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## **Return of Private Foundation**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calen	dar year 2015 or tax year beginning		, 2015	, and $\epsilon$	ending		, 20
Na	ne of fo	undation				A Employe	r identification numbe	er
Су	ntha H	ogan Foundation, Inc.					22-3766805	
Nu	mber and	d street (or PO box number if mail is not delivered to street address)		Room/s	suite	uite B Telephone number (see instructions)		
346	55 N . P	nesWay,PMB80		10	)4		307-203-6747	,
Cit	or town	n, state or province, country, and ZIP or foreign postal code			-	C If exempt	on application is pend	ıng check here▶□
Wi	kon, W	Y 83014				• II CACITIFE	оп арриовног ю репо	ing, oneok here i
G	Check	all that apply:  Initial return  Initial return	of a former i	oublic o	charity	D 1 Foreign	organizations, check	here ►
G Check all that apply:								_
							i organizations meeting nere and attach compu	
H	Check	type of organization: 4 Section 501(c)(3) exempt p		ation			oundation status was	
		on 4947(a)(1) nonexempt charitable trust			ation	section 50	07(b)(1)(A), check here	▶□
		narket value of all assets at J Accounting method						
		f year (from Part II, col. (c),	. 🛅 ОСОП		O GG		idation is in a 60-mont ition 507(b)(1)(B), checl	
	line 16		on cash basis	:)			· · · · · · · · · · · · · · · · · · ·	
_	art I			- $  -$				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue expenses p			investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions) )	books	-	ır	icome	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	27	9,724				1
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch. B	- 2	2,124				
	3	Interest on savings and temporary cash investments		6				ECEIVED
	4	Dividends and interest from securities	1	3,277		13,277	<del>                                      </del>	LOLIVED
	5a	Gross rents		0		0	<u> 8 </u>	AN 1 3 2016
	b	Net rental income or (loss)		-			B082	AN 1 9 COID
a	6a	Net gain or (loss) from sale of assets not on line 10		0			<del></del>	
Ž	b	Gross sales price for all assets on line 6a		-			<del>-   0</del>	GDEN, UT
Revenue	7	Capital gain net income (from Part IV, line 2)				212		
æ	8	Net short-term capital gain				212		
	9	Income modifications	-				<del> </del>	
	10a	Gross sales less returns and allowances	ļ. <b></b>					
	b	Less: Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)	_	0				
	11	Other income (attach schedule)		0		0		
	12	Total. Add lines 1 through 11	29	3,007		13489	NΑ	
	13	Compensation of officers, directors, trustees, etc.		0		0		0
es	14	Other employee salaries and wages		0		0		0
<b>3</b>	15	Pension plans, employee benefits		- 0		0	·	0
75	16a	Legal fees (attach schedule)		-		0	<del>-</del>	- 0
T)	b	Accounting fees (attach schedule)		0		0		0
<b>₹</b>	c	Other professional fees (attach schedule)		0	•	0		0
7	17	Interest		0		0		0
St	18	Taxes (attach schedule) (see instructions)		1637	•			25
•	19	Depreciation (attach schedule) and depletion		0		0.	0	
ĕ	20	Occupancy		0		0	0	0
Operating Sings And Author E	21	Travel, conferences, and meetings		2101		50		2101
E E	22	Printing and publications		90		240		90
<b>B</b> ,	23	Other expenses (attach schedule)		0		0		0
1	24	Total operating and administrative expenses.						
<u>ra</u>		Add lines 13 through 23		3828		290		2216
þe	25	Contributions, gifts, grants paid	3	9,430			· · · · · · · · · · · · · · · · · · ·	39,430
O	26	Total expenses and disbursements. Add lines 24 and 25		3,258		290		41,646
_	27	Subtract line 26 from line 12:						
	a	Excess of revenue over expenses and disbursements	24	9,749				
	b	Net investment income (if negative, enter -0-)	<u> </u>	1,1,2		13,199		
		Adjusted net income (if negative, enter -0-)	<u> </u>				NΑ	
_		<u> </u>	·				-1 / 2	

