Form 990-PF

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.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2018 or tax year beginning , 2018, and ending , 20						, 20		
Nam	e of four	ndation	•	A Employer identification number			r	
Cynthia Hogan Foundation 22-3766805								
Num	ber and	street (or P O box number if mail is not delivered to street address)	Room	n/suite B	B Telephone number (see instructions)			
346	5 N. Pı	nes Way,	1	104		307-203-6737		
		state or province, country, and ZIP or foreign postal code		-	If exempt	ion application is pendi	ng, check here ▶ □	
Wil	son. W	Y, 83014			ii oxompi	on approation to perra		
			of a former public	charity n	1 Foreign	organizations, check l	nere . ▶□	
•	Oncon	Final return Amended		J. 10.1.1.1.	_	-	_	
		Address change Name char				n organizations meeting here and attach compu		
ш	Check	type of organization Section 501(c)(3) exempt p		(J/E		foundation status was t		
		n 4947(a)(1) nonexempt charitable trust		tation	section 5	07(b)(1)(A), check here	▶ 🗀	
	_	parket value of all assets at J Accounting method		ccrual				
-		f year (from Part II, col. (c),	_ Ouon _ /	F		ndation is in a 60-montl ction 507(b)(1)(B), check		
	line 16	· · · · · · · · · · · · · · · · · · ·	on cash basis)				_	
	art I	Analysis of Revenue and Expenses (The total of	•			•	(d) Disbursements	
	al L L	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	for charitable	
		the amounts in column (a) (see instructions))	books	inco	me	ıncome	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)		実験は数値で	CHESTER OF		通过的大型工程	
	2	Check ► ☐ If the foundation is not required to attach Sch. B		M. C. B.		THE THE WOOD SHOW THE STREET	SECTION AND SECTION AND SECTION ASSESSMENT OF SECTION ASSESSMENT ASSESSMENT OF SECTION ASSESSMENT ASSESSMENT O	
	3	Interest on savings and temporary cash investments	ATTEMATION OF THE STATE OF THE	REPRESENTATION OF	U TOTAL STREET	AND AND LABOUR LABOUR SHIPS, CARLOTT,	The state of the s	
	4	Dividends and interest from securities	23574	 	23574		STATE STATE OF	
	5a	Gross rents	233/4		23574		77777	
	b	Net rental income or (loss)	PERMISSION AND SERVICES.	L'ILEMANI'S		建筑建设新州省的	MANAGEMENT AND	
a.	_	Net gain or (loss) from sale of assets not on line 10	O CONTRACTOR OF THE PROPERTY O	IM THE BUST - LORE.		AND THE PERSON AND THE PERSON		
Revenue	6a		TOWN AND THE REAL PROPERTY.	STATES		Tanion to the second	CHECO STANCE STANCE	
ě	_ b	Gross sales price for all assets on line 6a	MACH CHAPTER THE	お外が記りがか	470		Mary Control of the Control	
ě	7	Capital gain net income (from Part IV, line 2)		W.Heis		ARREST CLEANER STORY NA	SCHOOL STREET	
_	8	Net short-term capital gain	STATE OF THE PARTY OF	String for	AND THE PARTY OF		CHARLES SERVED	
	10a	Gross sales less returns and allowances		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	AND	ATTENDED OF THE PARTY OF THE PA		
	b	Less: Cost of goods sold .	THE STATE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDR	STATE OF THE	CHEST AND AN	THE CONTRACTOR AND		
	C	Gross profit or (loss) (attach schedule)	O see Lake	Ser Crass	A STATE OF THE	SEETER BEEFFERSTREE LEUISTRUM MINICUSE SERVE ES	THE PART OF THE PARTY OF THE PA	
	11	Other income (attach schedule)	0	Co security Co.	KIRK THE PROPERTY.			
	12	Total. Add lines 1 through 11	23574		23744	N/A		
_	13		3 0		23744	IVA.	. U	
es	14	Compensation of officers, directors, trustees etc. Other employee salaries and wages CEIVED	0		0		0	
S	15	Pension plans, employee benefits	R o		0		0	
Expenses	16a	Legal fees (attach schedite) APR 03 2019.) o		0		0	
	Ь	Accounting fees (attach schedule)	6 0 7 0 2 0	t	0		0	
Š	ءَ ا	Other professional fees (attach-schedule)	ě o	+	0		. 0	
ati	17	Interest OGDEN, UT		 	0		0	
Operating and Administrati	18	Taxes (attach schedule) (see instructions) .	402		402		0	
Ē	19	Depreciation (attach schedule) and depletion	0	i	0			
튽	20	Occupancy	0	 	0		0	
Ă	21	Travel, conferences, and meetings	. 0	+	0		0	
ы	22	Printing and publications	230		0		230	
a	23	Other expenses (attach schedule)	0		0		0	
ij	24	Total operating and administrative expenses.	ľ		-		<u>-</u>	
rat		Add lines 13 through 23	632		402		230	
þe	25	Contributions, gifts, grants paid	87600				87600	
O	26	Total expenses and disbursements. Add lines 24 and 25	88232	TOTAL PROPERTY AND SOUTH	402	N/A	87830	
_	27	Subtract line 26 from line 12:	00232		INSELECT		STEEL	
	a a	Excess of revenue over expenses and disbursements	(64658)					
	Ь	Net investment income (if negative, enter -0-)		PARTY N. INC. AND ADDRESS.	,23342		NO CONTRACTOR	
	C	Adjusted net income (if negative, enter -0-)		277.73			WE CHEST AND	
_			The second secon	1				

