

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

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

OMB No 1545-0052

2017

Open to Public Inspection

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

For calendar year 2017, or tax year beginning 10-01-2017, and ending 09-30-2018

Name of foundation MTNT FOUNDATION INC		A Employer identification number 92-0173151	
Number and street (or P O box number if mail is not delivered to street address) 1500 WEST 33RD AVENUE NO 100		Room/suite	
B Telephone number (see instructions) (907) 644-1239		C If exemption application is pending, check here <input type="checkbox"/>	
City or town, state or province, country, and ZIP or foreign postal code ANCHORAGE, AK 99503		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 4,833		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	35,224			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)			0	
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	4,000		0		
12 Total. Add lines 1 through 11	39,224		0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0		0	
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	2,652		0	2,652
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)				
	24 Total operating and administrative expenses. Add lines 13 through 23	2,652		0	2,652
	25 Contributions, gifts, grants paid	33,500			33,500
26 Total expenses and disbursements. Add lines 24 and 25	36,152		0	36,152	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	3,072				
b Net investment income (if negative, enter -0-)			0		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	1,761	4,833	4,833
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,761	4,833	4,833	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	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	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	1,761	4,833	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	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)	1,761	4,833		
31 Total liabilities and net assets/fund balances (see instructions) .	1,761	4,833		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,761
2 Enter amount from Part I, line 27a	2	3,072
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	4,833
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	4,833

Part VII-A Statements Regarding Activities (continued)

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

Located at 1500 WEST 33RD AVENUE NO 100 ANCHORAGE AK ZIP+4 99503

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here 15

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

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

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

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

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?			5b
	Organizations relying on a current notice regarding disaster assistance check here.			No
	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>			6b
				No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

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

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

MICHELE CHRISTIANSEN
1500 WEST 33RD AVE SUITE 100
ANCHORAGE, AK 99503
(907) 644-1200

b The form in which applications should be submitted and information and materials they should include

SCHOLARSHIP APPLICATION

c Any submission deadlines

JULY 30TH OF EACH YEAR

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

APPLICANTS MUST SUBMIT A COPY OF GRADE TRANSCRIPTS, A GRADE POINT AVERAGE OF 2.0 IS REQUIRED, AWARD CHECKS WILL BE DISBURSED DIRECTLY TO THE APPLICANT'S SCHOOL

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	33,500
b <i>Approved for future payment</i>				
Total			▶ 3b	0


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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MICHELE CHRISTIANSEN 1500 WEST 33RD AVE SUITE 100 ANCHORAGE, AK 99503	CEO 1 00	0	0	0
JOE FRANK 1500 WEST 33RD AVE SUITE 100 ANCHORAGE, AK 99503	CHAIR/PRESIDENT 1 00	0	0	0
THERESA FOX 1500 WEST 33RD AVE SUITE 100 ANCHORAGE, AK 99503	VICE PRESIDENT 1 00	0	0	0
JAMES VANDERPOOL 1500 WEST 33RD AVE SUITE 100 ANCHORAGE, AK 99503	SECRETARY/TREASURER 1 00	0	0	0
STEVE ELUSKA 1500 WEST 33RD AVE SUITE 100 ANCHORAGE, AK 99503	DIRECTOR 1 00	0	0	0

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALEXANDRIA TOMS1000 RIM DRIVE DURANGO, CO 81301	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO FORT LEWIS COLLEGE	1,000
AMANDA HONAKERPO BOX 141608 ANCHORAGE, AK 995141608	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO UNIVERSITY OF ALASKA - ANCHORAGE	500
AMY ROSE OATES1111 MAIN STREET WAYNE, NE 68787	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO WAYNE STATE COLLEGE	2,000
Total ▶ 3a				33,500


