2949132 | 10310

<b>~</b>	Earm	ac	0-PF					rn of Private			6/-		OMB No 1545-0052	—
			of the Treasury		<b>&gt;</b>	Do not ente	er social:	.947(a)(1) Trust Trea security numbers on	this form a	s it may be ma	de public.		<b>201</b>	
<b>_</b>	<u>Interna</u>	l Reve	nue Service			Go to www	w.irs gov	/Form990PF for inst			ormation.		Open to Public Inspection	<u>on</u>
=~_	-		ar year 2017 o oundation	r tax year	eginning		<u>.</u>		, and	ending	A Employer	identification	number	_
950	/IVaII	16 01 1	Juliuation								A CIUDIDACI	IUSIIIIIGAIIUI	number	
	M	ITH	UN FAM	LY F	OUNDA	TION_					36-3	495071		
			street (or PO bo				eet address	s)			<b>B</b> Telephon			
			EAST W							130		<u>-343–35</u>		<del></del>
			vn, state or pro ATA, MN		untry, and Z 5391	P or foreigi	n postal c	ode			C If exemptio	n application is p	ending, check here	_
2			ill that apply		Initial retur	n		Initial return of a fe	ormer nublic	charity	D 1 Foreigi	n organizations	check hare	$\neg$
0	u o.		in that apply		Final return			Amended return	ormor public	onunty		· ·		_
$\sim 10^{\circ}$ c	<b>&gt;</b> —				Address ch			Name change			2. Foreign check h	organizations me ere and attach co	eting the 85% test, mputation	
$\bigcup \bigcup \tilde{\mathbf{z}}$	H CI	٠.	ype of organiza					private foundation		()Ч	E if private	foundation sta	tus was terminated 🔔	_
· •			tion 4947(a)(1)					taxable private found		<u> </u>	1		(A), check here ►L	
G	~		ket value of all a art II, col. (c), lin		end of year	J ACCOU	other (s)		L AC	crual			60-month termination	$\neg$
Ž	₹\```				9,454.	(Part I, co		must be on cash bas	ıs )		under set	,tion 307(0)(1)	(B), check here ►L	_
2	'nρa	rt I	Analysis of Re	venue ar	d Expenses		,	a) Revenue and	(b) Net	ınvestment		usted net	(d) Disbursements	
9	<del>_</del>		(The total of amounecessanly equal				· e	xpenses per books	ın	come		come	for chantable purposes (cash basis only)	
,	CANAL		Contributions, g				-	1,365.			N,	A		
	20	_	Interest on saving		on is not required orary	to attach Sch. B	ļ	334,840.	3	34,840.	<del> </del>		STATEMENT	1
1			cash investments Dividends and i	nterest fro	om securitie	s		759,227.		59,227.			STATEMENT	<del></del>
,	M		Gross rents			-								<del></del>
		b	Net rental income	or (loss)		<del></del>								
	e	6a	Net gain or (loss) f	rom sale of			h	2,155,139.				RE	CEIVED	
-	Revenue	!	Gross sales price assets on line 6a		13,545				2 1	55,139.			12	
	8		Capital gain net in Net short-term	•		,		·····	2,1	33,137.		VON E	19 2018	
			Income modific		•••			····	***************************************	<del></del>		0	E S	
		10a	Gross sales less n and allowances	etums									DEN LIT	
			Less Cost of good										- CI (1)	
			Gross profit or i	(loss)				35,919.	<u> </u>	35,919.	<del> </del>		STATEMENT	3
	ļ		Other income Total_Add lines	s 1 throug	րի 11		-	3,286,490.		85,125.		<del></del>	STATEMENT.	3
			Compensation of			s, etc		0.		0.				0.
		14	Other employee	salaries	and wages									
	ç		Pension plans,	employee	benefits									
	inse		Legal fees	_	<b>C</b> 1	MT 4	<u> </u>	5,110.	<del> </del>	0.	<del> </del>	<del></del> -	5 11	_
	xpe:		Accounting fees Other professio			MT 5		406,002.		71,726.	<del> </del>	<del></del>	5,11	6.
	ve E		Interest	1101 1000									1	<del></del>
	trati	18	Taxes		Si	MT 6		38,351.		34,196.				0.
	ınist		Depreciation an	d depletio	on						ļ. —			
	щþ		Оссиралсу				ļ		ļ					
	βþι		Travel, conferer Printing and pu		-		-				· · ·	·	-	
	ig aı		Other expenses			MT 7		25.		25.	,			0.
	atin		Total operating										,	
	Operating and Administrative Expenses		expenses Add	lines 13	through 23			449,488.	4	05,947.			39,38	<u>6.</u>
	U	l	Contributions, o					2,503,000.		······································			2,503,00	<u>0.</u>
		l	Total expenses		oursements	•		2,952,488.	Λ	05,947.			2,542,38	6
			Add lines 24 an Subtract line 26					., , , , , , , , , , , , , , , , , , ,	1 - 1	<u> </u>	<del>                                     </del>		2/3-2/30	<u>~•</u>
			Excess of revenue			ursements		334,002.						
			Net investment							79,178.				
		_	Adjusted net in						<u></u>		<u> </u>	/A		
	7235	01 01-	03-18 LHA	For Pape	rwork Redu	ction Act No	otice, see	instructions.					Form <b>990-PF</b> (2	017)

