
	١.	Less. allowance for doubtful accounts ▶				
Assets	8	Inventories for sale or use				·
SS	9	Prepaid expenses and deferred charges		·		
4	10a	Investments—U.S. and state government obligations (attach schedule)		<del>_</del> _		
	b	Investments—corporate stock (attach schedule)		· · · · · · · · · · · · · · · · · · ·		
	C	Investments—corporate bonds (attach schedule)	. I speliak the inc. in the late has been			
	11	Investments—land, buildings, and equipment: basis ▶	<u> </u>	C. delt densitätier 2.11		
		Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment. basis ▶				
		Less accumulated depreciation (attach schedule)				
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers—see the				
		ınstructions. Also, see page 1, item I)	627,523.	629,3	346.	629,346.
	17	Accounts payable and accrued expenses				
S	18	Grants payable				
Liabilities	19	Deferred revenue				
豆	20	Loans from officers, directors, trustees, and other disqualified persons				
<u>.e</u>	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)				
alances		Foundations that follow SFAS 117, check here ▶ 🗵 and complete lines 24 through 26, and lines 30 and 31.				
Ĕ	24	Unrestricted				
	25	Temporarily restricted	523.	2,3	46.	
	26	Permanently restricted	627,000.	627,0		
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ▶ □		,	1	
Ē		and complete lines 27 through 31.			i	
ō	27	Capital stock, trust principal, or current funds				
ets.	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds				
Ä	30	Total net assets or fund balances (see instructions)	627,523.	629,3	46.	
Ē	31	Total liabilities and net assets/fund balances (see				
		instructions)	627,523.	629,3	46.	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
1	Tota	I net assets or fund balances at beginning of year-Part II, colu	mn (a), line 30 (must	agree with		
	end-	of-year figure reported on prior year's return)			1	627,523.
2		r amount from Part I, line 27a			2	1,823.
3		er increases not included in line 2 (itemize)			3	
4	Add	lines 1, 2, and 3			4	629,346.
5	_				5	
6	Tota	reases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), line	30	6	629,346.

Part	V Capital Gains and	Losses for Tax on Investme	ent Income			
		nd(s) of property sold (for example, real est se, or common stock, 200 shs. MLC Co)	tate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr)
1a						
b						
c						
<u>d</u>						
<u>         e                           </u>				İ		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		ain or (loss) (f) minus (g))
<u>a</u> b				_	. <u>.</u> . <u>.</u>	
C			-			
d						
е						
	Complete only for assets sho	wing gain in column (h) and owned b	y the foundation	on 12/31/69.	(I) Gains (Co	ol (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any	col (k), but no	ot less than -0-) <b>or</b> (from col (h))
<u>a</u>						
<u> </u>						
<u>C</u>						
d						
<u>е</u>						
2	Capital gain net income or	r (net capital loss)	ilso enter in Pa enter -0- in∫Pai	rt I, line 7 rt I, line 7	2	
3	If gain, also enter in Part	n or (loss) as defined in sections i I, line 8, column (c). See instruc	tions. If (loss)			
		· · · · · · · · · · · · · · · · · · ·			3	
Part	······································	er Section 4940(e) for Reduc		· · · · · · · · · · · · · · · · · · ·		
(For o	ptional use by domestic priv	vate foundations subject to the s	ection 4940(a)	tax on net invest	ment income.)	
If sect	tion 4940(d)(2) applies, leave	e this part blank.				
Was t	he foundation liable for the	esection 4942 tax on the distributa ualify under section 4940(e). Do			ease period?	☐ Yes ☐ No
1	·	unt in each column for each year	<u> </u>	<del>'.</del>	king any entries	<del> </del>
	(a)				T	(d)
Cale	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of	(c) f noncharitable-use as		stribution ratio divided by col (c))
	2017	-	0.		0.	0.000000
	2016	15,50		617,2		0.025113
	2015	11,28		613,2	-	0.018395
	2014	12,97		614,2		0.021118
	2013	8,60		611,3		0.014082
	•			·		***
2	Total of line 1, column (d)				. 2	0.078708
3		for the 5-year base period—dividual of the formal of the f				0.015742
4	Enter the net value of nonc	charitable-use assets for 2018 fro	om Part X, line	5	. 4	0.
5	Multiply line 4 by line 3 .				. 5	0.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	130.
7	Add lines 5 and 6				. 7	130.
8		ns from Part XII, line 4			. 8	
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box in	Part VI, line 1b	, and complete t	hat part using a	1% tax rate. See the

