

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Private Foundation**  
**or Section 4947(a)(1) Trust Treated as Private Foundation**  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052  
**2016**  
**Open to Public Inspection**

**For calendar year 2016, or tax year beginning 10-01-2016, and ending 09-30-2017**

Name of foundation GUTHRIE FAMILY FOUNDATION		<b>A Employer identification number</b> 83-0314146	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 1242	Room/suite	<b>B Telephone number</b> (see instructions) (307) 745-7351	
City or town, state or province, country, and ZIP or foreign postal code LARAMIE, WY 82073		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 204,994		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)				
	<b>2</b> Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
	<b>3</b> Interest on savings and temporary cash investments	27,920	27,920	27,920	
	<b>4</b> Dividends and interest from securities	76,219	76,219	76,219	
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	119,057			
	<b>b</b> Gross sales price for all assets on line 6a	1,314,700			
	<b>7</b> Capital gain net income (from Part IV, line 2)		119,057		
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	2,327	2,327	2,327		
<b>12 Total.</b> Add lines 1 through 11	225,523	225,523	106,466		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc	0	0	0	0
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule)	100	100	0	0
	<b>c</b> Other professional fees (attach schedule)	35,572	35,572	0	0
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	389	389	0	0
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications				
	<b>23</b> Other expenses (attach schedule)	86	86	0	0
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	36,147	36,147	0	0
	<b>25</b> Contributions, gifts, grants paid	497,264			497,264
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	533,411	36,147	0	497,264	
<b>27</b> Subtract line 26 from line 12					
<b>a Excess of revenue over expenses and disbursements</b>	-307,888				
<b>b Net investment income</b> (if negative, enter -0-)		189,376			
<b>c Adjusted net income</b> (if negative, enter -0-)			106,466		

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		25,070	25,070
	<b>2</b> Savings and temporary cash investments . . . . .	477,883	179,924	179,924
	<b>3</b> Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U S and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .	3,039,073	3,050,304	0
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .	1,695,812	1,544,908	0
	<b>11</b> Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .	289,715	394,715	0
	<b>14</b> Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)				
<b>16 Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	5,502,483	5,194,921	204,994	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b> Unrestricted . . . . .	5,502,483	5,194,921	
	<b>25</b> Temporarily restricted . . . . .			
	<b>26</b> Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b> Capital stock, trust principal, or current funds . . . . .			
	<b>28</b> Paid-in or capital surplus, or land, bldg , and equipment fund			
<b>29</b> Retained earnings, accumulated income, endowment, or other funds				
<b>30 Total net assets or fund balances</b> (see instructions) . . . . .	5,502,483	5,194,921		
<b>31 Total liabilities and net assets/fund balances</b> (see instructions) .	5,502,483	5,194,921		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	5,502,483
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-307,888
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	326
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	5,194,921
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	<b>6</b>	5,194,921

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1 a</b>	P		
<b>b</b> CAPITAL GAINS DIVIDENDS	P		
<b>c</b>			
<b>d</b>			
<b>e</b>			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 1,312,793		1,195,643	117,150
<b>b</b> 1,907			1,907
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
<b>a</b>			117,150
<b>b</b>			1,907
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss)	<b>2</b>	119,057
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	<b>3</b>	117,150

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

**1** Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	414,133	6,114,391	0 067731
2014	0	6,449,258	0 000000
2013	361,000	6,448,683	0 055980
2012	312,913	5,864,270	0 053359
2011	294,230	5,969,348	0 049290

<b>2</b> Total of line 1, column (d)	<b>2</b>	0 226360
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	0 045272
<b>4</b> Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	<b>4</b>	6,198,488
<b>5</b> Multiply line 4 by line 3	<b>5</b>	280,618
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	1,894
<b>7</b> Add lines 5 and 6	<b>7</b>	282,512
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	497,264

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Total tax due is 494.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

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15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (Continued)

**5a** During the year did the foundation pay or incur any amount to

**(1)** Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No

**(2)** Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?  Yes  No

**(3)** Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No

**(4)** Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).  Yes  No

**(5)** Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

**b** If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No

Organizations relying on a current notice regarding disaster assistance check here.