orm 99	0-PF(2017) MITHUN FAMILY FOUNDATION	N Beginning of year		3495071	Page 2
Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market	Value
		(a) Book value	(U) BOOK Value	(C) Fall Iviarket	value
2	Cash - non-interest-bearing Savings and temporary cash investments	1,040,569.	1,579,752.	1,579	752
- 1	Accounts receivable	1/010/3021	1/3/3//320	1/3/3/	,,,,,,
"	Less allowance for doubtful accounts	Ī			
4	Pledges receivable		, , , , , , , , , , , , , , , , , , , ,	<del>-, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
'	Less allowance for doubtful accounts				
5	Grants receivable				
-	Receivables due from officers, directors, trustees, and other				
	disqualified persons				
7	Other notes and loans receivable			***************************************	
	Less allowance for doubtful accounts ▶				
2 8	Inventories for sale or use				
g	Prepaid expenses and deferred charges				
₹   10a	Investments - U S and state government obligations				
t	Investments - corporate stock				
0	Investments - corporate bonds				
11	Investments - land, buildings, and equipment basis				
	Less accumulated depreciation				
12	Investments - mortgage loans		· <del></del>		
13	Investments - other STMT 8	40,758,308.	40,553,127.	53,819	<u>,702.</u>
14	Land, buildings, and equipment basis				
	Less accumulated depreciation				
15					
16	Total assets (to be completed by all filers - see the	41 700 077	40 100 070	55 200	454
_+	instructions Also, see page 1, item I)	41,798,877.	42,132,879.	55,399	,454.
17				4	
18	Grants payable			-	
<u>s</u> 19	Deferred revenue				
S   19   20   21				1	
	Mortgages and other notes payable			1	
22	Other liabilities (describe			1	
23	Total liabilities (add lines 17 through 22)	0.	0.	}	
-   23	Foundations that follow SFAS 117, check here			1	
	and complete lines 24 through 26, and lines 30 and 31.				
တ္တ 24	Unrestricted				
<u>E</u> 25	Temporarily restricted				
e   26	Permanently restricted				
פַ	Foundations that do not follow SFAS 117, check here				
린	and complete lines 27 through 31.				
S 27	Capital stock, trust principal, or current funds	41,798,877.	42,132,879.	.]	
Net Assets or Fund Balances	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	.]	
¥ 29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	,	
를  30	Total net assets or fund balances	41,798,877.	42,132,879.		
_					
31	Total liabilities and net assets/fund balances	41,798,877.	42,132,879.	·	
Parl	Analysis of Changes in Net Assets or Fund E	lalances			
	al net assets or fund balances at beginning of year - Part II, column (a), line	30			
	ist agree with end-of-year figure reported on prior year's return)		1	41,798	,877
	er amount from Part I, line 27a		2		,002
	er increases not included in line 2 (itemize)		3		0

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	41,798,877.
2 Enter amount from Part I, line 27a	2	334,002.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	42,132,879.
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	42,132,879.

Part IV	Capital Gains	and Losse	s for Tax on In	vestment	Income						
(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)  (b) How acquired P - Purchase D - Donation						nase tion	c) Date a (mo , da		(d) Date sold (mo , day, yr )		
	LICLY TRADE							P			
	I LINKED -1				LES			P			
	I LINKED -			D				P			
d CAP	ITAL GAINS	DIVIDEN	DS			-	_				
е			<del></del> -			<u>.                                    </u>					L
	Gross sales price		ciation allowed illowable)	plus e	t or other basis xpense of sale					in or (loss (f) minus	(g))
<u>a</u>	13,477,067.			1	1 <u>,389</u> ,99	8.					2,087,069.
<u>b</u>	7,405.										7,405.
<u> </u>	40,208.										40,208.
<u>d</u>	20,457.							<del></del> -		·	20,457.
<u>e</u>				<del> </del>			-				
Comple	ete only for assets showing									ol (h) gair ot less tha	
(ı) Ff	MV as of 12/31/69		usted basis f 12/31/69		cess of col (i) col (j), if any			Cur		from col	
					(1), 11 (1.1)		-				2,087,069.
<u>a</u>		<del></del>	<del></del>								7 405
<u>_b</u>					<del></del>					· -	7,405. 40,208.
d											20,457.
<u>е</u>				··· ,						_	20/13/1
		<u> </u>	C If any also ester	un Dart Lina		``					<del></del>
2 Capital o	gain net income or (net ca	apital loss)	If gain, also enter If (loss), enter -0-	in Part I, line - in Part I, line	<i>,</i> 7	<b>)</b>	2	•			2,155,139.
3 Net sho	rt-term capital gain or (lo:	ss) as defined in	-			_					
	also enter in Part I, line 8,	•		- (0)		Ĵ					
	, enter -0- in Part I, line 8						3_			N/ <i>P</i>	<u> </u>
Part V	Qualification L	Inder Sect	ion 4940(e) for	Reduced	Tax on Net	t Inv	estn	nent Inc	ome		_ <del></del>
(For option	al use by domestic privat	e foundations s	ubject to the section 4	1940(a) tax on	net investment ii	псот	e )				
If section 4	940(d)(2) applies, leave t	his part blank									
	undation liable for the sec				· · · · · · · · · · · · · · · · · · ·	riod?					Yes X No
	foundation doesn't quali ne appropriate amount in										
1 Enter th	(a)	each column to		istructions be	iore making any e				T		(d)
O-landa.	Base periód years	A	(b) djusted qualifying disl	tributions	Net value of no	(C) oncha		use assets			ibútión ratio
Calendar	r year (or tax year beginni	ing in)		1,853.	1400 01110			1,635		(coi (b) ai	vided by col (c)) • 052450
	2016		2,55	2,015.				4,548			.051061
	2015	<del></del>		5,411.				$\frac{4,546}{4,515}$			.050788
	2014 2013	<del></del>		4,798.				$\frac{4,513}{6,654}$			.052784
	2012			6,667.				9,226			.049952
	2012	<u></u>		3/33/4			701	7,220	1		.013332
2 Total of	line 1, column (d)								2		.257035
	distribution ratio for the	5-vear hase nei	riod - divide the total o	on line 2 by 5 i	n or by the numb	ner of	vears		-		
_	idation has been in existe	-			o, or oy allo 1.5		,00.0		3		.051407
(110 1001			- ,								
4 Enter th	e net value of noncharital	ble-use assets f	or 2017 from Part X, I	line 5					4	5	52,088,122.
5 Multiply	line 4 by line 3								5		2,677,694.
-	•										
6 Enter 1°	% of net investment incor	me (1% of Part	I, line 27b)						6		28,792.
7 Add line	es 5 and 6								7		2,706,486.
-	ualifying distributions froi								8	<u></u>	2,542,386.
	is equal to or greater that Part VI instructions	n line 7, check t	he box in Part VI, line	1b, and comp	olete that part usi	ng a 1	1% tax	rate			

