23235246 DEC 0 4 2018 594094

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Return of Private Foundation

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

	Depa Inter	ntment o	f the Treasury nue Service	▶ Do not ▶ Go to	enter social security numb www.irs.gov/Form990PF to	ers on this fo or instruction	rm as s and	it may l	oe made pu st informati	blic\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Open to Public Inspect	tion
	For	For calendar year 2017 or tax year beginning						, 2017, and ending , 20				_
			undation		<u> </u>			<u> </u>		r identification n	umber	
	THE GEMINI FOUNDATION								43-18	821667		
					not delivered to street address)		Room	v/suite	B Telephon	e number (see ins	structions)	_
	C١	Λ P /	O BOX 20	27					/314	330-7598		
	Cit	y or tow	n, state or provi	ince, country, and ZIP	or foreign postal code		l				pending, check here▶	
			RANDE FL						O II OXCITIP	non application is	portaing, officer fictor	ш
			all that app		urn Initial return	n of a former	public	charity	D 1 Foreign	n organizations, cl	hack hara	• 🗆
0	•	OHICON	an triat app	y. ☐ Final retu			public	, or larry	D 1.1 Oreign	ii organizations, ci	nook nero .	
2				☐ Address	*****					n organizations mi here and attach ci	eeting the 85% test,	\Box
2.		Chack	tune of ora		ection 501(c)(3) exempt p		ation	- 11			was terminated under	<u>`</u>
W					table trust			110	section 5	07(b)(1)(A), check	here >	
0 /				of all assets at					1			
				Part II, col. (c),	,	i. 🖂 Casii	_ ^	Coluai		ndation is ln a 60-i ction 507(b)(1)(B), i	month termination check here	• 🗀
		line 16	•	534,271.	(Part I, column (d) must be	on cash has			1 2.1.25.	o		ш
	_	art I				T		1	<u></u>	1	(d) Disbursemen	
		41 L I			xpenses (The total of) may not necessarily equal	(a) Revenue expenses			investment	(c) Adjusted n	et for charitable	
				ın column (a) (see ınst		books	P 0.	ır	ncome	income	purposes (cash basis onl	ly)
		1	· · · · · · · · · · · · · · · · · · ·		received (attach schedule)		0.	 				$\overline{}$
		2			not required to attach Sch. B	ļ -	<u> </u>					
₽		3			orary cash investments	<u> </u>	158.		158.			一
2019		4			securities		462.	-	9,462.			ᅥ
90		5a					102.		9,402.		i	
0		b		ncome or (loss)								
MAR	a	6a			f assets not on line 10	2.0	662.					一
Ž	Ž	b			line 6a 2,662.		002.	I6a	Stmt		* ***	寸
<u> </u>	Revenue	7			n Part IV, line 2)	 		2 00	2,662.			ᅥ
SCANNED	æ	8					-					寸
Z		9	Income mo									一
Z		10a		less returns and allo	1							\exists
က္က		b	Less: Cost	of goods sold .			•					一
UJ		С		-	schedule)							\neg
		11	Other incor	me (attach schedu	ıle)							\Box
		12	Total. Add	lines 1 through 1	1	12,2	282.		12,282.		i i	
1	·n	13	Compensa	tion of officers, di	rectors, trustees, etc.							
\mathcal{Z}	Se	14	Other emp	loyee salaries and	wages						IN ED	
3	eu	15	Pension pla	ans, employee be	nefits					REC	EIVED	
<u>2</u> ~	X	16a		(attach schedule)							1921	
Ωs	e E	b		fees (attach sche						IS NON	05 2018	—
a	ţį	С	•	•	ch schedule)					181	اعالـــــــــــــــــــــــــــــــــــ	<u>_</u>
016 59409	Ťa	17	Interest .							OGE	JEN. UT	<u>1</u>
5	is	18	•		structions) See Stmt		29.		29.	1 OG		 ,
y	πĒ	19	-	•	e) and depletion						021	
· >	βď	20						-				
כ	d/	21	-	•	etings					NIO!	V 0 8 2018	_
T	au	22								(NO	V U O ZUIU	
)	Operating and Administrative Expens	23			dule) See Stmt	1,8	308.	<u> </u>	1,808.	WI	- CANTITUTOR	77
-	atil	24			ninistrative expenses.	_				RECEIVE	DENTITYDE	71
נ	ē			=			337.		1,837.			
,	Q	25			aid	97,0		<u> </u>	1 00-		97,02	
J	_	26			ents. Add lines 24 and 25	98,8	362.	-	1,837.		97,02	5 .
'n		27		ne 26 from line 12:								
-		a			nses and disbursements	-86,5	80.		10 /15	·		
, כ		b			negative, enter -0-) .				10,445.			
		С	Adjusted r	net income (it ned	ative, enter -0-)	I		1		i	ı	- 1