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	<u>instru</u>	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	2	59.	L
	here ► □ and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.	
3	Add lines 1 and 2	2	59.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0.	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	2	59.	L
6	Credits/Payments:			
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a			
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) . 6c 0.			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		0.	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached			<u> </u>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	2	59.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		0.	
11	Enter the amount of line 10 to be. Credited to 2019 estimated tax   Refunded   11			
	VII-A Statements Regarding Activities		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did in	1a	165	X
	participate or intervene in any political campaign?		<del>                                     </del>	<b> -^</b> -
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1b		×
	instructions for the definition			-
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	.		
_	published or distributed by the foundation in connection with the activities.  Did the foundation file <b>Form 1120-POL</b> for this year?	1c		
C	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	10		<del>-</del>
d	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		Ì	1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	.		
·	on foundation managers. ► \$			<b> </b>
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×
-	If "Yes," attach a detailed description of the activities.	<del>-</del> -		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	.		
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		×
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	-	×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		×
	If "Yes," attach the statement required by General Instruction T.			1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	.		
	conflict with the state law remain in the governing instrument?	6		×
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	×	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
	WY	. [		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		×
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		¥

Par	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
	Website address ► N/A			
14	The books are in care of ► KATHLEEN TAYLOR  Located at ► 402 HORSECREEK ROAD DUBOIS WY  Telephone no. ► (307) (30	155-	3456	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here			<b></b>
	and enter the amount of tax-exempt interest received or accrued during the year	• •	•	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No (5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	•		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		
_	Organizations relying on a current notice regarding disaster assistance, check here			i
С	were not corrected before the first day of the tax year beginning in 2018?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			ļ
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>▶</b> 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4h		
	CHARLADIE DUIDOSE HIACHAU NOCUEEN TEHIOVEG HOIH IEODATUV DEIDIE HIE HISCUAV DI LIIE LAX VEACUENHING III ZUTO!	. 45	. 1	× ×