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form **990-PF** (2018)

Рa	rt II	Balance Sheets Attached schedules and amounts in the description column Beginning of year End of year		f 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	0	0	0
	2	Savings and temporary cash investments	0	0	0
	3	Accounts receivable ►	- 1 -		
		Less: allowance for doubtful accounts ▶	0	0	0
	4	Pledges receivable ▶	م ميرو هو.		AC 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Less: allowance for doubtful accounts ▶	0	0	0
	5	Grants receivable	0	0	0
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)	o	0	0
	7	Other notes and loans receivable (attach schedule) ▶	11.	الرهوي أهمه المداوات	7
		Less: allowance for doubtful accounts ▶	0	0	0
ts	8	Inventories for sale or use	0	0	0
Assets	9	Prepaid expenses and deferred charges	0	0	0
As	10a	Investments—U S and state government obligations (attach schedule)	18414	14598	14598
	ь	Investments—corporate stock (attach schedule)	1030495	989400	1674140
	С	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis ▶			and the second
		Less. accumulated depreciation (attach schedule) ▶	0	0	0
	12	Investments—mortgage loans	0	0	0
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment: basis ▶	The second of	a time by a franching	1 - 1 - 1 - 1 - 1
		Less accumulated depreciation (attach schedule) ▶	0	0	0
	15	Other assets (describe ▶)	0	0	0
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item l)	1048909	1003998	1688738
	17	Accounts payable and accrued expenses	0	0	्रान्यक्षण्यम् स्राप्त्यस्यम्
s	18	Grants payable	0	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ţį	19	Deferred revenue	0	0	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	J. 18 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u>ia</u>	21	Mortgages and other notes payable (attach schedule)	0	0	1 ("- " " " " " " " " " " " " " " " " " "
_	22	Other liabilities (describe ►)	0	0	\$ 400 ≥ 100 th
	23	Total liabilities (add lines 17 through 22)	0	0	1 42 (24) of 10 1
ý		Foundations that follow SFAS 117, check here ▶ □			1. 1
စ္ဆ		and complete lines 24 through 26, and lines 30 and 31.			
<u>a</u>	24	Unrestricted			
Balances	25	Temporarily restricted			1
ᅙ	26	Permanently restricted			
	i	Foundations that do not follow SFAS 117, check here ▶ ☑			
Ē		and complete lines 27 through 31.			
S	27	Capital stock, trust principal, or current funds	1048909	1003998	
Net Assets or Fu	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
AS:	29	Retained earnings, accumulated income, endowment, or other funds	0	0	. 25 44
7	30	Total net assets or fund balances (see instructions)	1048909	1003998	11.
ž	31	Total liabilities and net assets/fund balances (see			4
Do	et 1111	instructions)	1048909	1003998	1 1384 -1
	rt III	Analysis of Changes in Net Assets or Fund Balances	mn (a) line 20 /	t caree with	
1		ll net assets or fund balances at beginning of year—Part II, colu of-year figure reported on prior year's return)			1040000
2		er amount from Part I, line 27a		2	1048909
3		er increases not included in line 2 (itemize) changes in book & r			(64658)
4		lines 1, 2, and 3	market value (See SCI	4	19747
5		reases not included in line 2 (itemize) ►		5	1003998
6		il net assets or fund balances at end of year (line 4 minus line 5)—	Part II column (b) II		1003998
<u> </u>			· (D), II		- 000 DE (00.0)