For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2017)

	7	Attached schedules and amounts in the description column	End o	End of year			
	rt II	Balance Sheets Attached schedules and amounts in the description column 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	294,642.				
	2	Savings and temporary cash investments	0.	158,207.	158,207.		
	3	Accounts receivable ▶0.					
		Less: allowance for doubtful accounts ▶ 0.	0.	0.	0.		
	4	Pledges receivable ▶0.					
		Less: allowance for doubtful accounts ▶0.	0.	0.	0.		
	5	Grants receivable	0.	0.	0.		
	6	Receivables due from officers, directors, trustees, and other	1				
		disqualified persons (attach schedule) (see instructions)	0.	0.	0.		
	7	Other notes and loans receivable (attach schedule) ▶	L				
		Less; allowance for doubtful accounts ▶0.	0.	0.	0.		
Assets	8	Inventories for sale or use	0.	0.	0.		
SS	9	Prepaid expenses and deferred charges	0.	0.	0.		
Ä	10a	Investments – U.S. and state government obligations (attach schedule)	0.	0.	0.		
	b	Investments—corporate stock (attach schedule)	0.	0.	0.		
	С	Investments—corporate bonds (attach schedule)	0.	0.	0.		
	11	Investments—land, buildings, and equipment: basis ▶ 0.					
		Less: accumulated depreciation (attach schedule) ▶ 0.	0.	0.	0.		
	12	Investments—mortgage loans	0.	0.	0.		
	13	Investments—other (attach schedule) . L-13. Stmt	335,375.	385,425.	376,064.		
	14	Land, buildings, and equipment: basis ► 0.					
	4-	Less: accumulated depreciation (attach schedule) ▶ 0.	0.	0.	0.		
	15 16	Other assets (describe ► 0) Total assets (to be completed by all filers—see the	0.	0.	U.		
	'0	instructions. Also, see page 1, item I)	630,017.	543,632.	534,271.		
_	17	Accounts payable and accrued expenses	0.017.	<u> </u>	334,271.		
	18	Grants payable	0.	0.	1		
Liabilities	19	Deferred revenue	0.	0.	i		
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons	0.	0.	1		
ab	21	Mortgages and other notes payable (attach schedule)	0.	0.	ı		
	22	Other liabilities (describe ▶ 0)	0.	0.			
	23	Total liabilities (add lines 17 through 22)	0.	0.			
ances		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26, and lines 30 and 31.					
ä	24	Unrestricted					
	25	Temporarily restricted					
P	26	Permanently restricted			1		
Net Assets or Fund Ba		Foundations that do not follow SFAS 117, check here ► ⊠ and complete lines 27 through 31.					
0	27	Capital stock, trust principal, or current funds	630,017.	543,632.			
ë	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
SS	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.			
it /	30	Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see	630,017.	543,632.			
ž	31	instructions)	630,017.	543,632.			
Pα	rt III	Analysis of Changes in Net Assets or Fund Balances	030,017.	343,032.			
		I net assets or fund balances at beginning of year—Part II, colui	mn (a), line 30 (must	agree with	,		
•		of-year figure reported on prior year's return)			630,017.		
2		r amount from Part I, line 27a		2	-86,580.		
3		er increases not included in line 2 (itemize) NONDIVIDEND D		3	195.		
4		lines 1, 2, and 3		4	543,632.		
5	Decr	reases not included in line 2 (itemize) ▶		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) — l	Part II, column (b), lin	e 30 6	543,632.		