**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

If "Yes" to 6b, file Form 8870

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

**b** If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

**Total** number of other employees paid over \$50,000.  0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

<b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b>		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services. . . . . ▶		0

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
<b>1</b> TO FUND QUALIFYING CHARITABLE NON-PROFIT ORGANIZATIONS IN AND FOR THE BENEFIT OF THE RESIDENTS OF THE CITY OF LARAMIE AND ALBANY COUNTY, WYOMING	0
<b>2</b>	
<b>3</b>	
<b>4</b>	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
<b>1</b>	
<b>2</b>	
All other program-related investments. See instructions.	
<b>3</b>	
<b>Total.</b> Add lines 1 through 3 . . . . . ▶	0

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
<b>a</b>	Average monthly fair market value of securities.	<b>1a</b>	4,005,638
<b>b</b>	Average of monthly cash balances.	<b>1b</b>	213,841
<b>c</b>	Fair market value of all other assets (see instructions).	<b>1c</b>	2,073,402
<b>d</b>	<b>Total</b> (add lines 1a, b, and c).	<b>1d</b>	6,292,881
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets.	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	6,292,881
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	94,393
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4.	<b>5</b>	6,198,488
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5.	<b>6</b>	309,924

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6.	<b>1</b>	309,924
<b>2a</b>	Tax on investment income for 2016 from Part VI, line 5.	<b>2a</b>	1,894
<b>b</b>	Income tax for 2016 (This does not include the tax from Part VI).	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b.	<b>2c</b>	1,894
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1.	<b>3</b>	308,030
<b>4</b>	Recoveries of amounts treated as qualifying distributions.	<b>4</b>	0
<b>5</b>	Add lines 3 and 4.	<b>5</b>	308,030
<b>6</b>	Deduction from distributable amount (see instructions).	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	<b>7</b>	308,030

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	<b>1a</b>	497,264
<b>b</b>	Program-related investments—total from Part IX-B.	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required).	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule).	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	<b>4</b>	497,264
<b>5</b>	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).	<b>5</b>	1,894
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4.	<b>6</b>	495,370

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
<b>1</b> Distributable amount for 2016 from Part XI, line 7				308,030
<b>2</b> Undistributed income, if any, as of the end of 2016				
<b>a</b> Enter amount for 2015 only. . . . .			0	
<b>b</b> Total for prior years 20___, 20___, 20___		0		
<b>3</b> Excess distributions carryover, if any, to 2016				
<b>a</b> From 2011. . . . .	2,671			
<b>b</b> From 2012. . . . .	21,259			
<b>c</b> From 2013. . . . .	45,320			
<b>d</b> From 2014. . . . .				
<b>e</b> From 2015. . . . .	111,151			
<b>f</b> Total of lines 3a through e. . . . .	180,401			
<b>4</b> Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>497,264</u>				
<b>a</b> Applied to 2015, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2016 distributable amount. . . . .				308,030
<b>e</b> Remaining amount distributed out of corpus	189,234			
<b>5</b> Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a) )		0		0
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5	369,635			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
<b>e</b> Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
<b>f</b> Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017 . . . . .				0
<b>7</b> 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). . . . .		0		
<b>8</b> Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions). . . . .	2,671			
<b>9</b> Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a . . . . .	366,964			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2012. . . . .	21,259			
<b>b</b> Excess from 2013. . . . .	45,320			
<b>c</b> Excess from 2014. . . . .				
<b>d</b> Excess from 2015. . . . .	111,151			
<b>e</b> Excess from 2016. . . . .	189,234			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling.
b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.
b 85% of line 2a
c 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
e 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
a "Assets" alternative test—enter
(1) Value of all assets
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.
c "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 (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here [ ] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed
JOHN GUTHRIE
PO BOX 1242
LARAMIE, WY 82073
(307) 742-7117
b The form in which applications should be submitted and information and materials they should include
THE FOLLOWING ARE REQUIRED TO APPLY FOR A GRANT WITH THE GUTHRIE FAMILY FOUNDATION -BRIEF STATEMENT OF THE ORGANIZATION'S MISSION -ORGANIZATIONAL BUDGETS FOR THE PAST AND CURRENT YEAR, INCLUDING OTHER SOURCES OF FUNDING -REVIEW OF THE PREVIOUS YEARS GRANT IF ONE WAS RECEIVED INCLUDING THE NUMBER OF INDIVIDUALS SERVED AND HOW THEY BENEFITED -DOLLAR AMOUNT REQUESTED IN THIS GRANT REQUEST -INTENDED USE OF THE GRANT PLEASE SUPPORT YOUR REQUEST WITH SPECIFIC PROJECT BUDGETS AND BIDS AND ESTIMATES WHERE APPLICABLE -SPECIFY HOW GRANT HOW WOULD BENEFIT RESIDENTS OF THE CITY OF LARAMIE AND ALBANY COUNTY -LIST THE ORGANIZATION'S LOCAL BOARD OF DIRECTORS -LIST THE NAME, ADDRESS AND PHONE NUMBER OF THE CONTACT PERSON -501(C)(3) AFFILIATION, IF NOT ALREADY ON FILE WITH THE FOUNDATION -SEVEN COPIES OF THE WRITTEN REQUEST MUST BE SUBMITTED
c Any submission deadlines
GRANT SUBMISSIONS MUST BE RECEIVED NO LATER THAN JULY 1ST EACH YEAR
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
REQUESTS FOR MATCHING FUNDS ARE FAVORED IN GENERAL, REQUESTS FOR SALARIES WILL NOT BE CONSIDERED A PART-TIME SALARY FOR A SPECIFIC PROGRAM WITH A LIMITED TIME PERIOD MAY BE CONSIDERED