Part	IV Capital Gains and	d Losses for Tax on investn	nent Income	<u>-</u> ,		
		nd(s) of property sold (for example, real e use, or common stock, 200 shs MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	-					
<u>b</u>						
c						
<u>d</u>						
<u>e</u>						
	(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale					n or (loss) (f) minus (g))
<u>a</u>						
<u> </u>						
c						
d					_	
<u> </u>	0	(1)	h	10/01/00		
	Complete only for assets sno	owing gain in column (h) and owned	I			(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		t less than -0-) or from col (h))
a						
b						
c						
d						
e			İ		ļ. <u></u>	
2	Capital gain net income o	r (net capital loss)	also enter in Pa , enter -0- in Pai	' '	2	170
3	If gain, also enter in Part	in or (loss) as defined in sections 1, line 8, column (c). See instru	ictions. If (loss)			
Dovi	V Qualification Una	der Section 4940(e) for Redu	rood Toy on N	lat Invastment	3	
Part		<u>``</u>				
•	tion 4940(d)(2) applies, leav	e this part blank.	30011011 4040(4)	tax of fict invest	arrierie incomo.,	
		section 4942 tax on the distribution and section 4940(e) Do			base period?	☐ Yes ☐ No
_1		ount in each column for each ye	ar, see the instru	uctions before m	akıng any entries.	
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distribution	s Net value o	(c) f noncharitable-use a	ssets Dis	(d) tribution ratio divided by col (c))
	2017					· ·
	2016					
	2015					
	2014					
	2013					
2	Total of line 1, column (d)			. 2	
3		for the 5-year base period—divoundation has been in existence			r by 3	
	•		·			
4	Enter the net value of nor	ncharitable-use assets for 2018 f	rom Part X, line	5	. 4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investme	ent income (1% of Part I, line 27t	o)		6	
7	Add lines 5 and 6				. 7	
8	=	ons from Part XII, line 4			8	N/A
	Part VI instructions.	ater than line 7, check the box i	n raπ VI, line 1b	o, and complete	tnat part using a	1% tax rate See the

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—sec	e instructions)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.	(3) · · · · · · · · · · · · · · · · · · ·
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	467
	here ► 🔲 and enter 1% of Part I, line 27b	· 公司 [] ·
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-)	О
3	Add lines 1 and 2	467
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	467
6	Credits/Payments:	
а	2018 estimated tax payments and 2017 overpayment credited to 2018 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 if Form 2220 is attached 8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9	467
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	0
11	Enter the amount of line 10 to be Credited to 2019 estimated tax Refunded 11	0
	VII-A Statements Regarding Activities	. Was No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did in participate or intervence in any political comparing?	
	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.	
С	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. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
_	on foundation managers ▶ \$	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2 /
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 🗸
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 V
	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	1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	By language in the governing instrument, or	12.
	• 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?	
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 X\	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	
-	· · · · · · · · · · · · · · · · · · ·	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
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	
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV	
10	complete Part XIV	9 / /
-10	names and addresses	10