Part	IV Capital Gains and	Losses for Tax on Investm	nent Income	. .			
		nd(s) of property sold (for example, real ease, or common stock, 200 shs. MLC Co)		(b) How acquired P-Purchase D-Donation		te acquired ., day, yr)	(d) Date sold (mo , day, yr)
1a	CAPITAL GAIN DISTR	IBUTIONS		P	12/3	1/2015	12/31/2017
b					ļ		
<u>c</u>					ļ		
<u>d</u>		<u> </u>			ļ		
<u> e</u>	· · · · · · · · · · · · · · · · · · ·			ļ.,	ļ <u></u> .		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			n or (loss) f) minus (g))
а	2,662.			0.	<u> </u>		2,662.
<u> </u>					ļ		
<u>C</u>							
<u>d</u>							· · · · · · · · ·
<u> e</u>				10/04/00	<u> </u>		
	Complete only for assets sho	owing gain in column (h) and owned			4		. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) l. (j), if any			t less than -0-) or rom col (h))
а						<u>.</u>	2,662.
b				<u> </u>			
С							
<u>d</u>					<u> </u>		
е							
2	Capital gain net income o		also enter in Pa , enter -0- in Pa		2		2,662.
3		n or (loss) as defined in sections					
		I, line 8, column (c). See instru-					
					3		
Part		ler Section 4940(e) for Reduivate foundations subject to the					
Was t		e this part blank. section 4942 tax on the distribu qualify under section 4940(e). Do			base pe	eriod?	☐ Yes 🗷 No
1		ount in each column for each yea			aking a	nv entries.	
	(a)	(b)	1,000 1110 1110111	(c)		, 0	(d)
Cale	Base period years endar year (or tax year beginning in	Adjusted avalitiing distributions	s Net value o	of noncharitable-use a	ssets		tribution ratio divided by col. (c))
	2016	,	0.		0.	(00) (0)	0.000000
	2015		0.		0.		0.000000
	2014		0.		0.		0.000000
	2013		0.		0.		0.000000
	2012	"	0.	•	0.		0.000000
2	Total of line 1, column (d)					2	0.000000
3		for the 5-year base period-div					
	the number of years the fo	oundation has been in existence	ıf less than 5 ye	ears		3	0.000000
4	Enter the net value of non	charitable-use assets for 2017 for	rom Part X, line	5		4	526,257.
5	Multiply line 4 by line 3					5	0.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		.	6	104.
7	Add lines 5 and 6					7	104.
8	Enter qualifying distribution	ons from Part XII, line 4 ater than line 7, check the box in	 Part VI. line 1b		. L	8 rt using a 1	97,025. % tax rate. See the
	Part VI instructions.						

3

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—sec	<u>: instru</u>	ction	<u>15)</u>			
1įa	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	N/.	_	- [
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)						
b							
	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-)						
3	Add lines 1 and 2	1	04.				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	1	04.				
6	Credits/Payments:			ŀ			
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a						
b	Exempt foreign organizations—tax withheld at source 6b			l			
C	Tax paid with application for extension of time to file (Form 8868) . 6c Backup withholding erroneously withheld 6d						
d							
7	Total credits and payments. Add lines 6a through 6d						
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		04.				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	<u>_</u>	0.				
11	Enter the amount of line 10 to be. Credited to 2018 estimated tax Refunded 11						
	VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did in	t	Yes	No			
	participate or intervene in any political campaign?	1a		×			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×			
	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.	ļ 					
_	Did the foundation file Form 1120-POL for this year?	1c					
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	10					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$	-					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		×			
3	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of the change						
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u> </u>			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>×</u>			
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?	3		<u>×</u>			
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. ► MO	-					
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) o	'		\Box			
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes, complete Part XIV	, 9		×			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			×			

Part	: VII-A	Statements Regarding Activities (continued)			
•				Yes	No
11	•	time during the year, did the foundation, directly or indirectly, own a controlled entity within the g of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		×
12		foundation make a distribution to a donor advised fund over which the foundation or a disqualified had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	•	foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	<u> </u>
10					1
14		e address ► N/A bks are in care of ► THE GEMINI FOUNDATION Telephone no. ► (314)3	30-	7598	
	Located	dat ► PO BOX 2027 BOCA GRANDE FL ZIP+4 ► 33921			
15	Section	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here er the amount of tax-exempt interest received or accrued during the year		•	▶ [
16		ime during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
		pank, securities, or other financial account in a foreign country?	16		×
		instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
		ign country ►			<u>.</u>
Part	VII-B	Statements Regarding Activities for Which Form 4720 May Be Required			1
		rm 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	_	the year, did the foundation (either directly or indirectly):			
		age in the sale or exchange, or leasing of property with a disqualified person? Yes No row money from, lend money to, or otherwise extend credit to (or accept it from) a			}
		ualified person?			
		hish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
		compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Tran	nsfer any income or assets to a disqualified person (or make any of either available for benefit or use of a disqualified person)?			
		ee to pay money or property to a government official? (Exception. Check "No" if the			
		dation agreed to make a grant to or to employ the official for a period after			
		nination of government service, if terminating within 90 days.)			
b		nswer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			<u> </u>
		53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		<u> </u>
_		ations relying on a current notice regarding disaster assistance, check here	:		
С		ot corrected before the first day of the tax year beginning in 2017?		—	×
2	Taxes o	on failure to distribute income (section 4942) (does not apply for years the foundation was a private and foundation defined in section 4942(j)(3) or 4942(j)(5)):			
2	•	and of tax year 2017, did the foundation have any undistributed income (lines 6d and	1		
		XIII) for tax year(s) beginning before 2017?			
		' list the years ▶ 20 , 20 , 20 , 20	i I		
b		re any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	I		
		to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	-	s listed, answer "No" and attach statement-see instructions.)	2b		
С	•	ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
2-	Diel the	, 20 , 20 , 20 foundation hold more than a 2% direct or indirect interest in any business enterprise			
3a		me during the year?			
L	-	" did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
b		fied persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
		ssioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
		, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundat	ion had excess business holdings in 2017.)	3b		
4a		foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b		foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	cnaritab	le purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4h		×