orm 9	90-PF(2017) MITHUN FAMILY FOUNDATION			495071	Page
	VI Excise Tax Based on Investment Income (Section 4940	· · · · · · · · · · · · · · · · · · ·	4948 - 9	see instruc	ctions)
1a E	xempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and en	nter "N/A" on line 1			
	ate of ruling or determination letter (attach copy of letter if nece	<del></del>			
b C	omestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1	<u> </u>	,584
0	f Part I, line 27b			. , , ,	
c A	ll other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4%	6 of Part I, line 12, col (b)			
2 T	ax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, oth	hers, enter -0-)	2		0
3 A	dd lines 1 and 2		3	57	,584
4 8	ubtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, of	thers, enter -0-)	4		0
5 T	ax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	57	,584
6 (	redits/Payments	1 1			
a 2	017 estimated tax payments and 2016 overpayment credited to 2017	6a 17,920	<del></del> 1		
b E	xempt foreign organizations - tax withheld at source	6b 0	<u>-</u>		
c 1	ax paid with application for extension of time to file (Form 8868)	6c 64,000			
d 8	lackup withholding erroneously withheld	6d O	<b>-</b>		
	otal credits and payments. Add lines 6a through 6d		7	81	L,920 L,142
	inter any ${\sf penalty}$ for underpayment of estimated ${\sf tax}$ Check here $oxline{f X}$ if Form 2220 is attac	ched	8	]	1,142
_	ax due If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9		
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10	23	3,194
	inter the amount of line 10 to be Credited to 2018 estimated tax	23,194 . Refunded	11		
<u>Par</u>	t VII-A Statements Regarding Activities				Yes N
c I	f the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of distributed by the foundation in connection with the activities.  Old the foundation file Form 1120-POL for this year?	,		10	
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the				
	1) On the foundation $\blacktriangleright$ \$ 0 • (2) On foundation managers	·	<u>.</u>		
	Enter the reimbursement (if any) paid by the foundation during the year for political expending the second consists $lackbrack > 0$ .	iture tax imposed on foundation			
	·	nco			1
	Has the foundation engaged in any activities that have not previously been reported to the II	no'		2	
	f "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its governing i	instrument artisles of incorporation	1 Or		
	pylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	mistrament, articles of incorporation	1, 01	3	,
	Did the foundation have unrelated business gross income of \$1,000 or more during the yea	ar?		4a	
	f "Yes," has it filed a tax return on Form 990-T for this year?	•	N/	. —	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<b>)</b>		5	
	f "Yes," attach the statement required by General Instruction T				···
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied el	ither			
	■ By language in the governing instrument, or				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandator</li> </ul>	ry directions that conflict with the si	ate law		
	remain in the governing instrument?	,,		6	x
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	olete Part II. col. (c), and Part XV		7	Х
8a	Enter the states to which the foundation reports or with which it is registered. See instruction				
	MN			<u> </u>	
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A	Attorney General (or designate)			v
	of each state as required by General Instruction G? If "No," attach explanation		.ala = -	8b	Х
	is the foundation claiming status as a private operating foundation within the meaning of se		aiendar		
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," com			9	
10	Did any persons become substantial contributors during the tax year? if these altach a schedu	Ule listing their names and addresses		1 (0 )	