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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CASEY ROSE WINKELMAN PO BOX 757480 FAIRBANKS, AK 99567	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO UNIVERSITY OF ALASKA - FAIRBANKS	2,000
CASEY ROSE WINKELMAN 1386 N FREEDOM BLVD PROVO, UT 84604	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO UTAH VOCAL ARTS ACADEMY	500
CHERISH ANDREWS 606 W MAIN HIGHLAND, KS 66035	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO HIGHLAND COMMUNITY COLLEGE	1,000
Total 				33,500
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DEREK D GATES-MAGNUSON PO BOX 757480 FAIRBANKS, AK 99567	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO UNIVERSITY OF ALASKA - FAIRBANKS	2,000
DEREK D GATES-MAGNUSON 1833 W SOUTHERN AVENUE MESA, AZ 85202	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO MESA COMMUNITY COLLEGE	1,000
GILLIAN WINKELMAN 1 UNIVERSITY OF NEW MEXICO ALBUQUERQUE, NM 87131	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO UNIVERSITY OF NEW MEXICO	1,000
Total ▶ 3a				33,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JORDAN M JACKOVICH 600 S CLYDE MORRIS BLVD DAYTONA BEACH, FL 321143900	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO EMBRY-RIDDLE AERONAUTICAL UNIVERSITY	3,500
KAELEN TJ ROSANDERPO BOX 757480 FAIRBANKS, AK 997757480	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO UNIVERSITY OF ALASKA - FAIRBANKS	2,000
KRUGER CHARLES VANBORG PO BOX 757480 FAIRBANKS, AK 997757480	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO UNIVERSITY OF ALASKA - FAIRBANKS	2,000
Total 				33,500
3a				

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MARIA O STRICKPO BOX 757480 FAIRBANKS, AK 997757480	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO UNIVERSITY OF ALASKA - FAIRBANKS	1,000
MCKENNA MAKARKA 1501 MENDOCINO AVENUE SANTA ROSA, CA 95401	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO SANTA ROSA JUNIOR COLLEGE	2,000
MIKEL ANN WINKELMANPO BOX 141608 ANCHORAGE, AK 995141608	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO UNIVERSITY OF ALASKA - ANCHORAGE	1,500
Total 3a				33,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NOEL STRICK11066 AUKE LAKE WAY JUNEAU, AK 99801	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO UNIVERSITY OF ALASKA - SOUTHEAST	500
PETER M EGRASSPO BOX 141608 ANCHORAGE, AK 995141608	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO UNIVERSITY OF ALASKA - ANCHORAGE	3,000
ROBERT C STRICKPO BOX 757480 FAIRBANKS, AK 997757480	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO UNIVERSITY OF ALASKA - FAIRBANKS	1,500
Total ▶ 3a				33,500

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROBERTA STRICKPO BOX 757480 FAIRBANKS, AK 997757480	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO UNIVERSITY OF ALASKA - FAIRBANKS	1,000
ROY NICHOLAS MARKARKA 821 S AIRPORT ROAD PALMER, AK 99645	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO FLY AROUND ALASKA	1,500
STERLING MAGNUSON 2219 SE 68TH AVE PORTLAND, OR 47215	DESCENDENT OF LESS THAN 20% SHAREHOLDER OF MTNT LTD	I	EDUCATION TUITION PAYMENT TO WARNER PACIFIC UNIVERSITY	3,000
Total ▶ 3a				33,500

TY 2017 Accounting Fees Schedule**Name:** MTNT FOUNDATION INC**EIN:** 92-0173151**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING EXPENSE	2,652	0		2,652

TY 2017 Other Income Schedule**Name:** MTNT FOUNDATION INC**EIN:** 92-0173151**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
REFUND OF PRIOR YEAR QUALIFIED DISTRIBUTION	4,000		4,000

**TY 2017 Substantial Contributors
Schedule****Name:** MTNT FOUNDATION INC**EIN:** 92-0173151**Name****Address**

MTNT LTD

PO BOX 309
MCGRATH, AK 99627

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017

Name of the organization
MTNT FOUNDATION INC

Employer identification number
92-0173151

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
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 other property) from any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹ 3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- 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, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year ▶ \$ _____

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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization MTNT FOUNDATION INC	Employer identification number 92-0173151
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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
1	MTNT LTD <hr/> PO BOX 309 <hr/> MCGRATH, AK 99627	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
	<hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization MTNT FOUNDATION INC	Employer identification number 92-0173151
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Part II Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____
_____	_____ _____ _____	_____ \$	_____

Name of organization MTNT FOUNDATION INC	Employer identification number 92-0173151
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____

(e) Transfer of gift Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
_____	_____
_____	_____