Part II		Balance Sheets     Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		of year			
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash-non-interest-bearing	_ 65,102	36,580	36,580			
	2	Savings and temporary cash investments						
	3	Accounts receivable ▶						
		Less: allowance for doubtful accounts ▶						
	4	Pledges receivable ►						
		Less. allowance for doubtful accounts ▶						
ļ	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) ▶						
		Less. allowance for doubtful accounts ▶						
Assets	8	Inventories for sale or use						
SS	9	Prepaid expenses and deferred charges						
Ä	10a	Investments – U S. and state government obligations (attach schedule)						
	b	Investments—corporate stock (attach schedule)	454,045	734,694	865,154			
	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)						
	14	Land, buildings, and equipment: basis ▶						
		Less: accumulated depreciation (attach schedule)		,				
	15	Other assets (describe ►)						
	16	Total assets (to be completed by all filers-see the						
		instructions. Also, see page 1, item I)	519,147	771,274	901,734			
	17	Accounts payable and accrued expenses						
Ş	18	Grants payable						
Liabilities	19	Deferred revenue						
igi	20	Loans from officers, directors, trustees, and other disqualified persons						
Lia	21	Mortgages and other notes payable (attach schedule)						
	22	Other liabilities (describe > )						
	23	Total liabilities (add lines 17 through 22)	0	0				
S		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.						
lances	24	Unrestricted						
	25	Temporarily restricted	<u> </u>					
B	26	Permanently restricted		<del></del>	•			
Fund Ba	20	Foundations that do not follow SFAS 117, check here ▶ □						
Z		and complete lines 27 through 31.						
or	27	Capital stock, trust principal, or current funds	o	0				
Net Assets or	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0				
se	29	Retained earnings, accumulated income, endowment, or other funds	519,147	771,274	!			
As	30	Total net assets or fund balances (see instructions)	519,147	771,274				
et	31	Total liabilities and net assets/fund balances (see	320,221					
Z		ınstructions)	519,147	771,274				
	rt III	Analysis of Changes in Net Assets or Fund Balances						
1		I net assets or fund balances at beginning of year-Part II, colu						
	end-	of-year figure reported on prior year's return)		1_	519,147			
2	Ente	er amount from Part I, line 27a		2	249,749			
3		er increases not included in line 2 (itemize) 🕨 \$212 cap gains, \$2,10	66 expenses see sched	lule 3 <b>3</b>	2,378			
4		lines 1, 2, and 3		4	771,274			
5	Deci	reases not included in line 2 (itemize) ▶		5	0			
6	6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6							

Part	IV Capital Gains and	Losses for Tax on Investr	nent 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						(d) Date sold (mo , day, yr )
1a	Spartan 500 Frielty Mutual	Fund cap gains:	purchase		stillheli	
b						
<u>C</u>						
<u>d</u>				_		<del> </del>
е			T	<u> </u>		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis ense of sale		ain or (loss) s (f) minus (g)
a						212
b						
<u>C</u>						
<u>d</u>						
е			<u> </u>			
	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69		ol (h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		ot less than -0-) or (from col (h))
а						
<u> </u>						
c						
<u>d</u>						
е			<u> </u>			
2	Capital gain net income o		, also enter in Pa ), enter -0- in Pa		2	212
3	If gain, also enter in Part	n or (loss) as defined in section: I, line 8, column (c) (see instru	ictions). If (loss)	, enter -0- in <b>\</b>		
					3	0
Part		ler Section 4940(e) for Redivate foundations subject to the				······································
Was t		section 4942 tax on the distribu			base period?	☐ Yes ☐ No
		qualify under section 4940(e). [		•		
		ount in each column for each ye	ear; see the instri	uctions before m	aking any entries	
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distribution	ns Net value o	(c)  If noncharitable-use a		(d) stribution ratio ) divided by col (c))
	2014					
	2013					
	2012					
	2011					<del></del>
	2010					
2	Total of line 1, column (d)				. 2	
3		for the 5-year base period—div dation has been in existence if I				
4	Enter the net value of non	ncharitable-use assets for 2015	from Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investme	6	-			
7	Add lines 5 and 6				. 7	
8		ons from Part XII, line 4 ater than line 7, check the box				1% tax rate. See the

