OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

2018

▶ 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	calen	dar year 2018 or tax year beginning	, 2	018, and			, 20
		ndation			A Employe	r identification number	er
Cine	<u></u>	_				26-2159580	
Numb	ber and	street (or PO box number if mail is not delivered to street address)	F	oom/suite	B Telephon	e number (see instruct	ions)
1819	9 Musi	kox Trail				907-479-3726	5
City o	or town,	, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pend	ing, check here ▶ □
Fair	tanks	s, AK 99709					э,
			of a former pu	blic charity	D 1. Foreign	n organizations, check	here ▶ □
		☐ Final return ☐ Amended i			_	_	_
		☐ Address change ☐ Name char				n organizations meeting here and attach compi	
H (Check	type of organization: Section 501(c)(3) exempt p		on All	E If private	foundation status was	terminated under
		on 4947(a)(1) nonexempt charitable trust			section 5	07(b)(1)(A), check here	▶ []
		narket value of all assets at J Accounting method			1		
		f year (from Part II, col. (c),	040	, 100, 441		ndation is in a 60-mont ction 507(b)(1)(B), chec	
		(a) ► \$ 1,827,060 (Part I, column (d) must be	on cash basis.)				_
	ırt I	Analysis of Revenue and Expenses (The total of	1				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue an expenses per	(D) Ne	t investment	(c) Adjusted net	for charitable
ı		the amounts in column (a) (see instructions).)	books	'	ncome	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	200,0	m			, 1
	2	Check ► I if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	<u> </u>	81			
	4	Dividends and interest from securities	43.5	-=-	43.595		
ļ	ч 5а	Gross rents		~	-4-44		
	b	Net rental income or (loss)					
		Net gain or (loss) from sale of assets not on line 10					
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	6a	Gross sales price for all assets on line 6a		<u> </u>			
ģ	b				7,167		
é	7	Capital gain net income (from Part IV, line 2)			7,107		
-	8	Net short-term capital gain					-
Hevenue	9	Income modifications					-
	10a	Gross sales less returns and allowances					1
	b	Less: Cost of goods sold					<u> </u>
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	243	76	EO 763		
_	12	Total. Add lines 1 through 11	243,	76	50,762	F	ECEIVED
S	13	Compensation of officers, directors, trustees, etc.					
seuses	14	Other employee salaries and wages				08 7	PR 0 1 2019
ē	15	Pension plans, employee benefits				m i	
X	16a	Legal fees (attach schedule)					CDEN
ē	b	Accounting fees (attach schedule)			_		GDEN, UT
É	C	Other professional fees (attach schedule)					
Ĭ.	17	Interest		221	2 205		
Operating and Administrative Ex	18	Taxes (attach schedule) (see instructions)	·	331	3,395		
Ē	19	Depreciation (attach schedule) and depletion					<u> </u>
A	20	Occupancy					-
קַ	21	Travel, conferences, and meetings					
ā	22	Printing and publications		25			
g	23	Other expenses (attach schedule)	ļ	25	43		
a l	24	Total operating and administrative expenses.		250			
ě		Add lines 13 through 23		356	3,437		400.000
이	25	Contributions, gifts, grants paid	160,0	-			160,000
_	26	Total expenses and disbursements. Add lines 24 and 25	160,	356	3,437		160,000
	27	Subtract line 26 from line 12:					
ļ	а	Excess of revenue over expenses and disbursements	92,9	020	3 (3) (1 16 6 1 11 1	1 1 1
	b	Net investment income (if negative, enter -0-) .			47,324		
	C	Adjusted net income (if negative, enter -0-)	1				