	90-PF (2017) MITHUN FAMILY FOUNDATION 30  **T VII-A   Statements Regarding Activities (continued)	<u>6–34950</u>	<u>/ 1</u>		Pag
rai	t VM-A   Statements Regarding Activities (committee)		1	Yes	١
11 /	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	<del> </del>		1 65	-
	section 512(b)(13)? If "Yes," attach schedule. See instructions		11		:
	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privi	<del></del>			Η.
	f "Yes," attach statement. See instructions	- I	12		:
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	<del>-</del>	13	X	Г
	Website address ► N/A	L	10		Ь.
	The books are in care of ▶ WELLS FARGO Telephone no ▶	(612) 3	16	-08	0
		P+4 ▶553			
15 :	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			<b>•</b>	.[
ä	and enter the amount of tax-exempt interest received or accrued during the year	15	N	/ A	
16 /	At any timo during calondar yoar 2017, did the foundation have an interest in or a signature or other authority over a bank,			Yes	Π
,	securities, or other financial account in a foreign country?	Γ	16		T
;	Soo the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		,,	1	Γ
	foreign country				
Par	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required				
1	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	
1a	During the year, did the foundation (either directly or indirectly)	「			ľ
		X No			
- 1	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
		X No			
1		X No			
-	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No			1
	(5) Transfer any income or assets to a disqualified person (or make any of either available				1
	for the benefit or use of a disqualified person)?	X No			
	(6) Agree to pay money or proporty to a govornment official? (Exception. Check "No"			311141	١.
	if the foundation agreed to make a grant to or to employ the official for a period after				1
	termination of government service, if terminating within 90 days )	X No			
b	If any answor is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations		:	, ,	ŀ
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		1
	Organizations rolying on a current notice regarding disaster assistance, check here			., -	1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				1
	before the first day of the tax year beginning in 2017?		1 c		1
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))				1
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			. ,	1
	before 2017?	X No			
	If "Yes," list the years ►,,,,,				
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		•	ı	
	valuation of assots) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	.			ŀ
	statement - see instructions )	N/A	2b .		1
	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here				
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
		X No			
	If "Yes," did it have excess business holdings in 2017 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 disp	ose			1
	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,	3	1. 1.44 .	111	
	Form 4720, to determine if the foundation had excess business holdings in 2017 )	N/A	3b		1
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	<u> </u>	1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose ti	nat		1 .	ŀ
	had not been removed from joopardy before the first day of the tax year beginning in 2017?	- 1	4b	I	-1

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000

(b) Title, and average hours per week devoted to position

(c) Compensation

(d) Combutions to employee benefit plans account, other allowances

NONE

Form **990-PF** (2017)

Total number of other employees paid over \$50,000

	-34950/1	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Co	mpensation
NONE		
Total number of others receiving over \$50,000 for professional services	•	0
Part X-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	Expens	ses
ı N/A		
	7	
	]	
2		
3	4	
	-	
4		
	-{	
	╡	
Part IX-B Summary of Program-Related Investments	<del> </del>	- ,
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amou	ınt
1 N/A		
?	_	
	_	
	<del> </del>	
All other program-related investments. See instructions		
3	$\dashv$	
	-	
	$\dashv$	
	7	
	-	

0.

Total. Add lines 1 through 3

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes	1	
а	Average monthly fair market value of securities	1a	51,020,500.
_	Average of monthly cash balances	1b	1,860,842.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	52,881,342.
c	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	52,881,342.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	793,220.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	52,088,122.
6	Minimum investment return. Enter 5% of line 5	6	2,604,406.
P.	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here  and do not complete this part )	id certain	
1	Minimim investment return from Part X, line 6	1	2,604,406.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 57, 584.		
b	Income tax for 2017 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	_57,584.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	57,584. 2,546,822.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,546,822.
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	2,546,822.
P	art 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	2,542,386.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	2,542,386.
5	Foundations that qualify under section 4940(o) for the reduced rate of tax on not investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	_6	2,542,386.
	Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	qualifies f	or the section