ran	Statements Regarding Activities	2 101 A	THEIL LOUIS	7120	May De n	equire	u (comm	iueu)			
5a	During the year, did the foundation pay or incur	any am	ount to:							Yes	No
	(1) Carry on propaganda, or otherwise attempt	to influe	ence legislatio	on (sect	tion 4945(e	))? .	☐ Yes	⊠ No	, [		1
	(2) Influence the outcome of any specific pub	ic electi	on (see secti	on 495	5); or to ca	arry on,					. · · [
	directly or indirectly, any voter registration of	Irive?					☐Yes	X No	,		>
	(3) Provide a grant to an individual for travel, st	udv. or o	other similar i	ourpos	es?		_ □ Yes	— ⊠ No	,		1
	(4) Provide a grant to an organization other that										1
	section 4945(d)(4)(A)? See instructions			_			Yes	⊠ No	.		
	(5) Provide for any purpose other than religiou							٠٠٠ ا			
	purposes, or for the prevention of cruelty to				•			⊠ No	.	Ì	
b	If any answer is "Yes" to 5a(1)-(5), did any of the						_	_	- 1		
_	in Regulations section 53.4945 or in a current n							,011500	5b		
	Organizations relying on a current notice regard		-					Ì▶□			<del></del> -
С		_							'		.
	because it maintained expenditure responsibilit							□No	.		.
	If "Yes," attach the statement required by Regu	-	-				☐ 162	140	'   ·		٠,
6a	Did the foundation, during the year, receive any					miume			-		- 1
Vu	on a personal benefit contract?		-				□Yes	X No	.		
b	Did the foundation, during the year, pay premiu					henefit	_	_	6b		
b	If "Yes" to 6b, file Form 8870.	ilis, ulie	ony or maner	Stry, Orr	a personal	Dellem	Contract	• •	- 05		$\hat{}$
7a	At any time during the tax year, was the foundation	a narty	to a prohibited	tax sh	elter transac	tion?	☐ Yes	⊠ No	.	.	ł
b	If "Yes," did the foundation receive any proceed		•					_	7b		
8	Is the foundation subject to the section 4960 to										
•	remuneration or excess parachute payment(s) of							□No	.		İ
Par	VIII Information About Officers, Dire									ees.	
	and Contractors	<b>- ,</b> -				<b>-3</b> ,	<b>y</b> -			,	
1	List all officers, directors, trustees, and foun	dation r	nanagers an	d their	compens	ation. S	ee instru	ctions	· ·		
	4.11		e, and average		mpensation		Contribution		(e) Expe	nse acc	count
	(a) Name and address	hou	rs per week		not paid,	emplo	yee benefit	plans		allowan	
		aevot	ea to position	en	ter -0-)	and defe	erred compe	nsation	other	TII O AA CTI II	
BUC	K BUTKOVICH	TRUS'	ed to position TEE	en	ter -0-)	and defe	erred compe	nsation	Other (	anowan n	
	K BUTKOVICH BOX DUBOIS WY 82513	<del></del>		en	oter -0-)	and defe	erred compe	nsation 0.	Other		0.
PO	BOX DUBOIS WY 82513	<del></del>	TEE 5.00	en		and defe	erred compe	nsation	other		
PO PEG		TRUS	TEE 5.00	en		and defe	erred compe	nsation	other		
PO PEG PO	BOX DUBOIS WY 82513 GY MILLER BOX CROWHEART WY 82512	TRUS	TEE 5.00 TEE 1.00	en	0.	and defe	erred compe	0.	Other		0.
PO PEG PO	BOX DUBOIS WY 82513 GY MILLER BOX CROWHEART WY 82512 BARA SHOEMAKER	TRUS	TEE 5.00 TEE 1.00	en	0.	and defe	erred compe	0.	Other		0.
PO PEGO PO BAR PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513	TRUS	TEE 5.00 PEE 1.00 PEE 1.00	en	0.	and defe	erred compe	0 . 0 .	Other	anowani	0.
PO PEG PO BAR PO LEO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513	TRUS' TRUS' TRUS'	5.00 FEE 1.00 FEE 1.00 FEE 1.00		0. 0. 0.			0. 0.			0. 0. 0.
PO PEG PO BAR PO LEO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employer	TRUS' TRUS' TRUS'	5.00 FEE 1.00 FEE 1.00 FEE 1.00		0. 0. 0.			0. 0.			0. 0. 0.
PO PEGO PO BAR PO LEO PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513	TRUS' TRUS' TRUS'	5.00 FEE 1.00 FEE 1.00 FEE 1.00		0. 0. 0.			0. 0.			0. 0. 0.
PO PEGO PO BAR PO LEO PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employer	TRUS' TRUS' TRUS'	5.00 FEE 1.00 FEE 1.00 FEE 1.00	se incli	0. 0. 0.		see instr	0. 0. uctions	s). If no	one, e	0. 0. 0. 0. enter
PO PEG PO BAR PO LEO PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employer	TRUS' TRUS' TRUS'	5.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE	se incluverage	0. 0. 0.	ne 1—:	see instru (d) Contribu employee plans and c	0. 0. uctions to benefit leferred	s). If no	one, e	0. 0. 0. enter