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		,
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		,
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	~	
	Website address ► N/A		·	-
14	The books are in care of ▶ Cynthia Hogan Telephone no. ▶			
	Located at ► 3465 N. Pines Way, STE104, Wilson, WY 83014 ZIP+4 ►	8301	4	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ 🗌
	and enter the amount of tax-exempt interest received or accrued during the year			r
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	1-4	لها إدراد وما	
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Ĩ.	Yes	No
1a	During the year, did the foundation (either directly or indirectly).	, F	ď.	٠. ا
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .	" « ř	· ·	2.
	disqualified person?	. 1	الم الم	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .		, 9	10°
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	3	1.2	1
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	17	2	3
	the benefit or use of a disqualified person)?		r gt.	ice.
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	-	28	
	foundation agreed to make a grant to or to employ the official for a period after	2.		34 4
	termination of government service, if terminating within 90 days.)	2, 2,		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in		٠,٠	النتا
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		<u> </u>
	Organizations relying on a current notice regarding disaster assistance, check here	1 48	1, 22	1.1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c	-	مشمع م
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).	4117	T.	***
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	1 2		1
	6e, Part XIII) for tax year(s) beginning before 2018?		:51.5	1
	If "Yes," list the years ▶ 20, 20, 20, 20		,	1.1
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	40.00		. 4
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	-13 3/4	<u>5.</u>	`
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		4	13.
20	▶ 20 , 20 , 20 , 20 Did the foundation held made then a 20% direct and direct attack in our larger than a 20% direct and direct attack in our larger than a 20% direct and direct attack in our larger than a 20% direct and direct attack in our larger than a 20% direct and direct attack in our larger than a 20% direct and direct attack in our larger than a 20% direct and direct attack in our larger than a 20% direct and direct attack in our larger than a 20% direct and direct attack in our larger than a 20% direct and direct attack in our larger than a 20% direct attack in our larger than a 20% direct and direct attack in our larger than a 20% direct attack in our larger tha		- ,\$	1 7
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	· - 1,	**	.
		ا ^ب '۔ا	, ', '	
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or	-	7.1	2.1
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	[,*]	م بودي	. 1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	الغربة	4	٠٠,٠
	foundation had excess business holdings in 2018.)		<u> </u>	لنفت
4a		3b	_	
ча b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a	<u> </u>	√
-	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	<u> </u>	لتك