4940(e) reduction of tax in those years

# Part XIII Undistributed Income (see instructions)

1 Discriptable amount for 2017 from Part XI, Inter 2 2 Undestable amount for 2018 of the cell of 2017 a from 2019 b Total for prior years 3 Excess distributions carryover, if any, to 2017 a from 2019 b From 2013 c From 2016 1 Total of loss 3 bitroughe 4 Disability of Self-Self-Self-Self-Self-Self-Self-Self-		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
2. Undestrobed mores, latery, as of the end of 2017 a Time To 2016 only b Total for prior years  3. Excess distributions carryover, if any, to 2017 a From 2013  5. From 2013  6. From 2016  6. From 2016  7. Total of the sa 3 throughe  4. Cualifying distributions to 2017 from Part XIII, line 4 № \$ 2,542,386  3. Applied to 2015, but not more than line 20  Applied to undistributed mome of prior years (Election required - see instructions)  6. Treated as distributions of clopus  6. Treated as distributions or of corpus  6. Treated as distributions and of corpus  6. Treated as distributions or years expliced to 2017 from Part XIII, line 4 № \$ 2,542,386  7. Applied to 2017 distributible amount  8. Permaning amount distributed of corpus  9. Constitution required - see instructions)  9. Constitution and testification of the corpus  9. Constitution and testification of the corpus  9. Constitution and testification of the corpus  9. Constitution and testification of the corpus	· ·				2,546,822.
3 Excess distributions carryover, if any, to 2017 a from 2012 b from 2013 c from 2014 d from 2015 e from 2016 c from 2016 d from 2018 d from 2016 d from 2016 d from 2016 d from 2016 d from 2018 d from 2016 d from 2018 d f	2 Undistributed income, if any, as of the end of 2017				
S - Excess distributions carryover, if any, to 2017 a From 2012 b From 2013 c From 2015 e From 2016  1 Total to fines 2s through e  1 Total to fines 2s through e  2 Applied to underthicuted income for prory years (Bection required - see instructions) c Treated as distributions of or 2017 from Part XII, line 4 № \$ 2.7,542 / 3.86 .  3 Applied to underthicuted encome of priory years (Bection required - see instructions) c Treated as distributions out of corpus (Bection required - see instructions) c (Treated as distributions out of corpus (Bection required - see instructions) c (Treated as distributions out of corpus (Bection required - see instructions) c (Treated as distributions out of corpus (Bection required - see instructions) c (Treated as distributions out of corpus (Bection required - see instructions) c (Bection required - see instructions) c (Bection required - see instructions) c Forest distribution and to 2017 off an invanied appears in coloring fol, the same amount must be indistributed in come for which a notice of decision pick sheet seased, or on which this section 494(c)) tax has been previously assessed  Subtract time 6 from line 6 Tarabbia mount - see instructions c Lindistributed in come for which a notice of decision pick sheet seased, or on which this section 494(c)) tax has been previously assessed  Subtract time 6 from line 16 Tarabbia mount - see instructions c Lindistributed in come for 2017 Subtract line 4 form line 2 a Tarabbia mount - see instructions c Lindistributed in come for 2017 Subtract line 4 form line 2 a Tarabbia mount must be distributed in come for 2017 Subtract lines 4 and 5 from line 1 Tarabbia mount must be distributed in 2018 C Amounts Treated as distributions carryover from 2012 not applied on the 6 or line 6 C Amounts Treated as distributions of the form 2012 c Lords from 2016 C Excess from 2016 C	a Enter amount for 2016 only			1,576,749.	· ··· · · · · · · · · · · · · · · · ·
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section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)  8 Excess distributions carryover from 2012 not applied on line 5 or line 7  9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9  a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016					
may be required - see instructions)  8 Excess distributions carryover from 2012 not applied on line 5 or line 7  9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016					
8 Excess distributions carryover from 2012 not applied on line 5 or line 7  9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016		0.			
not applied on line 5 or line 7  9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016	· · ·		······································		**************************
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a  10 Analysis of line 9 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016	•	0.			
Subtract lines 7 and 8 from line 6a				······································	····
a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016	· · · · · · · · · · · · · · · · · · ·	0.			
a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016			······································		<del></del>
b Excess from 2014 c Excess from 2015 d Excess from 2016	· · · · · · · · · · · · · · · · · · ·		į		
d Excess from 2015			į		
d Excess from 2016					
		}	ł		

	FAMILY FOUN			36-3	495071 Page 10
Part XIV Private Operating F	<b>òundations</b> (see in:	structions and Part V	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r dotormination lotter that	t it is a private operating			
foundation, and the ruling is effective fo			•		
b Check box to indicate whether the found			in section	4942(j)(3) or	4942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for			<del></del>	<del></del>	
each year listed					
b 85% of line 2a					<u></u>
c Qualifying distributions from Part XII.					
line 4 for each year listed		<b>\</b>			
d Amounts included in line 2c not		1	<del> </del>	<del></del>	<del>-</del>
used directly for active conduct of					
•					
exempt activities				<del>/</del>	
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	<del>-</del>	ļ <u>.</u>	<del>                                     </del>	<del></del>	<del></del>
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets			+/_	<del></del>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					<u> </u>
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)		1			
(2) Support from general public					<del></del>
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from				-	<del></del>
an exempt organization					
(4) Gross investment income					<del></del>
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	n had \$5 000 or i	 more in assets
at any time during			in the loundation	11 Had \$0,000 of 1	Hore III assets
				***************************************	
a List any managers of the foundation wh	=	than 2% of the total cou	atributions received by th	a foundation before the	along of any tay
year (but only if they have contributed i			ithoutions received by th	e ionidation parola ma	ciose of any tax
NONE	, , , , , , , , , , , , , , , , , , ,				
	no our 10% or more of the	ha stack of a paragration	/or on oqually large ned	tion of the ownership of	a nadarahin ar
b List any managers of the foundation whether entity) of which the foundation has			i (oi an equally large pon	non or the ownership of	a partnership or
**	ou to to or grouter means	,,,,			
NONE		0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			·····
2 Information Regarding Contribut					
Check here <b>X</b> if the foundation the foundation makes gifts, grants, etc	to individuals or organia	to preselected charitable	e organizations and does	not accept unsolicited r	equests for funds If
a The name, address, and telephone num	iber or email address of t	ne person to whom app	iications should be addre	SSEC	
b The form in which applications should	he cultonited and inform	ation and materials they	chould include		
u The form in which applications should					
c Any submission deadlines				-	
d Any restrictions or limitations on award	ls, such as by goography	cal areas, charitable field	s kinds of institutions of	r other factors	
a Any restrictions of inflictions of dwart	is, such as by goographic	sai arcas, character ficio	ง, หลอง ชา การแบบบทาง, ชา	i other lactors	