PO PEG PO BAR PO LEO PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employe "NONE."	TRUS' TRUS' TRUS'	TEE 5.00 TEE 1.00 ΓΕΕ 1.00 ΓΕΕ 1.00 ΓΕΕ 1.00 ret than thos	se incluverage	0. 0. 0. uded on li	ne 1—:	see instri	0. 0. uctions to benefit leferred	s). If no	one, e	0. 0. 0. enter
PO PEG PO BAR PO LEO PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employee "NONE."  (a) Name and address of each employee paid more than \$50,000	TRUS' TRUS' TRUS'	5.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE	se incluverage	0. 0. 0. uded on li	ne 1—:	see instru (d) Contribu employee plans and c	0. 0. uctions to benefit leferred	s). If no	one, e	0. 0. 0. enter
PO PEG PO BAR PO LEO PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employee "NONE."  (a) Name and address of each employee paid more than \$50,000	TRUS' TRUS' TRUS'	5.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE	se incluverage	0. 0. 0. uded on li	ne 1—:	see instru (d) Contribu employee plans and c	0. 0. uctions to benefit leferred	s). If no	one, e	0. 0. 0. enter
PO PEG PO BAR PO LEO PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employee "NONE."  (a) Name and address of each employee paid more than \$50,000	TRUS' TRUS' TRUS'	5.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE	se incluverage	0. 0. 0. uded on li	ne 1—:	see instru (d) Contribu employee plans and c	0. 0. uctions to benefit leferred	s). If no	one, e	0. 0. 0. enter
PO PEG PO BAR PO LEO PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employee "NONE."  (a) Name and address of each employee paid more than \$50,000	TRUS' TRUS' TRUS'	5.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE	se incluverage	0. 0. 0. uded on li	ne 1—:	see instru (d) Contribu employee plans and c	0. 0. uctions to benefit leferred	s). If no	one, e	0. 0. 0. enter
PO PEG PO BAR PO LEO PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employee "NONE."  (a) Name and address of each employee paid more than \$50,000	TRUS' TRUS' TRUS'	5.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE	se incluverage	0. 0. 0. uded on li	ne 1—:	see instru (d) Contribu employee plans and c	0. 0. uctions to benefit leferred	s). If no	one, e	0. 0. 0. enter
PO PEG PO BAR PO LEO PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employee "NONE."  (a) Name and address of each employee paid more than \$50,000	TRUS' TRUS' TRUS'	5.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE	se incluverage	0. 0. 0. uded on li	ne 1—:	see instru (d) Contribu employee plans and c	0. 0. uctions to benefit leferred	s). If no	one, e	0. 0. 0. enter
PO PEG PO BAR PO LEO PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employee "NONE."  (a) Name and address of each employee paid more than \$50,000	TRUS' TRUS' TRUS'	5.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE	se incluverage	0. 0. 0. uded on li	ne 1—:	see instru (d) Contribu employee plans and c	0. 0. uctions to benefit leferred	s). If no	one, e	0. 0. 0. enter
PO PEG PO BAR PO LEO PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employee "NONE."  (a) Name and address of each employee paid more than \$50,000	TRUS' TRUS' TRUS'	5.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE	se incluverage	0. 0. 0. uded on li	ne 1—:	see instru (d) Contribu employee plans and c	0. 0. uctions to benefit leferred	s). If no	one, e	0. 0. 0. enter
PO PEG PO BAR PO LEO PO	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employee "NONE."  (a) Name and address of each employee paid more than \$50,000	TRUS' TRUS' TRUS'	5.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE	se incluverage	0. 0. 0. uded on li	ne 1—:	see instru (d) Contribu employee plans and c	0. 0. uctions to benefit leferred	s). If no	one, e	0. 0. 0. enter
PO PEG PO BAR PO LEO PO 2	BOX DUBOIS WY 82513  GY MILLER BOX CROWHEART WY 82512  BARA SHOEMAKER BOX DUBOIS WY 82513  N SANDERSON BOX DUBOIS WY 82513  Compensation of five highest-paid employee "NONE."  (a) Name and address of each employee paid more than \$50,000	TRUS' TRUS' TRUS' TRUS'	5.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE 1.00 TEE	se incluverage	0. 0. 0. uded on li	ne 1—:	see instru (d) Contribu employee plans and c	0. 0. uctions to benefit leferred	s). If no	one, e	0. 0. 0. enter