orm	990-	PF	(201)	7) •

_		_
Pac	30	O

Part	VII-B Statements Regarding Activities	for W	/hich Form	4720	May Be R	equire	ed (contir	nued)			
5a	During the year, did the foundation pay or incur a	any am	ount to:							Yes	No
•	(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?									ŀ	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?										
	section 4945(d)(4)(A)? See instructions										
b	purposes, or for the prevention of crueity to c if any answer is "Yes" to 5a(1)–(5), did any of the							No 🔀			I
b	Regulations section 53.4945 or in a current notice in								5b		
	Organizations relying on a current notice regarding	_	•					▶□			
С	If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility							□No			
	If "Yes," attach the statement required by Regula		-								
6a	Did the foundation, during the year, receive any t						_	_			
	on a personal benefit contract?						☐ Yes	_⊠ No			
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.	is, aire	ctly or indired	ctiy, on	a personal	beneti	t contract	ι.	6b		×
7a	At any time during the tax year, was the foundation a	a party t	to a prohibited	I tax she	elter transac	tion?	☐ Yes	⊠ No	<u> </u>		
	If "Yes," did the foundation receive any proceeds								7b		<u>×</u>
Part	VIII Information About Officers, Direct and Contractors	tors, 1	rustees, F	ounda	tion Mana	agers,	Highly F	'aid E	mploy	ees,	
1	List all officers, directors, trustees, and found	ation r	nanagers an	d their	compens	ation 5	See instru	ıctions			
	Elot di omocro, di octoro, tractoco, and realis		e, and average		mpensation		Contributions		(e) Expe		
	(a) Name and address		rs per week ed to position		not paid, ter -0-)		yee benefit erred compe			allowan	
		TRUS			•			_			•
_	BOX 2027 BOCA GRANDE FL 33921	TRUS	1.00		0.			0.			0.
	STI KREY BOX 2027 BOCA GRANDE FL 33921	TKUS.	1.00		0.			0.			0.
					·						
2	Compensation of five highest-paid employee "NONE."	s (oth	er than thos	e incl	uded on li	ne 1-	see instr	uction	s). If n	one, e	enter
((a) Name and address of each employee paid more than \$50,000	0	(b) Title, and a hours per w devoted to po	/eek	(c) Comper	nsation	(d) Contribution employee plans and compens	benefit leferred	(e) Expe	nse acc allowan	ces
NONE											
_									-		
										·	
Γotal ι	number of other employees paid over \$50,000 .					<u> </u>		. ▶	0		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NO	IE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Fotal number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
Guilliary of Direct Charlable 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
1	
2	
3	
4	
	<u> </u>
Part IX-B Summary of Program-Related Investments (see instructions)	1
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
	0.
2	
All other program related investments. See instructions	
All other program-related investments. See instructions	
3 NONE	
	0.
「otal. Add lines 1 through 3	0.
	Form 990-PF (2017)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	gn tour	idations,
Ť	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	376,064.
b	Average of monthly cash balances	1b	158,207.
С	Fair market value of all other assets (see instructions)	1c	0.
d	Total (add lines 1a, b, and c)	1d	534,271.
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	534,271.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	8,014.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	526,257.
6	Minimum investment return. Enter 5% of line 5	6	26,313.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	oundati	ions
1	Minimum investment return from Part X, line 6	1	26,313.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	104.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	26,209.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	26,209.
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	26,209.
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	97,025.
b	Program-related investments—total from Part IX-B	1b	0.
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	97,025.
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	104.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	96,921.
	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.	g wheth	er the foundation