Form	990-	PF	(201	51

## Cynthia Hogan Foundation Inc 22-3766805

D-w4	The French Tow Board on Investment Income (Ocation 4040(s) 4040(s) 4040(s)		•••	ugo .			
Part		instru	ictio	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							
-	here ▶ □ and enter 1% of Part I, line 27b	-	264				
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-)		o				
3	Add lines 1 and 2		264				
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		264				
6	Credits/Payments:		201				
а	2015 estimated tax payments and 2014 overpayment credited to 2015   6a   0						
b	Exempt foreign organizations—tax withheld at source 6b 0						
С	Tax paid with application for extension of time to file (Form 8868) . 6c 0						
d	Backup withholding erroneously withheld 6d 0						
7	Total credits and payments. Add lines 6a through 6d		0				
8	Enter any penalty for underpayment of estimated tax. Check here		0				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9		264				
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 2016 estimated tax ▶ Refunded ▶ 11		0				
Part '	VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a		4			
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see						
	Instructions for the definition)?	1b		4			
	If the answer is "Yes" to <b>1a</b> or <b>1b,</b> attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.						
С	c Did the foundation file Form 1120-POL for this year?						
d							
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers > \$ 0						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		4			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	1					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		4			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		4			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		4			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		4			
_	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	• By 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	4	4			
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	4				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
h	New Jerssey  If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General						
D							
^	(or designate) of each state as required by General Instruction G? If "No," attach explanation						
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		4			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	9		-			

# Form 990-PF (2015) Cynthia Hogan Foundation, Inc. 22-3766805 Part VII-A Statements Regarding Activities (continued)

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Part	VIII	Statements Regarding Activities (continued)				
11	At any tir	me during the year, did the foundation, directly or indirectly, own a controlled er	statu uudhin tha		Yes	No
• •	meaning of	of section 512(b)(13)? If "Yes," attach schedule (see instructions)		11		4
12		oundation make a distribution to a donor advised fund over which the foundation of ad advisory privileges? If "Yes," attach statement (see instructions)	r a disqualified	12		4
13		undation comply with the public inspection requirements for its annual returns and exempti		13		-
		address • NA	on application: [			l
14		s are in care of Cyntha Hogan Telephone	no. <b>&gt;</b> 30'	7-203	6737	
	Located a	at ► 3465 N.P.nes W ay, STE104, PMB80, W ilson, W Y ZIP	'+4 ▶	8301		
15	Section 49	947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Checl	chere			▶ [
			. 🕨 🛮 15 📗			NΑ
16		ne during calendar year 2015, did the foundation have an interest in or a signature of			Yes	No
		nk, securities, or other financial account in a foreign country?		16		4
		nstructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," er n country ▶	iter the name of			
Part	: VII-B	Statements Regarding Activities for Which Form 4720 May Be Required				I
	File Form	4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the	e year did the foundation (either directly or indirectly):				
			☐ Yes   4 No			
		w money from, lend money to, or otherwise extend credit to (or accept it from) a				
	•		☐ Yes			
		, , , , , , , , , , , , , , , , , , , ,	☐ Yes   4 No			
		fer any income or assets to a disqualified person (or make any of either available for	☐ Yes   4 No			
			☐Yes 4 No			
		to pay money or property to a government official? (Exception. Check "No" if the				
		ation agreed to make a grant to or to employ the official for a period after				
	termin	nation of government service, if terminating within 90 days.)	☐ Yes   4 No			
b		wer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described		~	Name of Space of	
		3.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	}	1b		
_		nons relying on a current notice regarding disaster assistance check here	. ▶□			
С		oundation engage in a prior year in any of the acts described in 1a, other than exce corrected before the first day of the tax year beginning in 2015?				
2		failure to distribute income (section 4942) (does not apply for years the foundation		1c		4
	operating	foundation defined in section 4942(j)(3) or 4942(j)(5)):	was a private			
а	At the end	d of tax year 2015, did the foundation have any undistributed income (lines 6d and (III) for tax year(s) beginning before 2015?				
	If "Yes " li	ist the years ► 20 , 20 , 20 , 20	∐Yes ₄ No			
b		any years listed in 2a for which the foundation is <b>not</b> applying the provisions of sec	tion 4942(a)(2)			
		o incorrect valuation of assets) to the year's undistributed income? (If applying section				!
		isted, answer "No" and attach statement – see instructions.)		2b		
С		visions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the y	ears here.			
0-		, 20 , 20 , 20				
3a		bundation hold more than a 2% direct or indirect interest in any business enterprise are during the year?	☐Yes 4 No			
b		did it have excess business holdings in 2015 as a result of (1) any purchase by the ed persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period ap				
		ioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or				[
		15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to de				
		n had excess business holdings in 2015.)		3b		
4a		undation invest during the year any amount in a manner that would jeopardize its charita		4a		4
b	Did the fo	oundation make any investment in a prior year (but after December 31, 1969) that could	d jeopardize its			
	charitable	purpose that had not been removed from jeopardy before the first day of the tax year beg	inning in 2015?	4h		4