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year ABBOTT NORTHWESTERN HOSPITAL NONE 501(C)(3) GENERAL FUND FOUNDATION P.O. BOX 43 MINNEAPOLIS, MN 55440 200,000. AMERICAN INSTITUTE OF CANCER RESEARCH NONE 501(C)(3) GENERAL FUND 1759 R STREET NW P.O. BOX 97167 WASHINGTON, DC 20090-7167 10,000. ANCHOR HOUSE NONE 501(C)(3) GENERAL FUND 482 CENTRE STREET TRENTON, NJ 08611 6,000. NONE ANIMAL HUMANE SOCIETY 501(C)(3) GENERAL FUND 845 MEADOW LANE NORTH 11,000. GOLDEN VALLEY, MN 55422 CHILD ABUSE LISTENING MEDITATION NONE 501(C)(3) GENERAL FUND 1236 CHAPALA STREET SANTA BARBARA, CA 93101 5,000. SEE CONTINUATION SHEET(S) ➤ 3a Total | 2,503,000. b Approved for future payment NONE **▶** 3b Total

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelated I	ousiness income		by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exemp
1 Program service revenue	code	Amount	code	Amount	function income
a	_				
b					
C					<del>.</del>
d				-	
e					
1	_ <del>                                    </del>				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	334.840	
4 Dividends and interest from securities	-		14	334,840. 759,227.	<u></u>
5 Net rental income or (loss) from real estate	1			133/22/1	
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	35,919.	
8 Gain or (loss) from sales of assets other				-	
than inventory			18	2,155,139.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue		•			
a					
b					
c	1 1				
d	_				
e					
2 Subtotal Add columns (b), (d), and (e)	<u> </u>		0.	3,285,125.	
3 Total. Add line 12, columns (b), (d), and (e)				13	3,285,1

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)

orn	1 990-PF (2017) MITHON FAMILY FOUNDATION	30-3495071	Pa	ige 13 _
Pa	Information Regarding Transfers to and Transactions and Relationships Wit Exempt Organizations	n Noncharitable		
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)	•	Yes	No
	(other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	.		, (3)
a	Transfers from the reporting foundation to a noncharitable exempt organization of			ĺ
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	10(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	15(6)		X
C	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	<u>1c</u>		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of n		exempt organization	(d) Description	of transfers, transactio	ns, and shanng arrangements
		L	N/A				
				·			
							<u> </u>
							··
	<u></u>	L				<del></del>	
	foundation directly or indirec	•		or more tax-exempt orga	inizations described		
	ction 501(c) (other than sectio		ion 527?				Yes X No
b If "Ye	s," complete the following sch			(b) T	. 1	(-) B	
	(a) Name of org	anization		(b) Type of organization	1	(c) Description of re	elationship
	N/A				<del> </del>		<del></del>
					<del> </del>		
		<del></del> _				<del> </del>	
-							
<del></del>	Under penalties of penury, I declare	that I have examined this i	return Includin	n accompanying schedules a	nd statements and to the	hest of my knowledge	
	and belief, it is true, correct, and cor						May the IRS discuss this return with the preparer
Here	1,00	11.11	[]		MANAGI	r D	shown below? See instr
	Signature of officer or trustee	100	7.	Date	Title		_ X Yes No
	Print/Type preparer's na		Preparer's si		Date	Check If	PTIN
	Time type property and					self- employed	
Paid	MICHAEL PE	STKA +	ZZ	plate.	11/12/18	/	P00185941
Prepar			- & CO	MPANY PLLP	*** 12118	Firm's FIN > 4	1-1292716
Use O		D DONE				, min 3 City = 1	
		0 EAST WAY	ZATA	BOULEVARD,	STE 300	<del> </del>	
	1		55391			Phone no (9	52)476-7100
	1					, ,	Form <b>990-PF</b> (2017)

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Foundation status of Amount Name and address (home or business) recipient COMMUNITY FOUNDATION OF TETON VALLEY NONE 501(C)(3) GENERAL FUND P.O. BOX 1523 175 N MAIN STREET DRIGGS, ID 83422 50,000. DISABLED AMERICAN VETERANS NONE 501(C)(3) GENERAL FUND P.O. BOX 14301 CINCINNATI, OH 45250 10,000. ENSEMBLE THEATER OF SANTA BARBARA NONE 501(C)(3) GENERAL FUND P.O. BOX 2307 SANTA BARBARA, CA 93120 10,000. FOODBANK SANTA BARBARA COUNTY NONE 501(C)(3) GENERAL FUND 4554 HOLLISTER AVE SANTA BARBARA, CA 93110 30,000. GIRLS INC OF GREAT SANTA BARBARA NONE 501(C)(3) GENERAL FUND P.O. BOX 236 SANTA BARBARA, CA 93102 90,000. GUIDING EYES FOR THE BLIND NONE 501(C)(3) GENERAL FUND 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598 27,000. GUTHRIE THEATER NONE 501(C)(3) GENERAL FUND 818 SOUTH 2ND STREET MINNEAPOLIS, MN 55415 33,000. HABITAT FOR HUMANITY SOUTHERN SANTA NONE 501(C)(3) GENERAL FUND BARBARA P/O/ BOX 176 SANTA BARBARA, CA 93116 30,000. HAMMER RESIDENCES, INC NONE 501(C)(3) GENERAL FUND 1909 EAST WAYZATA BLVD WAYZATA, MN 55391 20,000. HOMEFRONT, INC NONE 501(C)(3) GENERAL FUND 88 HAMILTON AVE STAMFORD CT 06902 42,000. Total from continuation sheets 2,271,000.