Part II Beginning of year End of year 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 181.119 14,196 2 Savings and temporary cash investments 14.196 Accounts receivable ▶ 3 Less: allowance for doubtful accounts ▶ 4 Pledges receivable ► Less: allowance for doubtful accounts ▶ 5 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule) ▶ 7 Less: allowance for doubtful accounts ▶ Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Investments—U.S. and state government obligations (attach schedule) 1,208,333 Investments—corporate stock (attach schedule) 1,283,165 1,283,165 Investments—corporate bonds (attach schedule) 410,350 529,699 529,699 C Investments - land, buildings, and equipment: basis ▶ 11 Less: accumulated depreciation (attach schedule) ▶ Investments—mortgage loans 12 13 Investments—other (attach schedule) Land, buildings, and equipment: basis ▶ 14 Less: accumulated depreciation (attach schedule) ▶ 15 Other assets (describe ▶ _____) 16 Total assets (to be completed by all filers-see the 1,799,802 1,827,060 1,827,060 17 Accounts payable and accrued expenses 18 19 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) . . . 22 Other liabilities (describe ▶ 23 Total liabilities (add lines 17 through 22) 0 Foundations that follow SFAS 117, check here . . ▶ □ Balances and complete lines 24 through 26, and lines 30 and 31. 24 1,799,802 1,827,060 25 26 Fund Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31. ŏ 27 Capital stock, trust principal, or current funds Net Assets 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 ' Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) . . . 1,799,802 1,827,060 31 Total liabilities and net assets/fund balances (see 1,799,802 1.827.060 Analysis of Changes in Net Assets or Fund Balances Part III 1 Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with 1 1,799,802 2 82,920 3 Other increases not included in line 2 (itemize) ▶ 3 4 1,882,722 5 Decreases not included in line 2 (itemize) ▶ Unrealized loss in portfolio value 5 (-55,662) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . . . 6 1,827,060

		ind(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 a	•	(d) Date sold (mo , day, yr)
1a	23 Royal Gold			р	12/27	/11	2/20/18
b	50,000 Arrow Electronics			р	8/18/	15	3/1/18
С	6,783 Doubleline Funds			р	vario	us	12/28/18
d							
е							_
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale			or (loss)) minus (g))
a	24,131			20,123			4,000
b	55,000			50,006			-4
С	70,000			74,476			-4,476
d							
е							
	Complete only for assets she	owing gain in column (h) and owned	by the foundation	n on 12/31/69	m	Gains (Col	(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) I (j), if any		(k), but not	less than -0-) or om col (h))
a							
b							
С							
d							
e							
2	Capital gain net income of	JI THEL CADITAL 1055) (*	also enter in Pa , enter -0- in Pa	•	2		-460
3	If gain, also enter in Part	in or (loss) as defined in sections t I, line 8, column (c). See instru	ictions. If (loss), enter -0- ın)	3		-466
Part	V Qualification Una		rood Toy on h	lat Invastment	_		
Was tl		re this part blank. section 4942 tax on the distribution and the section 4940(e). Do		• •	oase perio	d?	☐ Yes 🗸 No
1		ount in each column for each yea		•	aking any	entries.	
Cale	(a) Base period years Indar year (or tax year beginning in	(b)		(c) of nonchantable-use a	ssets	Dıştr	(d) ibution ratio ivided by col (c))
	2017	8	2,000	1,66	8,997		0.0491
	2016	8	0,000	1,59	1,519		0.0503
	2015	8	0,000	1,42	1,698		0.0563
	2014	8	3,000	1,67	7,148		0.0495
	2013	8	3,500	1,61	2,165		0.0518
		•	•				
2	Total of line 1, column (d)			. 2		0.02570
3	Average distribution ratio	, o for the 5-year base period—divoundation has been in existence	vide the total or	n line 2 by 5.0, oi	r by		0.0514
4	Enter the net value of nor	ncharitable-use assets for 2018 f	rom Part X, line	5	. 4		1,823,462
5	Multiply line 4 by line 3				. 5		93,70
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		. 6	ļ	47:
7	Add lines 5 and 6				. 7		94,18
8		ons from Part XII, line 4					160,000
	If line 8 is equal to or gre- Part VI instructions.	ater than line 7, check the box in	n Part VI, line 11	b, and complete t	that part u	sing a 19	% tax rate. See the