	0-PF (2015) Cyrillia i iogair i ou								Page <b>6</b>
	VII-B Statements Regarding Activities			4720	May Be R	equire	d (continued)		
5a	During the year did the foundation pay or incur a  (1) Carry on propaganda, or otherwise attempt t  (2) Influence the outcome of any specific public directly or indirectly, any voter registration dr	o influe c electi	ence legislation on (see sect	on 495		arry on,	☐ Yes 4 No		
	<ul><li>(3) Provide a grant to an individual for travel, stu</li><li>(4) Provide a grant to an organization other than section 4945(d)(4)(A)? (see instructions)</li></ul>	n a cha	rıtable, etc.,	organız	ation desc	ribed in			
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to o								
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the Regulations section 53.4945 or in a current notice						ons described in		
c	Organizations relying on a current notice regardi If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility	he four	ndation claim	exem	otion from	the tax		<b>'</b>	
6a	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any on a personal benefit contract?	funds,	directly or in	directly	, to pay pre		Yes 4 No		
b	Did the foundation, during the year, pay premium	ns, dire	ctly or indire	ctly, on	a persona	benefit	contract? .	6b	4
70	If "Yes" to 6b, file Form 8870.  At any time during the tax year, was the foundation of	o norti:	to a probibitor	d tay ab.	altar transac	tion?	Yes 4 No		
	If "Yes," did the foundation receive any proceeds							7b	
$\overline{}$	VIII Information About Officers, Direc								ees,
	and Contractors								-
_1_	List all officers, directors, trustees, foundation								
	(a) Name and address	hou	e, and average rs per week ed to position	``(lf r	mpensation ot paid, ter -0-)	emplo	Contributions to byee benefit plans erred compensation	(e) Expe	nse account, allowances
	a Hogan N.Pnes Way, STE 104, PMB 80 Wilson, WY	0			0		0		0
	as Hogan	0			0		0		0
	N.Pines Way, STE104, PMB80, Wilson, WY	-		<del>                                     </del>					
Diana	Hulls Hwy, Southport, CT, 06490	0			0		0		0
	n Hogan	0	-						
457 W	est57,Apt409,NYC,NY 10019				0		0		0
2	Compensation of five highest-paid employee "NONE."	es (oth	er than tho	se incl	uded on li	ne 1—	see instruction	s). If n	one, enter
ı	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per videvoted to p	veek	(c) Compe	nsation	(d) Contributions to employee benefit plans and deferred compensation		ense account, allowances
None									
				_					
Total	number of other employees paid over \$50,000 .						•		0

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Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
none		
_		
		_
Tota	I number of others receiving over \$50,000 for professional services	
Tota	I number of others receiving over \$50,000 for professional services	
Par	t IX-A Summary of Direct Charitable Activities	
	It the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	Cash contributions to public charities to further their mission	
2		
3		
4	······	
Day	t IX-B Summary of Program-Related Investments (see instructions)	
	t IX-B Summary of Program-Related Investments (see instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N.A.	Amount
•	N /A	
2		
_	······································	
		i
All	other program-related investments. See instructions	
3		
Tota	I. Add lines 1 through 3	
	·	