Part	VII-B Statements Regarding Activities	for W	/hich Form	4720	May Be R	equire	d (contii	nued)			
5a	During the year, did the foundation pay or incur a								• ,	Yes	No
	(1) Carry on propaganda, or otherwise attempt to						☐ Yes	✓ No	بكير :	- 1	47.3
	(2) Influence the outcome of any specific public		on (see secti	on 495	5); or to ca	arry on,					-]
	directly or indirectly, any voter registration dr	ive?					☐ Yes	✓ No	'	*	~.]
	(3) Provide a grant to an individual for travel, stu						☐ Yes	✓ No		Ç	200
	(4) Provide a grant to an organization other than	n a cha	ritable, etc.,	organiz	ation desc	ribed ın	_	_			
	section 4945(d)(4)(A)? See instructions					• • •	☐ Yes	✓ No			`
	(5) Provide for any purpose other than religious,								'	,	. 11
_	purposes, or for the prevention of cruelty to c						☐Yes	✓ No	·	1	P. A
b	If any answer is "Yes" to 5a(1)–(5), did any of the in Regulations section 53.4945 or in a current no							scribea		<u> </u>	<u> </u>
	Organizations relying on a current notice regarding					56 III30 C	CHOHS	 	5b		
С	If the answer is "Yes" to question 5a(4), does t	-				the tay			1.		` 2.
·	because it maintained expenditure responsibility			•			☐Yes	□No	1	\$ ° °	
	If "Yes," attach the statement required by Regula		-						1		
6a	Did the foundation, during the year, receive any					emiums					`}
	11 61 10			-			☐ Yes	☑ No	* "	ا مائية د د	
b	Did the foundation, during the year, pay premium	ns, dire	ctly or indired	ctly, on	a personal	benefit	contract	? .	6b		
	If "Yes" to 6b, file Form 8870.								4.		1.1
7a	At any time during the tax year, was the foundation a						☐ Yes	✓ No			
b	If "Yes," did the foundation receive any proceeds						ansaction	1? .	7b		
8	Is the foundation subject to the section 4960 ta						_	_		,a ,a	
	remuneration or excess parachute payment(s) du							<u> ✓ No</u>		A	Sep. 4
Par	VIII Information About Officers, Direc	tors, 1	rustees, F	ounda [•]	tion Man	agers,	Highly F	aid E	mploy	ees,	
1	and Contractors List all officers, directors, trustees, and found	ation r	nanagere ar	d their	compane	ation S	oo inetri	ıctions			
•			e, and average		mpensation	·	Contribution		(e) Expe	200 200	
	(a) Name and address		rs per week ed to position		ot paid, ter -0-)		yee benefit irred compe			allowan	
Cynth	la Hogan, 3465 N. Pines Way, Wilson, WY	2	· · · · ·		. 0		<u> </u>	0			0
Diana	Gray 1115 Hulls Hwy, Southport, CT	0	-		0			0			0
Mega	n Hogan, 457 West 57st, NYC, NY, 10019	0			0			0			0
2	Compensation of five highest-paid employee	o (oth	ar than tha	o incl	idad an li		oo inote	untion	N 16 m		
2	"NONE."	:5 (Oth	er man mos	se mon	uded on II	ne i — s	see mstr	uctions	5). 11 110	one, i	enter
			<u> </u>			Т	(d) Contribu	itions to			
	(a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v	verage veek	(c) Compe		employee plans and o	benefit	(e) Expe	nse acc	
			devoted to pe	osition			compens		ouiei a	allowall	Ces
NONE											
									·		
				-							
									•		
											
Total	number of other employees paid over \$50,000 .		L		L			. •		_	
, viai	number of other employees paid over 400,000 .		· · · · · ·		• • • •	• •	· · ·	. –		<u>0</u>	

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	NE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Cash contributions to public charitites to further their mission	
2	
3	
4	
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	
2	
All other program-related investments See instructions 3	
Total. Add lines 1 through 3	•

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn tound	lations,
1	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	1,853,456
b	Average of monthly cash balances	1b	14000
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1867456
e	Reduction claimed for blockage or other factors reported on lines 1a and		1007 100
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1867456
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		1007400
•	instructions)	4	30,383
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1837073
6	Minimum investment return. Enter 5% of line 5	6	91,853
Part			
1	Minimum investment return from Part X, line 6	1	91853
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b 0	-i I	
С	Add lines 2a and 2b	2c	467
3	Distributable amount before adjustments Subtract line 2c from line 1	3	91386
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	91386
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	91386
Par	XII Qualifying Distributions (see instructions)	<u> </u>	31000
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	87830
b	Program-related investments—total from Part IX-B	1b	0.000
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	· · · ·	
_	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:	-	
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	87830
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		0,030
-	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	87830
	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.		