Part	XIII Undistributed Income (see instruction	ons)			· · · · · · · · · · · · · · · · · · ·
ì	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7	1 1			26,209.
2	Undistributed income, if any, as of the end of 2017:				
а	Enter amount for 2016 only			_0.	
b	Total for prior years: 20,20,20	1			
3	Excess distributions carryover, if any, to 2017:				
а	From 2012 0.				
b	From 2013 0.				
С	From 2014 0.				
d	From 2015 0.				
e	From 2016 0.				
f	Total of lines 3a through e	0.			
4	Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 97,025.		-		
а	Applied to 2016, 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 2017 distributable amount				26,209.
е	Remaining amount distributed out of corpus	70,816.			
5	Excess distributions carryover applied to 2017				•
	(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	70,816.			
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 2016. Subtract line 4a from line 2a. Taxable amount—see instructions			0.	
f	Undistributed income for 2017. Subtract lines	···			
•	4d and 5 from line 1. This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7 (see instructions) .	0.			
9	Excess distributions carryover to 2018.				
-	Subtract lines 7 and 8 from line 6a	70,816.			
10	Analysis of line 9:	, 0, 010.			
а	Excess from 2013				
a b	Excess from 2014 0 .			Ì	
C	Excess from 2015 0.				
d	Excess from 2016 0.			ļ	
e	Excess from 2017				

Form 9	90-PF (2017)					Page 10
Part	XIV Private Operating Founda	tions (see ınstru	ctions and Part	VII-A, question 9	9)	N/A
1a	If the foundation has received a ruling foundation, and the ruling is effective fo				/	
b	Check box to indicate whether the four	ndation is a private	operating foundate	tion described in se	ection 4942(j)	(3) or 4942(j)(5)
2a		Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(0)
b	85% of line 2a				1	
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 .					
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:					
а	"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					
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	l				
Parl	XV Supplementary Information			he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		ns.)			
1	Information Regarding Foundation				utha atama	
	List any managers of the foundation before the close of any tax year (but of	only if they have co	ontributed more th	nan \$5,000). (See s	ection 507(d)(2).)	by the foundation
	MARY ANN VAN LOKEREN ORIGI					
	List any managers of the foundation ownership of a partnership or other el					arge portion of the
	N/A	Cront Ciff I	n Coholombin a	to Programs:		
2	Information Regarding Contribution	ı, Grant, Giπ, Loa	ın, əcnolarsnip, e	lested shorts:		l daga mat aat

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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

See	Supplementary	Information	Statement
TL -	مناسمه بامناها بين سيراك	محط امان محام حجيد الاح	مصيحكسة المصم الممقط محمارية

- **b** The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

Recipient	If reciplent is an individual,	Foundation		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ļ <u></u>
BOCA GRANDE CHILD CARE CENTER		}		1
P O BOX 1386				
BOCA GRANDE FL 33921	N/A	501 (C) 3	UNRESTRICTED	2,000
BOCA GRANDE HEALTH CLINIC FOUNDATION P O BOX				
BOCA GRANDE FL 33921	N/A	501 (C) 3	UNRESTRICTED	16,700
BOCA GRANDE WOMANS CLUB, INC		' '		1
P O BOX 65				1
BOCA GRANDE FL 33921	N/A	501 (C) 3	UNRESTRICTED	1,000
LITTLE TRAVERSE CONSERVANCY		1		
P O BOX 583				
HARBOR SPRINGS MI 49740	N/A	501 (C) 3	UNRESTRICTED	2,000.
GASPARILLA ISLAND CONSERVATION & IMPRV ASSOC 131 FIRST STREET WEST	·			
GASPARILLA ISLAND FL 33921	N/A	501 (C) 3	UNRESTRICTED	1,000.
MCLAREN NORTHERN MI FOUNDATION		301 (0, 3		1,000.
360 CONNABLE				
PETOSKEY MI 49770	N/A	501 (C) 3	UNRESTRICTED	50,000.
CROOKED TREE ARTS CENTER	","	001 (0,5	J ONNESTRE STEED	30,000.
461 E MITCHELL STREET				
PETOSKEY MI 49770	N/A	501 (C) 3	UNRESTRICTED	2,000.
CATHOLIC FAITH APPEAL - DIOCESE OF VENICE IN FLORIDA	"', " "	001 (0,5	JANESTRI STEE	2,000.
1000 PINEBROOK ROAD				
VENICE FL 34285	N/A	501 (C) 3	UNRESTRICTED	550.
JUNIOR LEAGUE OF ST. LOUIS				
106 N. KIRKWOOD ROAD				-
ST. LOUIS MO 63122	N/A	501 (C) 3	UNRESTRICTED	100.
See Statement				
	:			21,675.
	·			
Total			▶ 3a	97,025.
b Approved for future payment				
]		
				•
				1
				1
				1
		}		
		1		
		1		1
				<u></u>
Total			► 3t	000 PE
				