Form 990-PF (2015)
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Cynthia Hogan Foundation, Inc 22-3766805

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Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 1a 750,250 1h 53,916 Fair market value of all other assets (see instructions) . . . . . 1c 0 1d 166, 804 Reduction claimed for blockage or other factors reported on lines 1a and 2 Acquisition indebtedness applicable to line 1 assets . . . 2 3 3 804,166 Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see 12,063 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 5 792,103 39,605 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part XI and certain foreign organizations check here \( \bigcup \) and do not complete this part.) Minimum investment return from Part X, line 6 . . . . . . 1 39,605 Tax on investment income for 2015 from Part VI, line 5 . . . 264 Income tax for 2015. (This does not include the tax from Part VI) 2c 264 3 Distributable amount before adjustments. Subtract line 2c from line 1. 3 39,341 4 Recoveries of amounts treated as qualifying distributions . . . 4 5 5 39,341 6 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 39,341 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 . . . . . . . . . . . . 1a 41,646 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., Amounts set aside for specific charitable projects that satisfy the: 3b Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 41,646 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) 6 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.

Form 990-PF (2015)

## Cynthia Hogan Foundation, Inc. 22-3766805

art	VIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2015 from Part XI,	(a) Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015
	line 7				39.341
2	Undistributed income, if any, as of the end of 2015.				l
а	Enter amount for 2014 only			0	
b	Total for prior years: 20,20,20		0		
3	Excess distributions carryover, if any, to 2015.				
а	From 2010				
b	From 2011				
С	From 2012				
d	From 2013				
е	From 2014				1
f	Total of lines 3a through e	2992			
4	Qualifying distributions for 2015 from Part XII,				
•	line 4: ▶ \$ 41,646				
а	Applied to 2014, but not more than line 2a .				
	Applied to undistributed income of prior years			0	
	(Election required—see instructions)			i	
	Treated as distributions out of corpus (Election		0		
U	required—see instructions)		:		
	· · · · · · · · · · · · · · · · · · ·	0			•
d	Applied to 2015 distributable amount				41,646
e	Remaining amount distributed out of corpus	2,305			
5	Excess distributions carryover applied to 2015	0			0
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6					
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	5,297			
D	Prior years' undistributed income. Subtract line 4b from line 2b				
			0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
_	tax has been previously assessed		0		
d	Subtract line 6c from line 6b. Taxable				
	amount-see instructions		0		
е	Undistributed income for 2014. Subtract line				
	4a from line 2a. Taxable amount—see				
_	instructions			0	
f	Undistributed income for 2015. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2016				
_					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)	0			
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2016.	0			
J	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9.	5,297			
_	E				
a h	Excess from 2011 0  Excess from 2012 0				
b	Excess from 2012				
ч С			-		
d	E ( 0045				
е	Excess from 2015   2305				

Form 990-PF (2015)

## Cynthia Hogan Foundation, Inc. 22-3766805

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Page	1	ι

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	<u>))</u>		
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating			
	foundation, and the ruling is effective for	r 2015, enter the da	ite of the ruling .				
b	Check box to indicate whether the four	ndation is a private	operating foundat	ion described in se	ection	(3) or 4942(J)(5)	
2a	Enter the lesser of the adjusted net	Tax year	-	Prior 3 years		(e) Total	
	income from Part I or the minimum investment return from Part X for	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total	
	each year listed						
b	85% of line 2a	<u></u>					
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) Value of all assets						
	(2) Value of assets qualifying under						
h	section 4942(j)(3)(B)(i)						
	of minimum investment return shown in						
c	Part X, line 6 for each year listed "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				ne foundation h	ad \$5,000 or m	ore in assets at	
	any time during the year-		s.)		<u> </u>		
1	Information Regarding Foundation						
а	List any managers of the foundation value before the close of any tax year (but of					by the foundation	
C ynth:	a Hogan			, ,	( // //		
	List any managers of the foundation	who own 10% or	more of the stoc	k of a corporation	n (or an equally la	arge portion of the	
	ownership of a partnership or other er	ntity) of which the	foundation has a 1	10% or greater into	erest.		
2	Information Regarding Contribution	Grant Gift Loa	n Sobolarobin o	to Programo.			
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 nu	· · · · · · · · · · · · · · · · · · ·	dress of the perso	on to whom applic	ations should be	addressed:	
	a Hogan, 3465 N. Pines Way, STE104, PM		are person	on to whom applie			
b	The form in which applications should	be submitted and	d information and	materials they sho	uld include:		
letter							
С	Any submission deadlines:						
d	Any restrictions or limitations on aw factors.	vards, such as by	geographical ar	eas, charitable fi	elds, kınds of ins	stitutions, or other	