Part	XIII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI, line 7				91386
2	Undistributed income, if any, as of the end of 2018			24700	
а	Enter amount for 2017 only			34798	
ь	Total for prior years. 20, 20, 20		0	•	
3	Excess distributions carryover, if any, to 2018:			ki .	
а	From 2013				
b	From 2014				
С	From 2015	•	, ,	'	,
d	From 2016				1
e	From 20170		1		
f	Total of lines 3a through e	0		1. #16.15.17.20	
4	Qualifying distributions for 2018 from Part XII, line 4: ► \$ 87830				į
а	Applied to 2017, but not more than line 2a.			34798	
b	Applied to undistributed income of prior years				
	(Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election required see instructions)	0	ı	,	
d	Applied to 2018 distributable amount .				53032
е	Remaining amount distributed out of corpus	0		- "	
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same				
6	amount must be shown in column (a)) . Enter the net total of each column as	0			•
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)			-	٠, `
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b. Taxable				,
	amount—see instructions		0		-
е	Undistributed income for 2017 Subtract line				
	4a from line 2a. Taxable amount—see				
	instructions			0	
f	Undistributed income for 2018. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2019 .				38354
7	Amounts treated as distributions out of corpus		,	'	1
	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 2013 not	_			
	applied on line 5 or line 7 (see instructions).	0			
9	Excess distributions carryover to 2019.	_			
40	Subtract lines 7 and 8 from line 6a	0		_	
10	Analysis of line 9:		_		
a	Excess from 2014 . 0				
b	Excess from 2015 . 0		' '	'	, ,
С	Excess from 20160				* i
d	Excess from 2017		· ,	ه د	
e	Excess from 2018 00		F 2 ~	,	1

Page	10
raye	

Wyoming health care, education, nutrition

Form 99	90-PF (2018)						Page 10
Part	XIV Private Operating Fo	oundations	s (see instru	uctions and Par	t VII-A, question 9	9)	,
1a	If the foundation has received a foundation, and the ruling is effective.	_			private operating		
b	Check box to indicate whether t				ation described in s	ection) or 4942(j)(5)
2a	Enter the lesser of the adjusted		Tax year		Pnor 3 years		(e) Total
	income from Part I or the mini		(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	each year listed						
	85% of line 2a						
С	Qualifying distributions from Pai	rt XII,			,	./	
	line 4 for each year listed			<u> </u> -	/		
d	Amounts included in line 2c not used of for active conduct of exempt activities	irectly					
_	Qualifying distributions made di	rooth.			 		
е	for active conduct of exempt active						
	Subtract line 2d from line 2c .			1			
3	Complete 3a, b, or c for	the			7	<u> </u>	
	alternative test relied upon			/]	
а	"Assets" alternative test-enter:						
	(1) Value of all assets			<u> </u>			
	(2) Value of assets qualifying i	under					
b	section 4942(j)(3)(B)(i) "Endowment" alternative test—ent	tor 2/2					
	of minimum investment return sho Part X, line 6 for each year listed						
С	"Support" alternative test-enter	·				1	*~
	(1) Total support other than						
	investment income (into dividends, rents, payments	erest, i s on					
	securities loans (se 512(a)(5)), or royalties) .	ection					
	(2) Support from general pand 5 or more ex	oublic cempt					
	organizations as provided section 4942(j)(3)(B)(III)	d 17					
	(3) Largest amount of support an exempt organization .	from					
	(4) Gross investment income .						
Part					the foundation I	nad \$5,000 or mo	re in assets at
	any time during the			ns.)			
1 a	Information Regarding Found List any managers of the found			uted more than 2	% of the total con	tributions received l	ov the foundation
a	before the close of any tax year						by the realisation
Cynth	nia Hogan	` ,	•		, ,		
	List any managers of the foun	dation who	own 10% d	or more of the sto	ock of a corporation	n (or an equally lar	ge portion of the
	ownership of a partnership or o	other entity)	of which the	foundation has a	a 10% or greater in	terest.	
2	Information Regarding Contr						
	Check here ▶ ☐ if the found unsolicited requests for funds.	-		•		-	
	complete items 2a, b, c, and d			gins, grants, etc	, to individuals of t	organizations under	other conditions
<u> </u>	The name, address, and teleph			dress of the pers	on to whom applic	ations should be ad	dressed:
	nia Hogan, 3465 N. Pines Way, STE				• •		
b	The form in which applications	should be s	submitted ar	nd information and	d materials they sh	ould include	·········
	ailsee attached schedule				,		
	Any submission deadlines						_
NONE d		on awards	s, such as l	oy geographical	areas, charitable f	ields, kinds of inst	itutions, or other
	factors				•		· ·

3 Grants and Contributions Paid During t	he Year or Approve	ed for Futur	e Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid during the year			,	
see attached schedule 2 grants & contributions			,	1
				12.
				.\$
Total				3a
b Approved for future payment				-
Total				3b