a Exempt operating foundations described in section 4940(git)2, check here ► and enter "NA" on line 1.	Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	nstructions)
Date of ruling or determination letter. Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► ☐ and enter 1% of Part I, line 27b. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (e). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 4 4 O. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-) 5 6 Credits/Payments: 2 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0 5 Exempt foreign organizations—tax withheld at source 6b 0 0 6 Exempt foreign organizations—tax withheld at source 7 7 0 0 8 Enter any penalty for underpayment of estimated tax. Check here 6b 0 0 9 Tax due. If the total of Inter S and 8 is more than line 7, enter amount owed 10 0 9 Tax due. If the total of Inter S and 8 is more than line 7, enter amount owerpaid 10 0 9 Tax due. If the total of Inter S and 8 is more than line 7, enter amount owerpaid 10 0 9 Tax due. If the total of Inter S and 8 is more than line 7, enter amount owerpaid 10 0 9 Tax due. If the total of Inter S and 8 is more than line 7, enter amount overpaid 10 0 9 Tax due. If the total of Inter S and 8 is more than line 7, enter amount overpaid 10 0 9 Tax due. If the total of Interes and the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campain? 1 Did it speen more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		· · · · · · · · · · · · · · · · · · ·	
b Domestic foundations that meet the section 494(e); requirements in Part V, check here ▶ ② and enter 19 of other 11, line 27b. c 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. 3 Add lines 1 and 2. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5 Tax pald with application for extension of time to his (from 8868). 6 Credits/Payments: a 2018 estimated tax payments and 2017 overpayment credited to 2018 6 o		Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of \$\int \text{Part I, line 12, col. (b)}\$ 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	b		473
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b Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Beflet any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached Beflet any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached Beflet any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached Tax due, if the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount owed Tax due, if the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount owed Tax due, if the total of lines 5 and 8 is more than the total of lines 5 and 8, enter the amount owed Tax due, if the total of lines 5 and 8 is more than 1 line 7, enter amount owed Tax due, if the total of lines 5 and 8 is more than 1 line 7, enter amount owed Tax due, if the total of lines 5 and 8 is more than 1 line 7, enter amount owed Tax due, if the total of lines 5 and 8 is more than 1 line 7, enter amount owed Tax due, if the total of lines 5 and 8 is more than 1 line 7, enter amount owed Tax due, if the total of lines 5 and 8 is more than 1 line 7, enter amount owed Tax due, if the total of lines 5 and 8 is more than 1 line 7, enter amount owed Tax due, if the total of lines 5 and 8 is more than 1 line 7, enter amount owed Tax due, if the total of lines 5 and 8 is more than 1 line 7, enter amount owed Tax due, if the total of lines 5 and 8 is more than 1 line 7, enter amount owed Tax due, if the total of lines 5 and 8 is more than 1 line 7, enter a line 1 line		·	
c Tax paid with application for extension of time to file (Form 8868) 6c	_		
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11 0 Part VIIA Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly) or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation in connection with the activities and copies of any materials published or distributed by the foundation with the activities. c Did the foundation. ▶ \$ (2) On foundation managers. ▶ \$ e Enter the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 2 Has the foundation managers. ▶ \$ 2 Has the foundation managers. ▶ \$ 3 Has the foundation managers. ▶ \$ 4 Has the foundation managers. ▶ \$ 5 His "Yes," attach a detailed description of the activities. 4 Has the foundation have urrelated business gross income of \$1,000 or more during the year? 5 His "Yes," attach the statement required by <i>General Instruction</i> 7. 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 8 by language in the governing instrument; 7 Did the foundation have at least \$5			
Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9 473 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶ 10 0 10 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11 0 11 Column 10 Tax Statements Regarding Activities 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	_		
8 Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11 0 0 Part VII-A Statements Regarding Activities 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? 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. ▶ \$ e 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 cativities that have not previously been reported to the IRS?			
9 Tax due, if the total of lines 5 and 8 is more than line 7, enter amount ower 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2019 estimated tax 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 14 Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 15 It is spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 16 It is spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 16 It is spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instruction in the activities and copies of any materials 18 Did the foundation file Form 1120-POL for this year? 29 It is the foundation file Form 1120-POL for this year? 20 It is the foundation managers. 21		Total crosses and payments and more given a series of the series and the series of the	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
The the amount of line 10 to be: Credited to 2019 estimated tax ▶ Refunded ▶ 11	_		
During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation S (2) On foundation managers. ▶ \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ Has the foundation engaged in any activities that have not previously been reported to the IRS?		· · · · · · · · · · · · · · · · · · ·	
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complete Part XIV	9		-
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"	~
		complete Part XIV	9 /
names and addresses	10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.	10 🗸