Non-profitorganizations in Teton County, W Y . involved in education or health care and registered with the Jackson Community Foundation

## Form 990-PF (2015) Cynthia Hogan Foundation, Inc. 22-3766805

Page **11** 

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to status of Amount any foundation manager or substantial contributor contribution Name and address (home or business) recipient Paid during the year see attached schedule 2: grants and contributions 39,341 Approved for future payment 0 Total 39,341

ultr	VI-A Analysis of Income-Producing Ac	cuvities				
nter gr	oss amounts unless otherwise indicated.	<del></del>	isiness income	Excluded by sect	ion 512, 513, or 514	(e)
		(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	ogram service revenue.					(eve mendenone)
a b					-	
c		-				
ď						
e						
f		-				_
g	Fees and contracts from government agencies				<del></del>	
2 Me	embership dues and assessments		-			
	erest on savings and temporary cash investments					
4 Div	vidends and interest from securities					
	t rental income or (loss) from real estate:		.=			
	Debt-financed property					
	Not debt-financed property		·			
	t rental income or (loss) from personal property			-		
	her investment income					
	in or (loss) from sales of assets other than inventory t income or (loss) from special events					
	oss profit or (loss) from sales of inventory				·	
	her revenue: a					_
b			-			
C						
d						
е						
<b>12</b> Su	btotal. Add columns (b), (d), and (e)		0		0	0
					-	
13 To	tal. Add line 12, columns (b), (d), and (e)				13	
13 To See wo	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation	 ıs.)			13	
13 To See wo Part X	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes	13	
13 To See wo	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes	13	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes	13	
13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes	13	
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13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes	13	
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13 To See wo Part X Line No	tal. Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calculation  VI-B Relationship of Activities to the A	 ıs.) ıccomplishm	ent of Exemp	t Purposes	13	

## 22 2766905

			a Hoyan i						_		ige <b>1</b> 3
Part	XVI		n Regarding Tran ganizations	sfers To and T	ransactio	ns and R	elationship	s With Noncha	ritab	le	
1	in s		directly or indirectly e ie Code (other than s						, , , , , , , , , , , , , , , , , , ,	Yes	No
а	Trai	nsfers from the rep	porting foundation to	a noncharitable	exempt org	anization o	of.		1	1.3	٠.
	(1)	Cash							1a(1)		4
	(2)	Other assets .							1a(2)		4
b	Oth	er transactions:									
	(1)	Sales of assets to	a noncharitable exe	mpt organization					1b(1)		4
	(2)	Purchases of asse	ets from a noncharita	able exempt orga	nızatıon .				1b(2)		4
			, equipment, or othe						1b(3)		4
	(4)	Reimbursement ai	rrangements						1b(4)		4
	(5)	Loans or loan gua	rantees						1b(5)		4
	(6)	Performance of se	ervices or membersh	np or fundraising	solicitations				1b(6)		4
C		-	quipment, maılıng lıs			-			1c		4
d			of the above is "Yes								
			ther assets, or servi								
			on or sharing arrang			e value of	the goods, o	ther assets, or se	ervices	recei	ved.
(a) Lin	e no	(b) Amount involved	(c) Name of nonch	narıtable exempt orgai	nization	(d) Descrip	otion of transfers,	transactions, and sh	aring arr	angem	ents
								<u> </u>			
										_	
					_						
										_	
	_										_
					_						
	1- 4	n a farmalation alice	adi a anda alba adi a adi	£.1							
za			ectly or indirectly aff 501(c) of the Code (c					-	¬ .,		
b					1 30 1(0)(3)) 0	ii iii secilo	11 527 !	[	_ Yes	4	No
U	- 11	(a) Name of organ	e following schedule.				7-1	December of solution			-
		(a) Name of organ	lization	(b) Type (	of organization		(C	Description of relation	onsnip		
											_
					<del></del>			<u> </u>			
	Un	der penalties of penury 1	declare that I have examine	ed this return, including	accompanying s	chedules and	statements, and to	the hest of my knowle	dge and	helief i	le truc
Sign			aration of preparer (other that					edge			
dere	<u> </u>	gnature of officer or trus	stee /	// 9	16) Pr	eside	nt	May the with the (see instri	preparer	shown	below
		J	- 1 /	~~~							