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount contribution any foundation manager Name and address (home or business) recipient or substantial contributor MID-CONTINENT OCEANOGRAPHIC INSTITUTE NONE 501(C)(3) GENERAL FUND 2388 UNIVERSITY AVE. WEST SAINT PAUL, MN 55114 35,000. MINNETONKA CENTER FOR THE ARTS NONE 501(C)(3) GENERAL FUND 2240 NORTH SHORE DRIVE WAYZATA, MN 55391 5,000. MUSIC ACADEMY OF THE WEST NONE 501(C)(3) GENERAL FUND 1070 FAIRWAY ROAD SANTA BARBARA, CA 93108 150,000. OPERA SANTA BARBARA NONE 501(C)(3) GENERAL FUND 1330 STATE STREET SUITE 209 SANTA BARBARA, CA 93101 10,000. PARK NICOLLET FOUNDATION NONE 501(C)(3) GENERAL FUND 6500 EXCELSIOR BLVD ST. LOUIS PARK, MN 55426 50,000. PLANNED PARENTHOOD HEALTH SERVICES OF NONE 501(C)(3) GENERAL FUND SANTA BARBARA 518 GARDEN STREET SANTA BARBARA, CA 93101 50,000. REGIONAL HOSPICE OF WESTERN NONE 501(C)(3) GENERAL FUND CONNECTICUT 30 MILESTONE ROAD DANBURY, CT 06810 30,000. SAGEBRUSH STEPPE LAND TRUST OF NONE 501(C)(3) GENERAL FUND POCATELLO IDAHO P.O. BOX 1404 POCATELLO, ID 83204 50,000. SALVATION ARMY NONE 501(C)(3) GENERAL FUND 1010 CURRIE AVENUE NORTH MINNEAPOLIS, MN 55403 20,000. SANSUM CLINIC NONE 501(C)(3) GENERAL FUND P.O. BOX 1200 SANTA BARBARA, CA 92102-1200 10,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of **Amount** contribution any foundation manager Name and address (home or business) or substantial contributor recipient SANTA BARBARA CHANNEL KEEPER NONE 501(C)(3) GENERAL FUND 714 BOND AVE SANTA BARBARA, CA 93103 2,000. SANTA BARBARA COUNTY LAND TRUST NONE 501(C)(3) GENERAL FUND P.O. BOX 91830 SANTA BARBARA, CA 93190 100,000. SANTA BARBARA NEIGHBORHOOD CLINICS NONE 501(C)(3) GENERAL FUND 915 NORTH MILPAS STREET 2ND FLOOR SANTA BARBARA, CA 93103 25,000. SANTA BARBARA PUBLIC LIBRARY NONE 501(C)(3) GENERAL FUND FOUNDATION P.O. BOX 1019 SANTA BARBARA, CA 93102 7,000. SCHOLARSHIP FOUNDATION OF SANTA NONE 501(C)(3) GENERAL FUND BARBARA P.O. BOX 3620 SANTA BARBARA, CA 93130 125,000. FRIENDS OF SOUTH GEORGIA ISLAND NONE 501(C)(3) GENERAL FUND 25 DAKOTA MEADOWS DRIVE CARBONDALE, CO 81623 100,000. TETON LITERACY CENTER NONE 501(C)(3) GENERAL FUND P.O. BOX 465 JACKSON, WY 83001 35,000. TETON REGIONAL LAND TRUST DRIGGS. NONE 501(C)(3) GENERAL FUND IDAHO P.O. BOX 247 DRIGGS, ID 82422 100,000. THE DESERT COMMUNITY FOUNDATION NONE 501(C)(3) GENERAL FUND 46000 FAIRWAY DRIVE INDIAN WELLS, CA 92210 10,000. TRAILBLAZER FOUNDATION NONE 501(C)(3) GENERAL FUND 4227 MELODY RANCH DRIVE JACKSON, WY 83001 25,000. Total from continuation sheets

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager or substantial contributor status of Name and address (home or business) recipient TRENTON COMMUNITY MUSICAL SCHOOL NONE 501(C)(3) GENERAL FUND P.O. BOX 5206 TRENTON, NJ 08638 5,000. UCSB SCHOLARSHIP, UNIVERSITY OF NONE 501(C)(3) GENERAL FUND CALIFORNIA, SANTA BARBARA 4219 CHEADLE HALL SANTA BARBARA, CA 93106 150,000. UNITY SHOPPE INC NONE 501(C)(3) GENERAL FUND 1219 STATE STREET SANTA BARBARA, CA 93101 25,000. UNIVERSITY OF MN FOUNDATION NONE 501(C)(3) GENERAL FUND P.O. BOX 860266 MINNEAPOLIS, MN 55486-0266 3,650. WAYZATA COMMUNITY CHURCH NONE 501(C)(3) GENERAL FUND 125 WAYZATA BLVD EAST WAYZATA, MN 55391 14,350. NONE WOMENS CENTER OF GREATER DANBURY 501(C)(3) GENERAL FUND 2 WEST STREET DANBURY, CT 06810 75,000. ANNIE'S ARMY NONE 501(C)(3) GENERAL FUND 5280 GRANDVIEW SQUARE EDINA, MN 55426 10,000. BLAKE SCHOOL NONE 501(C)(3) GENERAL FUND 110 BLAKE RD SOUTH HOPKINS, MN 55343 299,000. CATO INSTITUTE NONE 501(C)(3) GENERAL FUND P.O. BOX 97128 WASHINGTON, DC 20077-7449 1,000. CENTER FOR THE AMERICAN EXPERIMENT NONE 501(C)(3) GENERAL FUND 8421 WAYZATA BLVD, STE 110 GOLDEN VALLEY, MN 55462 10,000. Total from continuation sheets