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				497,264
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				0





**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a)</b> Name and address	Title, and average hours per week <b>(b)</b> devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	Expense account, <b>(e)</b> other allowances
JOHN A GUTHRIE III PO BOX 1242 LARAMIE, WY 82073	PRESIDENT 0 80	0	0	0
BRENDA HUNTER 215 SOUTH 2ND STREET LARAMIE, WY 82070	SECRETARY, TREASURER 0 80	0	0	0
DAN FURPHY C/O FIRST NATIONAL BANK PO BOX 490 LARAMIE, WY 82072	BOARD MEMBER 0 20	0	0	0
TREY SHERWOOD 1705 E PERSON STREET LARAMIE, WY 82070	BOARD MEMBER 0 20	0	0	0
JAY BRESS 715 GERALD PLACE LARAMIE, WY 82070	BOARD MEMBER 0 20	0	0	0

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

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
ALABANY COUNTY SAFE PROJECT PO BOX 665 LARAMIE, WY 82073			OPERATIONS	5,000
ARK REGIONAL SERVICES 1150 NORTH 3RD STREET LARAMIE, WY 82070			VISUAL ARTS PROGRAM & COOPER CENTER FOR CREATIVE ARTS	25,000
CATHEDRAL HOME FOR CHILDREN 4989 NORTH 3RD STREET LARAMIE, WY 82070			ACES PROGRAM, FOSTER FAMILY PROGRAM	20,000
CLIMB WYOMING 217 S 1ST STREET LARAMIE, WY 82070			SERVICE COMPONENTS FOR PROGRAM	50,000
DOWNTOWN CLINIC 611 S 2ND STREET LARAMIE, WY 82070			OPERATIONS	34,000
<b>Total . . . . . ▶</b> <b>3a</b>				497,264

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

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
EPSON CENTER FOR SENIORS 1560 N 3RD STREET LARAMIE, WY 82072			OPERATIONS	6,000
INTERFAITH GOOD SAMARITAN 710 E GARFIELD ST LARAMIE, WY 82070			OPERATIONS	25,000
LARAMIE CHAMBER BUSINESS ALLIANCE 800 SOUTH 3RD ST LARAMIE, WY 82070			ECONOMIC DEVELOPMENT	15,500
LARAMIE ECON DEV BEAUTIFICATION 800 SOUTH 3RD ST LARAMIE, WY 82070			OPERATIONS	14,000
LARAMIE MAIN STREET 207 GRAND AVENUE LARAMIE, WY 82070			DOWNTOWN BUSINESS FACADE IMPROVEMENT	20,000
<b>Total . . . . . ▶</b> <b>3a</b>				497,264