Par	VII-A Statements Regarding Activities (continued)			
		T	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		1
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		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	
	Website address ► none			
14	********	07-479		
	Located at Fisherwiskox frail, Fairbanks Ak	99709-	626	
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		•	▶ ∟
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
.0	over a bank, securities, or other financial account in a foreign country?	16	163	√
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			Ť
	the foreign country ▶			
Par	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.	<u></u>	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? \square Yes \square No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
C	were not corrected before the first day of the tax year beginning in 2018?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	10		
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years ▶ 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)			
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		
_	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2018.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4h		

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Page	u

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Form	990-	2	(20)	181

Part	VII-B	Statements Regarding Activities	s for W	/hich Form	4720	May Be R	equire	ed (contir	nued)			
5a	During the	e year, did the foundation pay or incur	any am	ount to:					-		Yes	No
	(1) Carry	on propaganda, or otherwise attempt t	o influe	ence legislation	on (sect	tion 4945(e	))? .	☐ Yes	✓ No			
		nce the outcome of any specific public		•	•	•		_	_			li
		ly or indirectly, any voter registration dr							<b>⊘</b> No			ŀ
		de a grant to an individual for travel, stu							☑ No			
		de a grant to an organization other than							V 140			
		n 4945(d)(4)(A)? See instructions										
									✓ No	1		
		de for any purpose other than religious	-	•		• •			_			
		ses, or for the prevention of cruelty to							<b>✓</b> No	ľ		
b		swer is "Yes" to 5a(1)-(5), did any of th							cribed			
	_	tions section 53.4945 or in a current no		-					• •	5b		
	_	ions relying on a current notice regardi	-									
C		wer is "Yes" to question 5a(4), does t								'		
	because i	t maintained expenditure responsibility	for the	grant?				Yes	☐ No			
	If "Yes," a	attach the statement required by Regula	ations s	section 53.49	45-5(d)	).						
6a		oundation, during the year, receive any	funds,	directly or in-	directly.	, to pay pre	emiums	3		ı		
	on a pers	onal benefit contract?						☐ Yes	✓ No			
b	Did the fo	undation, during the year, pay premiun	ns, dire	ctly or indire	ctly, on	a personal	benefi	t contract	?.	6b		<del>√</del>
	If "Yes" to	o 6b, file Form 8870.		•	•							
7a	At any tim	e during the tax year, was the foundation	a party f	to a prohibited	d tax sho	elter transac	ction?	☐ Yes	✓ No			
b	-	did the foundation receive any proceed	-	-					n? .	7b		
8		ndation subject to the section 4960 ta										
	remunera	tion or excess parachute payment(s) du	uring th	é year? ´			٠	☐ Yes	✓ No			
Pari	VIII	nformation About Officers, Direc	tors. 1	rustees. F	ounda	tion Mana	agers.	Highly F	aid E		ees.	
		and Contractors	•	•			•	•				
1	List all of	ficers, directors, trustees, and found	ation r	nanagers ar	nd their	compens	ation. S	See instru	ctions	·		
		(a) Nome and address		e, and average		mpensation		Contributions		(e) Expe	nse aco	count.
		(a) Name and address		rs per week ed to position		not paid, iter -0-)		oyee benefit erred compe			allowan	
Marth	a Raynolds		Presid	ent, 0.25								
18191	∕luskox Tra	il, Fairbanks AK 99709	hour	a. <b>,</b> a		0			0			0
Laura	Raynolds		Vice-P	resident,								
10374	Puma Gulo	th Rd., Loveland CO 80538-9185	0.01 h	•		0			0			0
David	Raynolds		Directo	or, Q.01								
1136	Anderson C	reek Rd., Talent OR 9754	hours	si, <b>uo</b> i		0			0			0
Rober	t Raynolds		Troaci	ırer, 0.25								
	· <del>-</del>	ad, Longmont, CO 80501	hour	ilei, uz	1	0			0			0
		sation of five highest-paid employed		er than tho	se incli	uded on li	ne 1—	see instr	uction	s). If no	one, o	enter
	"NONE."		-							•	•	
				(b) Title, and a	worzee			(d) Contribu	itions to			
	(a) Name and	address of each employee paid more than \$50,00	10	hours per v	veek	(c) Comper	nsation	employee		(e) Expe	nse acc allowan	
				devoted to p	osition			compens		Ou ici i	ı ı ove	003
NONE			-									
		······································										
				-	_							<del></del>
									-			
		······································										
												—
Total	number of	other employees paid over \$50,000 .		l		<u> </u>		l	. •			···
		Carton Campioy Cod paid Over WOO, OUC .										