Preparer's signature

Date

Print/Type preparer's name

Firm's name

Fırm's address ▶

Paid

Preparer Use Only

Check [] If self-employed

Fırm's ElN ▶

Phone no

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

**2015** 

**Employer identification number** 

Cynthia	Cynthia Hogan Foundation, Inc. 22-3766805					
Organiz	ation type (check on	e):				
Filers o	of: Section:					
Form 99	990 or 990-EZ					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private for	undation			
		527 political organization				
Form 99	90-PF	4 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundate	ation			
	501(c)(3) taxable private foundation					
	nly a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule (	and a Special Rule. See			
Genera	l Rule					
4	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	contributor, during to contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Do not complete any es to this organization because it received nonexclusively religious, charitable, etc., purpose.	ses, but no such outions that were received of the parts unless the paritable, etc., contributions			

Name of organization

Cyntha Hogan Foundation, Inc.

Employer identification number
22-3766805

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Cyntha Hogan  3465 N. Pines Way, STE 104, PMB80  Wilson, WY 83014	\$ 245,140	Person 4 Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Cyntha Hogan  3465 N.Pines Way, STE104, PMB80  Wilson, WY 83014	\$ 34,584	Person 4 Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Employer identification number

Cyntha Hogan Foundation, Inc 22-3766805 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) FMV (or estimate) (d) from Description of noncash property given Date received Part I (see instructions) \_\_\_1 \$245,140 Nov 3, 2015 (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) 300 Apple Inc. Shares 2 \$34,584 October 26, 2015 (a) No. (c) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions)

Part III

Employer identification number

Cyntha Hogan Foundation, Inc.	22-3766805
Part III  Exclusively religious, charitable, etc., contributions to organizations described (10) that total more than \$1,000 for the year from any one contributor. Complete the following line entry. For organizations completing Part III, enter the total of exclu contributions of \$1,000 or less for the year. (Enter this information once. See instruc	columns (a) through (e) and sively religious, charitable, etc.

(b) Purpose of gift  Transferee's name, address, ar  (b) Purpose of gift  Transferee's name, address, ar	(c) Use of gif	gift  Relationship of transferor to tra	ansferee
(b) Purpose of gift	(c) Use of gift	Relationship of transferor to tra	
	(e) Transfer of		how gift is held
Transferee's name, address, ar		gift	
	10 ZIP + 4	Relationship of transferor to tra	ansferee
(b) Purpose of gift	(c) Use of gif	t (d) Description of	how gift is held
	(e) Transfer of	gift	
Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to tra	ansferee
(b) Purpose of gift	(c) Use of gif	t (d) Description of	how gift is held
Transferee's name, address, a		gift  Relationship of transferor to tra	ansferee
	Transferee's name, address, and the state of	(e) Transfer of  Transferee's name, address, and ZIP + 4  (b) Purpose of gift (c) Use of gift	(e) Transfer of gift  Transferee's name, address, and ZIP + 4 Relationship of transferor to transferor to transferor of gift  (b) Purpose of gift  (c) Use of gift  (d) Description of gift