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, and Contractors (continued)	Highly Paid Er	nployees,
3 Five	highest-paid independent contractors for professional services. See instructions. If I	none, enter "NON	IE."
	(a) Name and address of each person paid more than \$50,000 (b) Type	of service	(c) Compensation
NONE			
			<u> </u>
	······································	<del></del>	1
Total numb	er of others receiving over \$50,000 for professional services		0
Part IX-A			13
List the fou	indation's four largest direct charitable activities during the tax year. Include relevant statistical information suns and other beneficianes served, conferences convened, research papers produced, etc.	ich as the number of	Expenses
1			
2			
			1 .
			· · · · · · · · · · · · · · · · · · ·
3			
4			
•			
Part IX-B	Summary of Program-Related Investments (see instructions)		
Describe th	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1			
2			
2			
	······································		
All other pro	ogram-related investments. See instructions		
3			
Total. Add I	ines 1 through 3	<u> ▶</u>	
	PEN 00/04/40 PPO		Form <b>990-PF</b> (2018)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	ign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	
е	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Part	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)	oundation	18
1	Mınımum ınvestment return from Part X, line 6	1	0.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	259.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	0.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.		the foundation
BAA	REV 02/01/19 PRO	For	m <b>990-PF</b> (2018)

art	XIII Undistributed Income (see instruction	ons)			
-		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				0.
2	Undistributed income, if any, as of the end of 2018:				Ŭ.
a	Enter amount for 2017 only				
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2018:				
а	From 2013 0 .				
b	From 2014				
С	From 2015		`		
d	From 2016				
е	From 2017				
f	Total of lines 3a through e	0.			
4	Qualifying distributions for 2018 from Part XII, line 4: ▶ \$				
а	Applied to 2017, but not more than line 2a .				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2018 distributable amount				
е	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				,
d	Subtract line 6c from line 6b. Taxable amount—see instructions		0.		
е	Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see				
	instructions			0.	
f	Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				0.
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 2013 not applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9:	· · · · · · · · · · · · · · · · · · ·			
	Excess from 2014 0 .	İ			
b	Excess from 2015 0.		-		
C	Excess from 2016				
d	Excess from 2017				
е	Excess from 2018 0.				

•						- 40
Part	NO-PF (2018)  XIV Private Operating Founda	tions (see instri	ictions and Part	VII-A guestion 9	<del></del>	Page 10
	If the foundation has received a ruling				)	N/A
	foundation, and the ruling is effective for					
b	Check box to indicate whether the four	ndation is a private	e operating founda	tion described in se	ction	(3) or 🗌 4942(1)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years	/	(e) Total
	investment return from Part X for each year listed	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	
	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:		1			
	(1) Value of all assets					
b	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
_	of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test-enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization	· · · -				
	(4) Gross investment income			· · · · · · · · · · · · · · · · · · ·		
Part	XV Supplementary Information	n (Complete th	is part only if t	he foundation ha	ad \$5,000 or m	ore in assets at
	any time during the year-	see instruction	าร.)			
1	Information Regarding Foundation	Managers:		-		
а	List any managers of the foundation v					by the foundation
	before the close of any tax year (but o	nly if they have co	ontributed more th	nan \$5,000). (See se	ection 507(d)(2).)	
b	List any managers of the foundation ownership of a partnership or other er			•		rge portion of the
2	Information Regarding Contribution Check here ► ☒ if the foundation unsolicited requests for funds. If the fo complete items 2a, b, c, and d. See in	only makes controlled	ributions to prese	elected charitable of	-	•
а	The name, address, and telephone nu		dress of the perso	n to whom applicat	tions should be ac	ddressed:

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factors:

c Any submission deadlines:

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

**b** The form in which applications should be submitted and information and materials they should include:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