_	t XVI-			amana in a a a a a	Evaluded by ac at	on 512 512 or 514	
nter	gross	amounts unless otherwise indicated.	Unrelated bu (a) Business code	(b) Amount	(c) Exclusion code	on 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)
1	Progra	m service revenue.					(See instructions)
	а						
	b						
	c						
	d				-		
	е		,				
	f						
	g Fee	es and contracts from government agencies					
2	Membe	ership dues and assessments					
3	Interest	t on savings and temporary cash investments			ļ		
4	Divider	nds and interest from securities					
		ntal income or (loss) from real estate:				_	
		bt-financed property					
		t debt-financed property					
6	Net rer	ntal income or (loss) from personal property					
		investment income					
		r (loss) from sales of assets other than inventory					
		come or (loss) from special events					
		profit or (loss) from sales of inventory					
11	Other	revenue: a					
	ь		-				
	c		-				
	d						
	e						
	I . —					-	1
						40	<u> </u>
13	Total.	Add line 12, columns (b), (d), and (e)				13	
13 See	Total. worksh	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation	 ıs.)			13	<u> </u>
13 See Par	Total. worksh t XVI-	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mortantly to the
13 See Par Line	Total. worksh	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions)
13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
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13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
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13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
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13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
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13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the
13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the tions)
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13 See Par Line	Total. worksh t XVI- e No.	Add line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes		mportantly to the ctions)

Part	XVII	Information Organization	n Regarding Tra ons	nsfers to and T	ransaction	ns and R	elationship	ps W	ith No	nchai	ritable	е Ехе	∍mpt
1	in se		directly or indirectly other than section								۸.:	Yes	No
а	-	insfers from the reporting foundation to a noncharitable exempt organization of:							ļ*	A 1	1 :1		
		ash									1a(1)		~
	(2) 0	ther assets .									1a(2)		1
b	Other	r transactions:											
	(1) S	Sales of assets to a noncharitable exempt organization							1b(1)		~		
		Purchases of assets from a noncharitable exempt organization							1b(2)		~		
	(3) R	Rental of facilities, equipment, or other assets							1b(3)		~		
		Reimbursement arrangements							1b(4)		~		
											1b(5)		~
		5) Loans or loan guarantees							1b(6)		~		
С			quipment, mailing l	•							1c		~
d			of the above is "Ye				Column (b) s	should	alway	vs shov		fair m	narket
			ther assets, or serv										
			on or sharing arrang										
(a) Line	no ((b) Amount involved	(c) Name of none	charitable exempt orgai	nization	(d) Descri	ption of transfe	rs, tran	sactions	, and sha	ring arra	angem	ents
									•				
					· · ·								
									-				
					-			-				-	
			-						-				
	-+												
		-											
	_									-			
													
	-+						 						
			 				-						
	-												
	-+												
	1. 41.		<u> </u>	* ***********************************									
2 a			ectly or indirectly a				ore tax-exer	npt o	rganiza	ations	_	_	
			501(c) (other than se		r in section :	0211		• •			☐ Ye	es L	J No
ь	II YE	es," complete the following schedule. (a) Name of organization (b) Type of organization (c)											
		(a) Name of organ	ization	(b) Type of organization				(c) Description of relation					
		<u> </u>											
	T												
C:			declare that I have examin						est of m	y knowled	ige and I	belief, it	: is true,
Sign	l k			an taxpayer) is based on all information of which preparer has any kn				Meage		May the If			
Here		(you	you my 3-29-19 President							the preparer shown below? Instructions Yes No			
	Sign	ature of efficer or trus	stee	Date	Title				Ľ			e₃	
Paid		Print/Type preparer	r's name	Preparer's signatur	е		Date	· · · · · I	Check	ا ہے 🗆	PTIN		
Prepare	arer								self-emp				
Use (Firm's name		-			•	Firm's	EIN ►			-	
		Firm's address ▶						-	_				
								_					