۲a	τλνι	Analysis of income-Producing Ac	, ti t i t i t i t i t i t i t i t i t i				
Ente	r gros	s amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 5	(e)
•			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
1	Prog	ram service revenue:				<u> </u>	
	\mathbf{a} $\underline{\mathbf{N}}$	ONE			6		
	b _						
	C						
	d _						
	e _						
	f						
	g F	ees and contracts from government agencies					
2	_	bership dues and assessments					"
3		est on savings and temporary cash investments					
_		ends and interest from securities	 :		 		
4					 		
5		ental income or (loss) from real estate:			 		
		ebt-financed property					· · · · · · · · · · · · · · · · · · ·
		ot debt-financed property					
6		ental income or (loss) from personal property			ļi		
7		r investment income					
8	Gain	or (loss) from sales of assets other than inventory					0.
9	Net ir	ncome or (loss) from special events					
10	Gross	s profit or (loss) from sales of inventory					
11	Other	r revenue: a					
	b						
	c						
	d –						
							· · · · · · · · · · · · · · · · · · ·
	•						_ 1
12	Subt	otal Add columns (b) (d) and (e)					0
		otal. Add columns (b), (d), and (e)				12	0.
13	Total	I. Add line 12, columns (b), (d), and (e)				13	0.
13 See	Total works	l. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation				13	
13 See Pa	Total works	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works	l. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.
13 See Pa	Total works it XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 		ent of Exemp	t Purposes		0.

Part XVII

	•	Organizati:	ons									_	
	in se		directly or indirectly other than section									Y	es No
а	Trans	fers from the re	porting foundation	to a noncl	haritable e	xempt org	anization	of.					
											[1a(1)	×
		ther assets .									F	1a(2)	×
b		transactions:											
			a noncharitable ex	rempt ora	anization							1b(1)	×
			ets from a nonchari								F	1b(2)	×
			s, equipment, or oth								F	1b(3)	×
											F	1b(4)	×
			irrangements								F		
		oans or loan gua									-	1b(5)	×
			ervices or members	-	_						F	1b(6)	×
		•	equipment, mailing				-				-	1c	×
			of the above is "Youther assets, or sen										
			on or sharing arran										
(a) Line		b) Amount involved	(c) Name of non					ription of transfe					
(-,			1					:					
				 			-						
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			ļ								-		
	descr	ibed in section 5	ectly or indirectly a 501(c) (other than s e following schedul	section 50								Yes 2	☑ No
		(a) Name of organ	lization		(b) Type of o	organization			(c) Desc	cription	of relations	ship	
					<u>.</u>								
		-											
					,								
	Unde	r penalties of perjury, I	I declare that I have exami	ned this return	n, including acc	companying se	hedules and	l statements, and	to the b	est of m	y knowledg	e and belie	ef, it is true,
Sign	correc	ct, and complete Decl	laration of preparer (other t	than taxpayer)	is based on al	II information o	of which prep	arer has any kno	wledge		May the IRS	S discuss f	this return
Here		wwa	ulottes	en	10.2	7 🌮 MAI	NAGING	TRUSTEE		V	with the pre	parer show	vn below?
		ature of officer or tru	stee		Date \	Title				— Ľ	See instruct	ions 🔀 Y	es ⊟ No
<u> </u>	<u>ٿ</u>	Print/Type preparer		P/epare	r's eignature			Date		Charl:	P1 : P1	TIN	
Paid		,, ,		(0	للحلاه	KU		10-25-1	(Q	Check self-em	ployed P	00747	363
Prepa		CAROLYN HA		CONSUI	TINCI	T.	· · - · · · · · · · · · · · · · · · · ·	·- US			46-456		505
Jse C	nly	Firm's name	GREY MATTER		T MAN T	111			i			-	Ω
RAA	i	Firm's address ▶	PO BOX 31213			MO	63131	· · · ·	Phone	no. (3	314)33		8 PF (2017)
$+\Delta\Delta$			OTOUL POULS			UIU	ひつまつま				ror	フプリー!	4 B (2017)

Continuation Statement THE GEMINI FOUNDATION Form 990-PF: Return of Private Foundation Part XV, Line 2: Supplementary Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.