_ 3	Grants and Contributions Paid During t	he Year or Approv	ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of		Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
	Paid during the year		<u> </u>		
	IGAIL HINKLE				
	BOX 396		İ		650
	OIS WY 82513		NONE	SCHOLARSHIP	650.
	HELLE LESEBERG				
	BOX 392		NONE	SCHOLARSHIP	650
	OIS WY 82513		NONE		650.
	RY BAKER				
	BOX 323		NONE	COURT A DOUT D	650
	OIS WY 82513		NONE	SCHOLARSHIP	650.
PO	IE COLLINS				
	WHEART WY 82513		NONE	SCHOLARSHIP	325.
	SIE DOWD		INONE	SCHOLARSHIP	323.
PO					
	OIS WY 82513		NONE	SCHOLARSHIP	650.
	LY SMITH				050.
	BOX 99				
	OIS WY 82513		NONE	SCHOLARSHIP	. 650.
	MIE LEE				
	BOX 990				
DUB	OIS WY 82513		NONE	SCHOLARSHIP	650.
JUS	TINE DAY				
PO	BOX 12				
DUB	OIS WY 82513		NONE	SCHOLARSHIP	325.
KAT	ELYN SUDA				:
	BOX 216				
DUB	OIS WY 82513		NONE	SCHOLARSHIP	650.
See	Statement				
				,	
				,	8,050.
	Total	· · · · · · · ·		<b>▶ 3</b> a	13,250.
b	Approved for future payment				
				l	
	Total		<u> </u>	▶ 3b	

Ente	r gros	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by secti	on 512, 513, or 514	(E)
			(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	Prog	ram service revenue:					
	a _				ļ <u>.                                    </u>		
	b _						
	C _	<u> </u>					
	d _	· · · · · · · · · · · · · · · · · · ·					
	е_						
	f =						
	_	Fees and contracts from government agencies					
2		nbership dues and assessments					
3		est on savings and temporary cash investments	900001	12,968.			
4		dends and interest from securities	•				
5		rental income or (loss) from real estate:					
		Debt-financed property					
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11	Othe	er revenue: a					
	b _						
	c _						
	d _						
	е _	otal. Add columns (b), (d), and (e)					
40	Cubs	estal Add solumns (b) (d) and (s)	I I				l
12	Subt	otal. Add coldinins (b), (d), and (e)		12,968.	L		
13	Tota	II. Add line 12, columns (b), (d), and (e)		12,968.		13	12,968.
<b>13</b> (See	Tota work:	<ul><li>II. Add line 12, columns (b), (d), and (e)</li><li>sheet in line 13 instructions to verify calculation</li></ul>	 ns.)			13	12,968.
13 (See Pa	Tota work: rt XV	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota work: rt XV	<ul><li>II. Add line 12, columns (b), (d), and (e)</li><li>sheet in line 13 instructions to verify calculation</li></ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
13 (See Pa Lin	Tota works rt XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	 ns.) Accomplishm	ent of Exemp	t Purposes		
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Form **990-PF** (2018)

Part	XVII	Informatio Organizati	n Regarding Tra	nsfers to	and Transac	ctions and F	Relationship	ps With N	Nonchari	table	Exe	mpt
1	in se organ	he organization of ection 501(c) (onizations?	directly or indirectly other than section porting foundation	501(c)(3)	organizations	) or in secti	on 527, rel				Yes	No
а			· · · · ·							1a(1)		×
	(2) 0	ther assets .							[	1a(2)		×
b	Othe	r transactions:										
			a noncharitable ex							1b(1)		×
			ets from a noncharı							1b(2)		×
			, equipment, or oth							1b(3)		×
			rrangements						,	1b(4)		X
			arantees							1b(5)		×
			ervices or members	· · · · · ·	_					1b(6)		×
C		-	equipment, mailing l						•	1c		<u>×</u>
d			of the above is "Ye									
			other assets, or servion or sharing arrange									
(a) Line		(b) Amount involved	•	•	empt organization	<del></del>	ription of transfe					
(a) Line	, 110.	b) Amount involved	(o) Hame of Hells		pr organization	(a) Desci	TPROTE OF TRAINING	10, 11411040110			gom	
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	desc	ribed in section 5	ectly or indirectly a 501(c) (other than s	ection 501			ore tax-exer	mpt organ 		☐ Ye	s 🗵	No
b	YE	<u>' '                                  </u>	e following schedule	T	(h) Tuno of organiz	otion T		(c) Description	o of rolation	chio		
		(a) Name of organ	iization	<u> </u>	(b) Type of organiz	ation		(c) Description	n or relation	SHIP		
		· · · · · · · · · · · · · · · · · · ·										
				<u> </u>								
				+								
	Unde	r penalties of perjury, I	I declare that I have examin	ned this return,	including accompar	ying schedules and	d statements, and	to the best of	my knowledg	ge and t	elief, it	is true,
Sign Here	corre	et and complete Decl	laration of preparer (other t	han taxpayer) ı	s based on all inform 10/09/2019	ation of which prep	parer has any kno	wledge	May the IR	S discus	ss this	retum elow?
	Sign	ature of officer of true		To:	Date	Title		· 1				
Paid		Print/Type preparer	"s name	Preparer'	s signature		Date		k [ ] ıf [	MIT		
Prepa	arer	KATHLEEN I			LEEN TAYLO	R	11/16/2		employed P			3
Use (	Only	Firm's name ►	TAYLOR ACCOU		SERVICE			Firm's EIN				
		Firm's address >	102 HORSECRE	יבע אט			1	Phone no	(30/)45	17ー イイ	169	