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

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
LARAMIE PLAINS MUSEUM 603 IVINSON LARAMIE, WY 82070			FACILITY IMPROVEMENTS	25,000
LARAMIE REPRODUCTIVE HEALTH 413 S 21ST STREET LARAMIE, WY 82070			HEALTH SUPPORT	21,000
LARAMIE SOUP KITCHEN 104 SOUTH 4TH STREET LARAMIE, WY 82070			OPERATIONS	21,000
ST MATTHEWS CATHEDRAL 104 S 4TH STREET LARAMIE, WY 82070			GENERAL BUDGET NEEDS	67,000
UNITED WAY OF ALBANY COUNTY 710 E GARFIELD STREET 240 LARAMIE, WY 82070			GIFT TO UNITED WAY GENERAL FUND	69,000
<b>Total . . . . . ▶</b> <b>3a</b>				497,264

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

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
UNIVERSITY OF WY ART MUSEUM 2900 E GRAND AVE LARAMIE, WY 82070			LARAMIE MURAL PROJECT	10,000
WYOMING EARLY CHILDHOOD PARTNERSHIP 159 NORTH WOLCOTT STE 150 CASPER, WY 82601	OPERATIONS			3,000
ALBANY COUNTY PUBLIC LIBRARY 310 S 8TH ST LARAMIE, WY 82070			OPERATIONS	35,000
FAMILY PROMISE OF ALBANY COUNTY PO BOX 1859 LARAMIE, WY 82073			OPERATIONS	6,764
GREATER WYOMING BIG BROTHERS BIG SISTERS 1010 SOUTH 6TH STREET LARAMIE, WY 82070			OPERATIONS	10,000
<b>Total . . . . . ▶</b> <b>3a</b>				497,264

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

Recipient	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
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
HOSPICE OF WYOMING 1754 CENTENNIAL DRIVE LARAMIE, WY 82070			OPERATIONS	10,000
LARAMIE ANIMAL WELFARE SOCIETY PO BOX 514 LARAMIE, WY 82073			OPERATIONS	5,000
<b>Total</b> . . . . .			▶	497,264
<b>3a</b>				

**TY 2016 Accounting Fees Schedule****Name:** GUTHRIE FAMILY FOUNDATION**EIN:** 83-0314146

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
ACCOUNTING FEES	100	100	0	0

# **TY 2016 Explanation of Non-Filing with Attorney General Statement**

**Name:** GUTHRIE FAMILY FOUNDATION

**EIN:** 83-0314146

## **Statement:**

ATTORNEY GENERAL DOES NOT REQUIRE A COPY OF THE FORM 990-PF.

**TY 2016 Investments Corporate Bonds Schedule****Name:** GUTHRIE FAMILY FOUNDATION**EIN:** 83-0314146

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
FIXED INCOME FNB - FORT COLLINS	1,544,908	0

**TY 2016 Investments Corporate Stock Schedule****Name:** GUTHRIE FAMILY FOUNDATION**EIN:** 83-0314146

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
EQUITIES FNB - FORT COLLINS	3,050,304	0

## TY 2016 Investments - Other Schedule

**Name:** GUTHRIE FAMILY FOUNDATION

**EIN:** 83-0314146

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ALTERNATIVES (MF) FNB - FORT COLLINS	AT COST	394,715	0



**TY 2016 Other Expenses Schedule****Name:** GUTHRIE FAMILY FOUNDATION**EIN:** 83-0314146**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS	86	86	0	0

**TY 2016 Other Income Schedule****Name:** GUTHRIE FAMILY FOUNDATION**EIN:** 83-0314146**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
MISCELLANEOUS INCOME	2,327	2,327	2,327

**TY 2016 Other Increases Schedule****Name:** GUTHRIE FAMILY FOUNDATION**EIN:** 83-0314146

<b>Description</b>	<b>Amount</b>
NONDIVIDEND DISTRIBUTIONS	326

**TY 2016 Other Professional Fees Schedule****Name:** GUTHRIE FAMILY FOUNDATION**EIN:** 83-0314146

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
TRUSTEE FEES	35,572	35,572	0	0

**TY 2016 Taxes Schedule****Name:** GUTHRIE FAMILY FOUNDATION**EIN:** 83-0314146

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
OTHER TAXES - FOREIGN	389	389	0	0