Name and Address Information	Form Information	Submission Information	Restrictions
CAROLYN HARPOLE PO BOX 2027 BOCA GRANDE, FL 33921	NO REQUIRED FORM	NONE	NONE
314-330-7598			

Form 990-PF: Return of Private Foundation Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Part AV, Line 3a. Grants and Contribt	-		1	
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				
LITTLE TRAVERSE BAY HUMANE SOCIETY	N/A	501(C)3	UNRESTRICTED	350.
1300 WEST CONWAY ROAD		, ,		
HARBOR SPRINGS, MI 49740				
GREAT LAKES CHAMBER ORCHESTRA	N/A	501(C)3	UNRESTRICTED	100.
438 E. LAKE STREET	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	301 (0, 3	omissini si	200.
PETOSKEY, MI 49770			İ	
TOP OF MICHIGAN TRAILS COUNCIL	N/A	501(C)3	UNRESTRICTED	100.
	N/A	301 (C) 3	UNKESTRICIED	100.
445 EAST MITCHELL				
PETOSKEY, MI 49770				
VARIETY	N/A	501 (C) 3	UNRESTRICTED	3,000.
2200 WESTPRT PLAZA				
ST LOUIS, MO 63146				
USEPPA ISLAND HISTORICAL SOCIETY	N/A	501(C)3	UNRESTRICTED	250.
PO BOX 640				
BOKEELIA, FL 39224				
HARBOR SPRINGS LYRIC THEATRE INC	N/A	501(C)3	UNRESTRICTED	1,000.
275 E MAIN ST				•
HARBOR SPRINGS, MI 49740				
GEORGE W. BUSH PRESIDENTIAL CENTER	N/A	501(C)3	UNRESTRICTED	1,000.
2943 SMU BLVD.	1771	301(0,3		1,000.
DALLAS, TX 75205	•			
PETOSKEY-HARBOR SPRINGS AREA COMMUNITY FOUNDATION	N/A	501(C)3	UNRESTRICTED	100.
616 PETOSKEY STREET, SUITE 203	N/A	301(0)3	UNKESTRICIED	100.
PETOSKEY, MI 49770			[
TIP OF THE MITT WATERSHED COUNCIL	N/A	501(C)3	UNRESTRICTED	100.
426 BAY STREET	IN/A	301(0)3	ONRESTRICTED	100.
		Ì		
PETOSKEY, MI 49770 HARBOR SPRINGS AREA HISTORICAL SOCIETY	27 / 7	501 (0) 2	LINID DOMD TOMED	1 050
	N/A	501 (C) 3	UNRESTRICTED	1,250.
349 E. MAIN STREET				
HARBOR SPRINGS, MI 49740			<u></u>	2 500
THE ISLAND SCHOOL	N/A	501 (C) 3	UNRESTRICTED	3,500.
P.O. BOX 1090		ļ.	1	
BOCA GRANDE, FL 33921				
RFC FIRE & RESCUE	N/A	501(C)3	UNRESTRICTED	100.
8338 W ROBINSON RD				
HARBOR SPRINGS, MI 49740				
NORTH CENTRAL MICHIGAN COLLEGE FOUNDATION	N/A	501(C)3	UNRESTRICTED	1,000.
1515 HOWARD ST				·
PETOSKEY, MI 49770				
FOOD FOR THE POOR	N/A	501(C)3	UNRESTRICTED	1,000.
6401 LYONS RD		',		·
COCONUT CREEK, FL 33073				
HARBOR HALL FOUNDATION	N/A	501(C)3	UNRESTRICTED	200.
396 E MAIN ST	N/A	301(0/3	OHRESTRICIED	200.
HARBOR SPRINGS, MI 49740	77 / 7	501/0/2	I I I I I I I I I I I I I I I I I I I	1 000
THE GARDEN PARTY FOUNDATION	N/A	501(C)3	UNRESTRICTED	1,000.
373 VICTOR AVENUE				
HIGHLAND PARK, MI 48203				
NORTHWOOD UNIVERSITY	N/A	501(C)3	UNRESTRICTED	5,000.
4000 WHITING DR				

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				
ROUNDUP RIVER RANCH	N/A	501(C)3	UNRESTRICTED	100.
PO BOX 8589				
AVON, CO 81620				
WOMENS RESOURCE CENTER NORTHERN MICHIGAN	N/A	501(C)3	UNRESTRICTED	175.
423 PORTER ST				
PETOSKY, MI 49770				
BOCA GRANDE HISTORICAL SOCIETY	N/A	501(C)3	UNRESTRICTED	100.
170 PARK AVE				
BOCA GRANDE, FL 33921				
RACQUET UP DETROIT	N/A	501(C)3	UNRESTRICTED	100.
PO BOX 11404				
DETROIT, MI 48211				· · · · · · · · · · · · · · · · · · ·
HEALTH NETWORK FOUNDATION	N/A	501(C)3	UNRESTRICTED	1,000.
33 RIVER ST				
CHAGRIN FALLS, OH 44022				
AUTISM SPEAKS	N/A	501(C)3	UNRESTRICTED	100.
1121 OLIVETTE EXECUTIVE PKWY				
ST LOUIS, MO 63132	127.72	501 (0) 2	LIVE TOWN TOWN	600.
POSITIVE TRACKS	N/A	501(C)3	UNRESTRICTED	600.
35 SOUTH MAIN ST				
HANOVER, NH 03768 WASHINGTON UNIVERSITY	N / D	E01/C\2	UNDECMOTOMED	250.
CAMPUS BOX 1192, ONE BROOKINGS DR	N/A	501(C)3	UNRESTRICTED	250.
ST LOUIS, MO 63130				
BIPS - BARRIER ISLAND PARK SOCIETY	N/A	501 (C) 3	UNRESTRICTED	100.
PO BOX 637	IN/A	1201 (0)3	ONVESTVICIED	100.
BOCA GRANDE, FL 33921		1		
	N/A	501 (C) 3	UNRESTRICTED	100.
PO BOX 642	1.17.4.2	331 (3, 3		200.
TALLEVAST, FL 34270				
	<u> </u>			
			1	21.675.