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em and Contractors (continued)	ployees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	n
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	E	
·		
Tota	number of others receiving over \$50,000 for professional services	
	t IX-A Summary of Direct Charitable Activities	<del></del>
	t 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	Donation to Population Media Center	-
		90,000
2	Donation to International Planned Parenthood	20.000
		30,000
3	Donation to Planned Parenthood of the Greater Northwest	
		25,000
		•
4	Donation to Republican Majority for Choice	
		5,000
	t IX-B Summary of Program-Related Investments (see instructions)	A
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  NONE	Amount
1	NONE	
2		
All	other program-related investments. See instructions	
3		
T = 4 =	Add lines of through 2	
ıota	I. Add lines 1 through 3	orm <b>990-PF</b> (2018)
	· · · · · · · · · · · · · · · · · · ·	· Orm 330-FF (2018)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn foi	undations,
	see instructions.)		
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	1,768,396
b	Average of monthly cash balances	1b	82,835
С	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,851,231
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	0
3	Subtract line 2 from line 1d	3	1,851,231
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	27,768
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,823,462
6	Minimum investment return. Enter 5% of line 5	6	91,173
Part	<u> </u>	ounda	ations
	and certain foreign organizations, check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	91,173
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.)		
С	Add lines 2a and 2b	2c	473
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	90,700
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	90,700
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	90.700
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	160,000
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	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	160,000
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	473
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	159,527
	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 whe	ther the foundation

art	Unaistributea income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	<b>(d)</b> 2018
1	Distributable amount for 2018 from Part XI, line 7			**************************************	90,700
2	Undistributed income, if any, as of the end of 2018:		okeh setermarter name		
а	Enter amount for 2017 only			О	
b	Total for prior years: 20 , 20 , 20		0		
3	Excess distributions carryover, if any, to 2018:				
а	From 2013 4,028				1
b	From 201427				
C	From 2015 1,000				
d	From 2016			ŀ	
е	From 2017		***************************************		-
f	Total of lines 3a through e	5,898	***************************************	,	
4	Qualifying distributions for 2018 from Part XII, line 4: ► \$				
а	Applied to 2017, but not more than line 2a .			<u> </u>	
b	Applied to undistributed income of prior years (Election required—see instructions)	www.	0	·	
С	Treated as distributions out of corpus (Election required—see instructions)	0			
d	Applied to 2018 distributable amount				160,000
е	Remaining amount distributed out of corpus	69,300			
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same				
	amount must be shown in column (a).)	0			0
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	75,198			
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				
	Subtract line 6c from line 6b. Taxable		0		
d	amount-see instructions		0		
е	Undistributed income for 2017. Subtract line				
	4a from line 2a. Taxable amount—see instructions			o	
f	Undistributed income for 2018. Subtract lines				
'	4d and 5 from line 1. This amount must be				
	distributed in 2019				О
7	Amounts treated as distributions out of corpus				and the state of t
•	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).	4,028			
9	Excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a	71,170			
0	Analysis of line 9:				
a	Excess from 201427				
b	Excess from 2015				
c d	Excess from 2016				!
e	Excess from 2018 69,300				
-				1	1