WY 82513

DUBOIS

BAA

## ANDERSON MEMORIAL EDUCATION TRUST

## Form 990-PF: Return of Private Foundation

# Part XV, Line 3a: Grants and Contributions Paid During the Year

## **Continuation Statement**

Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
KYLE EULBERG		NONE	SCHOLARSHIP	650
PO BOX 117				
DUBOIS, WY 82513				
ROWAN HAWK		NONE	SCHOLARSHIP	725
PO BOX				
DUBOIS, WY 82513		<u> </u>		
AMBER SESSOCK		NONE	SCHOLARSHIP	650
PO BOX 111				
DUBOIS, WY 82513				
SEAN MOCK		NONE	SCHOLARSHIP	650
PO BOX 393			ļ	
DUBOIS, WY 82513				
JUSTIN POPPE		NONE	SCHOLARSHIP	650
PO BOX 344				
DUBOIS, WY 82513				
REIDUN HAMMER		NONE	SCHOLARSHIP	1,150
PO BOX 661				
DUBOIS, WY 82513				
WEST HAGERT		NONE	SCHOLARSHIP	650
PO BOX 737				
DUBOIS, WY 82513				
GARRETT JUNGCK		NONE	SCHOLARSHIP	650
PO BOX 1419				
DUBOIS, WY 82513				
HEATHER SHAW	,	NONE	SCHOLARSHIP	650
PO BOX 1128				
DUBOIS, WY 82513				
JULIA ELLE		NONE	SCHOLARSHIP	650
PO BOX 66				
DUBOIS, WY 82513				
AUTUMN CUMMINGS		NONE	SCHOLARSHIP	650
PO BOX 1732				
DUBOIS, WY 82513				
CHOLE CHANTRY		NONE	SCHOLARSHIP	325
PO BOX 126				
DUBOIS, WY 82513				

# Additional information from your Form 990-PF: Return of Private Foundation

### Form 990-PF: Return of Private Foundation

## Other Income

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	
gain on sale	2,841.			
Total	2,841.			

#### Form 990-PF: Return of Private Foundation

### **Taxes**

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
ırs	261.			
7	otal 261			

#### Form 990-PF: Return of Private Foundation

### **Other Expenses**

#### **Continuation Statement**

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
liability insurance	400.			
Total	400.			

# Additional information from your 2018 Federal Exempt Tax Return

#### Form 990-PF: Return of Private Foundation

Line 2(b)

#### **Itemization Statement**

Description		Amount
investment		627,523.
checking		1,823.
	Total	629,346.

#### Form 990-PF: Return of Private Foundation

Line 26(b)

#### **Itemization Statement**

Description	Amount
cost	627,000.
To	tal 627,000.

## Form 990-PF: Return of Private Foundation

Line 3 Column (b)

#### **Itemization Statement**

Description	Amount
ATLANTIC CITY FCU	1,067.
W ELLS FARGO ADVISORS	11,901.
Total	12,968.