21,675.

THE GEMINI FOUNDATION 431821667

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

Form 990-PF: Return of Private Foundation

Taxes

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
FOREIGN TAXES WITHHELD AT SOURCE	29.	29.		
Tota	29.	29.		

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
INVESTMENT ADVISOR FEES	1,808.	1,808.		
Tota	1,808.	1,808.		

Net Gain or Loss From Sale of Assets

Name		Employer Identification No
THE GEMINI FOUNDATION		43-1821667
Asset Information:		
Description of Property	AP GAIN DISTRIBUTIONS	
Business Code Exclus	ion Code	
	How Acquired · Purchased	
Date Sold Various	Name of Buyer	
Check Box, if Buyer is a Business .		
	Cost or other basis (do not reduce by deprecia	tion) 0.
Sales Expense	_ Valuation Method Fair Market Va.	lue
Total Gain (Loss)	2, 662. Accumulated Depreciation	
Business Code Exclus	ion Code	
Date Sold	How Acquired	
Check Box, if Buyer is a Business .	Name of Buyer .	
		tion)
Sales Price	Cost or other basis (do not reduce by deprecia	11011)
Sales Expense	_ Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	
Description of Property		
Business Code Exclus	ion Code · · ·	
Date Acquired	How Acquired	
Date Sold	Name of Buyer	
Check Box, if Buyer is a Business		
Sales Price	Cost or other basis (do not reduce by deprecia	tion)
Sales Expense	_ Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	
Description of Property		
Business Code Exclus	ion Code	
Date Acquired	How Acquired	
Date Sold	Name of Buyer	
Check Box, if Buyer is a Business.		
Sales Price	Cost or other basis (do not reduce by deprecia	tion)
	_ Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	
Business Code Exclus	ion Code · · ·	
	How Acquired	
	Name of Buyer	
Check Box, if Buyer is a Business .		
· •	Cost or other basis (do not reduce by deprecia:	tion)
Total Cain (Lace)	_ Valuation Method	
Total Gaill (Loss)	Accumulated Depreciation	· · · · · · · · · · · · · · · · · · ·
Totale		
Totals:	0.660	
Total Gain (Loss) of all assets		
Gross Sales Price of all assets		
Unrelated Business Income		
	Exclusion Code .	-
Related/Exempt Function Income	2,662.	
	ge 1	
QuickZoom here to Form 990-PF, Pa	ge 12	

Name THE GEMINI FOUNDATION					er Identification No 21667
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	US Govern Obligatio Book Val	ns	Year US Government Obligations FMV
Tot to Fm 990-PF, Pt II, Ln 10a				End of	Year
Line 10b - Investm Totals to Form 990-PF, Part II, I			Book Value		Fair Market Value
Line 10c - Investme	ents - Corporate I	Bonds:	Book Value	End of	Year Fair Market Value
Totals to Form 990-PF, Part II, I			Book Value	End of	Year Fair Market Value
Totals to Form 990-PF, Part II, I	Line 12		- Value		value
				End of	Year
Line 13 - Inve	estments - Other	:	Book Value		Fair Market Value
BOND FUNDS -PIMCO; DOUB EQUITY FUNDS-ABSOLUTE, FIDLTY, 1ST EAGLE	ALPHACNTRC, A		75,0	350.	74,330.
Totals to Form 990-PF, Part II, I	Line 13		385,	425.	376,064.

Attachment to Form 990 PF The Gemini Foundation FEIN: 43-1821667

Tax Period: December 31, 2017 Page 4, Part VII-A, Line 7b

Taxpayer is investigating in which state it needs to file with the Attorney General and plans to file with the appropriate party once it is determined what to do.