Part 2	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9	)	
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating		
	foundation, and the ruling is effective for	r 2018, enter the da	ate of the ruling .	•		
b	Check box to indicate whether the four				ection 4942(i)(	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015 /	(e) Total
	investment return from Part X for each year listed	(-)		(1,7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	(4,555)	
h					/	
	85% of line 2a				/	
С	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			<del>/ /</del>		
	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		<b>/</b>			
	(4) Gross investment income					
Part		on (Complete th	is part only if the	ne foundation h	ad \$5.000 or mo	ore in assets at
	any time during the year-		-			
1	Information Regarding Foundation					
-	List any managers of the foundation		ited more than 2%	6 of the total conti	ributions received	by the foundation
_	before the close of any tax year (but o					by the roundation
NONE	20.0.0 1.10 0.000 0. 2, 12 10 10	,		a 40,000,. (000 0		
b	List any managers of the foundation	who own 10% o	r more of the stor	k of a corporation	o (or an equally la	rge portion of the
b	ownership of a partnership or other of			•	• •	ige portion of the
NONE	, , ,	naty) of winor the	iourioution nuo u	1070 Of greater into	ordot.	
NONE		0:41	- Oshalawahia a			
2	Information Regarding Contribution		• •			
	Check here ▶ ☐ If the foundation	•	•		•	•
	unsolicited requests for funds. If the f		gifts, grants, etc.,	to individuals or o	rganizations under	other conditions,
	complete items 2a, b, c, and d. See in					
а	The name, address, and telephone nu	ımber or email add	dress of the perso	n to whom applica	tions should be ac	ldressed:
Marth	a Raynolds, 1819 Muskox Trail, Fairbanks	s AK 99709 907-479	<del>)</del> 3726			
						<u>_</u>
b	The form in which applications should	be submitted and	d information and	materials they sho	uld include:	
1-2 pa	ge letter describing project funding requ	est				
pa	garana assarishing project tertaining requ					
	Any submission deadlines:		<del> </del>			
NONE						
	Any restrictions or limitations on av	vards, such as h	v geographical ar	eas, charitable fig	elds, kinds of inst	titutions or other
•	factors:	.a.ao, oaon ao D	, googiapinoui ai	ous, orialitable in	mido oi moi	
ECM (=\						
SUI(C)	3 charitable organizations					

**Total** 

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year International Planned Parenthood, 125 Maiden Lane, 501(c)3 human population control 30,000 9th Floor, New York, NY 10038 Women for Women, PO Box 1472, Lander WY 82520 501(c)3 family planning services 5,000 Planned Parenthood of the Greater NW, PO Box 97166, 501(c)3 family planning services 25,000. Washington DC 20090 Republican Majority for Choice, 15191 Mantamus Drive, 501(c)3 family planning services 5,000 PMB 206, Culpeper VA 22701 Baptist Haiti Mission, PO Box 2175, Sioux Falls, SD 501(c)3 education in Haiti 5,000 57101 Population Media Center, 30 Kimball Ave., Suite 302 501(c)3 influencing family planning 90,000 South Burlington, VT 05403 decisions За 160,000 Approved for future payment NONE