Cynthia Hogan Foundation, Inc. 22-3766805

Schedule 1: Corporate Stock

Date:	Description:	Units	Book Value on receipt	Cost	Fair Market Value
1/1/15	Held Apple Inc. Held Spartan 500 Index Fund	5,600 units 445	\$423,373 \$30,672	\$76,000 \$30,672	\$618,128 Part II, line 10a \$33,150 Part II, line 10a
10/26/15	Apple Inc.	300 units	\$34,584	\$4,071	
11/3/15	Apple Inc.	2000 units	\$245,140	\$27,140	
12/31/15	Apple Inc. Spartan 500 Index Fund	7,900 units 468 units	\$703,097 \$31,597	\$117,946 \$31,597	\$831,554 Part II, line 10c \$33,600 Part II, line 10c

note: Spartan 500 Index Fund dividends are reinvested

Name of Contributor: Cynthia R. Hogan 3465 N. Pines Way, STE 104, PMB80 Wilson, WY 83014

Schedule 2: Grants and Taxes Paid	2015	Cynthia Hogan Foundation, Inc.	22-3766805				
Check Number	Date	Organization	Category	· <del>69</del>	Location	Relationship to Directors	501(c)(3)
1045	Jan 27, 2015	JH Conservation Alliance	Conservation	\$1,000	W	None	Yes
1046	Mar 4, 2015	JH Center for Global Affairs	Policy	\$1,000	3	None	Yes
1047	Mar 5, 2015	Hole Food Rescue	Conservation	\$1,000,		None	Yes
1048	Mar 15, 2015	Grand Teton Music Festival	Arts	\$1,000	M	None	Yes
1049	Mar 15, 2015	Teton County Library	Education	\$2,000		None	Yes
1050	May 3, 2015	St. John's Auxilliary	Health	\$500	M	None	Yes
1051	Jul 5, 2015	Community Foundation	Education	\$30	M	None	Yes
1052	Jul 17, 2015.	National Museum Wildlife	Arts	\$300	W	None	Yes
1053	Jul 22, 2015	1% for the Tetons	Conservation	\$1,000	M	None	Yes
1054	Jul 22, 2015	People's Market	Mixed	\$100,		None	Yes
1055	Sep 1, 2015	Community Foundation	Mixed	\$9,000;	Μ	None	Yes
1056	Sep 23, 2015	St. John's Hospital Foundation	Health	\$500	; , <b>★</b>	None	, Yes
1057	Dec 1, 2015	One Acre Fund	Poverty	\$1,000	Africa	None	, Yes
1058	Dec 1, 2015	Doctors without Borders	Health	\$3,000	lat,	None	Yes
1059	Dec 1, 2015	Interfaith Food Pantry	Hunger	\$2,000	3	None	Yes
1060	Dec 1, 2015	Donors Choose	Education	\$3,000	M	None	Yes
1061	Dec 29, 2015	Coalition for the Homeless	Poverty	\$3,000	Σ	None	Yes
1062	Dec 29, 2015	Community Foundation of JH	Mixed	\$10,000		None	Yes
		فالمامية والمتابعة والمتوافقة والمتحدد والمتاقعية والمتابعة والمتا	the man is the second of the s				
Total Grants Distributed				\$39,430			
•							
1044 on-line check	Jan 7, 2015 Sept 1, 2105	NJ Division of Revenue	Tax	\$1,037	n	And the second s	
Total Taxes Paid				\$1,662			
	•				1	,	;

Cynthia Hogan Foundation, Inc. 22-3766805

990-PF 2015 Schedule 3: Part I: Operating & Administrative Expenses

#### Line 18 Taxes

2014 taxes on investment income paid in 2015 \$1,637

## **Line 21 Travel, Conferences & Meetings**

Travel to Wyoming Board meetings on behalf of St. John's Medical Center (SJMC)

May Airline Ticket plus one night hotel	\$911
May Car Rental	40
April Car Rental	40
2nd night hotel in May	130
Meals for two trips, five days	300

### SJMC & Hole Food Rescue (HFR) Board Meetings:

meals with board members	320
mileage: to attend 24 mtgs.	360

Total: \$2,101

#### Meals:

breakfast Zach Hall at Nora"s Fish Creek Grill lunch Zach Hall at Lotus Cafe lunch Barbara Herz at Sweetwaters Lunch Michele Nevarez at Lotus Cafe (interview for HR Officer) Dinner for 4 at Local (Witt/Kiefer CEO search firm)