3b

0

	rt XVI	Analysis of Income-Producing Ac					
Ente	r gros	s amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	on 512, 513, or 514	(E)
			(a)	(b)	(c)	(d)	Related or exempt function income
4	Dean	aram con ico rovenuo	Business code	Amount	Exclusion code	Amount	(See instructions)
1	_	ram service revenue: NONE		<del>-</del> .			
	a <u>r</u> b	NOME		<u>-</u>			
	_			. —	1		
	d _					-	
	_		-				
	e _						
	<u> </u>	Fees and contracts from government agencies			<del> </del>		
2	_	bership dues and assessments					<u> </u>
2 3		est on savings and temporary cash investments			14	181	
4		dends and interest from securities			14	43,595	
5		rental income or (loss) from real estate:			14	44,550	
3		Debt-financed property					
		Not debt-financed property				<del>-</del> ·	
6		rental income or (loss) from personal property					
7		er investment income					
8		or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory			-	· ·- ·	
11		er revenue: a					
••	b						
	c –						
	d –	<del> </del>					
	e _						
12	Subt	total. Add columns (b), (d), and (e)				43,776	
	Oubl	iotal. Add dolamino (b), (d), and (c)		<u> </u>			
13	Tota	Add line 12 columns (b) (d) and (e)				13	43 776
13	Tota	il. Add line 12, columns (b), (d), and (e)				13	43,776
1 <b>3</b> (See	Tota work	<b>il.</b> Add line 12, columns (b), (d), and (e) . sheet in line 13 instructions to verify calculation	ns.)			13	43,776
13 (See Pa	Tota work	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work rt XV	<b>il.</b> Add line 12, columns (b), (d), and (e) . sheet in line 13 instructions to verify calculation	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work it XV e No.	<ul> <li>Add line 12, columns (b), (d), and (e)</li> <li>sheet in line 13 instructions to verify calculation</li> <li>Relationship of Activities to the A</li> </ul>	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work 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	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work 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	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work 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	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work 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	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work 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	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work 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	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work 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	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		
13 (See Pa	Tota work 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	is.) <b>Accomplishm</b>	ent of Exemp	ot Purposes		

Part XVII

OIIII 390									age 10
Part 2	XVII	Informatio Organizati		sfers to and Trans	actions and R	elationships W	ith Nonchari	itable Ex	empt
1	Did th	ne organization	directly or indirectly e	ngage in any of the fo	llowing with any	other organization	n described	Yes	No
	ın se			501(c)(3) organization					
			porting foundation to	a noncharitable exem	pt organization	of:			
					-			1a(1)	1
		ther assets .						1a(2)	1
		r transactions:					**		1 7
	(1) S	ales of assets to	a noncharitable exer	npt organization .				1b(1)	7
				ble exempt organizati				1b(2)	1
				assets				1b(3)	1
			• •					1b(4)	1
		oans or loan gua						1b(5)	1
		_		p or fundraising solici				1b(6)	1
				s, other assets, or pa				1c	1
				" complete the follow					market
				es given by the repor					
				ment, show in colum					
(a) Line		b) Amount involved		aritable exempt organization		iption of transfers, tran			
<u> </u>						, ,	· · · · · · · · · · · · · · · · · · ·		
								· · · · · · · · · · · · · · · · · · ·	
					••				
	-					-			
	-					<del></del>			
	+			<del></del>		<del></del>			
	<del>-  </del>							<del></del>	
	-+								
	-	_							
			-						
	-								
	-+								
	-		<u>.</u>						
				<del></del>		- <del></del>			
	1- 41-								
	desc	ribed in section	501(c) (other than sec	iliated with, or relate tion 501(c)(3)) or in se		· · · · · ·	· · · ·	☐ Yes [	☑ No
b	IT "YE		e following schedule.	(h) Time of super		(a) Dos	eretion of relation		
		(a) Name of organ	nization	(b) Type of organ	nization	(C) Des	cription of relation	ISNIP	
								,	
				<del></del>					
	Unda	or nenalties of nervey	I declare that I have examined	I this return, including accomp	nanving schedules and	statements and to the	hest of my knowled-	ge and helief	It is true
Sign	corre	ct, and complete Dec	laration of preparer (other than	n taxpayer) is based on all info	rmation of which prep	arer has any knowledge.			
		Mile. Lin.	42. 0.	122 March	T			S discuss thi eparer shown	
Here		ature of officer or to	istop	<u> </u>	Treasurer Title			tions <b>Ye</b> :	
	Sign	ature of officer or true  Print/Type prepare		Preparer's signature	THE	Date		TIN	
Paid		, milit rype prepare	, o name	oparor a signature		04.0	Check   if		
^o repa	arer			L		<u> </u>	self-employed		
Jse (		Firm's name ► Firm's EIN ►							
		Fırm's address ▶				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. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**Employer identification number** 

Cinco				26-2159580		
Organization type (check one):						
Filers o	f: _	Section:	•			
Form 990 or 990-EZ		☐ 501(c)(	) (enter number) organization	÷*		
		☐ 4947(a)(1) no	nexempt charitable trust <b>not</b> treated as a private fo	undation		
		☐ 527 political of	organization			
Form 99	0-PF	√ 501(c)(3) exer	mpt private foundation			
		☐ 4947(a)(1) no	nexempt charitable trust treated as a private found	ation		
*		501(c)(3) taxa	able private foundation			
•						
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  General Rule  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 co	ontributions.				
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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	contributor, during the contributions totaled during the year for an General Rule applie	ne year, contribution I more than \$1,000 In <i>exclusively</i> religions In this organizat	on 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the ons exclusively for religious, charitable, etc., purpose. If this box is checked, enter here the total contributions, charitable, etc., purpose. Don't complete any contribution because it received nonexclusively religious, chart.	ses, but no such outlons that were received of the parts unless the aritable, etc., contributions		

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

		 •	9-
Name of organization	1		Employer identification number
Cinco	•		26-2159580

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	15 St. Andrews Court  Cody, WY 82414	\$ 200,000	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	· (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		<b>\$</b>	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			
(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			

## Attachment for Form 990-PF 2018 Cinco EIN 26-2159580

### Part I

Line 1 – Gift of \$200,286 from Mary Alice Raynolds, 15 Saint Andrew's Court, WY 82414 Line 18 a) Taxes - \$831 paid to IRS, b)\$3,395 foreign taxes paid on investment portfolio Line 23 a) \$25 annual corporate fee to Secretary of State of Wyoming. b) \$43 investment expense listed on 1099

Part II Line 10 b Stocks (market value 31 December 2018)

Stock	Shares	<b>Market Value</b>
Middlesex Water	4,300	\$229,405
Pattern Energy Group	1,765	\$32,864
Royal Gold	2,707	\$231,855
Tetra Tech Inc.	880	\$45,558
Valmont Ind.	1,104	\$122,489
Fortis	7,500	\$250,200
Novo Nordisk	2,125	\$97,899
Portfolio 21 Fund	5,471	\$207,422

## Line 10c Bonds (market value 31 Dec 2018)

Bonds	Shares	Market Value
Bank of America	75,000	\$76,805
Block Financial Corp	150,000	\$152,792
Doubleline Funds	9,622	\$100,257
General Motors	100,000	\$99,976
Santander	100,000	\$99,870
SPDR Gold	121	\$65,475

### Part VII-A

Line 8b – Wyoming Secretary of State refused a copy of the 990-PF in 2010 Line 13 – Annual 990-PF returns and tax-exemption letter are sent to anyone requesting these documents.

## Part VIII

Line 1a Linda Raynolds, 1108 14th St. #418, Cody, WY 82414 Line 1b Director, 0.1 hours/week

Line 1c-e 0