Part XV Supplementary Information 3 Grants and Contributions Paid During the		······································		
Recipient	If recipient is an individual,			<del></del>
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
DANBURY CONNECTICUT HOSPITAL	none	501(C)(3)	GENERAL FUND	
24 HOSPITAL AVENUE				
DANBURY, CT 06810				20,000
GOLETA VALLEY LIBRARY	NONE	501(C)(3)	general fund	
P.O. BOX 635				
GOLETA, CA 93116-0635				5,000
HABITAT FOR HUMANITY OF THE GREATER	NONE	501(C)(3)	GENERAL FUND	
TETON AREA				
P.O. BOX 4194 JACKSON, WY 83001				
DACKSON, WI USUVI		<del> </del>		100,000
HILLSDALE COLLEGE	NONE	501(C)(3)	GENERAL FUND	
33 E, COLLEGE STREET				
HILLSDALE, MI 49242				20,00
INTELLECTUAL TAKEOUT	NONE	501(C)(3)	GENERAL FUND	
8011 34TH AVE S, STE C-11	NONE	501(0)(3)	GENERAL FUND	
BLOOMINGTON, MN 55425				10,00
JAMISON AND KATHRYN PALS FOUNDATION	NONE	501(C)(3)	GENERAL FUND	
3570 VICKSBURG LANE				
PLYMOUTH, MN 55447				10,00
LAND TRUST ALLIANCE	NONE	501(C)(3)	GENERAL FUND	
1660 L. STREET NW, SUITE 1100				1
WASHINGTON, DC 20036		<u> </u>		100,00
MIDDLEBURY COLLEGE 700 EXCHANGE STREET	NONE	501(C)(3)	GENERAL FUND	
/00 EXCHANGE STREET MIDDLEBURY, VT 05753-9922				5.00
		<del>                                     </del>		5,00
MINNEAPOLIS INSTITUTE OF ART	NONE	501(C)(3)	GENERAL FUND	
2400 THIRD AVENUE SOUTH	[		TOND FORD	
MINNEAPOLIS, MN 55404				25,00
PEOPLE SERVING PEOPLE	NONE	501(C)(3)	GENERAL FUND	
614 SOUTH THIRD STREET				
MINNEAPOLIS, MN 55415		_[	1	15,00

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient PULMONARY FIBROSIS FOUNDATION NONE 501(C)(3) GENERAL FUND 230 EAST OHIO STREET, STE 500 CHICAGO, IL 60611 10,000. SUMMIT ACADEMY OIC NONE 501(C)(3) GENERAL FUND 935 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55405 10,000. THE FAMILY PARTNERSHIP NONE 501(C)(3) GENERAL FUND 1550 EAST 78TH STREET, STE 120 RICHFIELD MN 55423 10,000. THE LIVING DESERT NONE 501(C)(3) GENERAL FUND 47900 PORTOLA AVE PALM DESERT, CA 92260 6,000. U OF M MASONIC CANCER CENTER NONE 501(C)(3) GENERAL FUND P.O. BOX 860266 MINNEAPOLIS, MN 55486-0266 10,000. UNITARIAN UNIVERSALIST CONGREGATION NONE 501(C)(3) GENERAL FUND OF DANBURY 24 CLAPBOARD RIDGE RD DANBURY , CT 06811 20,000. VISITING NURSE AND HOSPICE CARE OF NONE 501(C)(3) GENERAL FUND SANTA BARBARA FOUNDATION 509 E MONETECITO ST. STE 200 SANTA BARBARA, CA 93101-9963 10,000. WAYZATA HISTORICAL SOCIETY AT THE NONE 501(C)(3) GENERAL FUND DEPOT 402 EAST LAKE STREET WAYZATA, MN 55391 1,000. YMCA RIDGEDALE NONE 501(C)(3) GENERAL FUND 12301 RIDGEDALE DR. MINNETONKA, MN 55305 5,000. YOUNG AMERICANS FOUNDATION NONE 501(C)(3) GENERAL FUND 11480 COMMERCE PARK DRIVE 6TH FLR. RESTON, VA 20191 5,000. Total from continuation sheets

### 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

2017

MIMININ EDWIN EQUIDATION

**Employer identification number** 

26 2405071

	MITHON FAMILY FOUNDATION	30-34930/1					
Organization type (chec	k one).						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
•	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions					
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total	ling \$5,000 or more (in money or					
_	any one contributor Complete Parts I and II. See instructions for determining a contribut	-					
Special Rules		<i>.</i> .					
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 10 butor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the arr EZ, line 1 Complete Parts I and II	6a, or 16b, and that received from					
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fro ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or ec of cruelty to children or animals. Complete Parts I, II, and III	•					
year, contributi is checked, ent purpose. Don't	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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No"	In that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on itset the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

# MITHUN FAMILY FOUNDATION

36-3495071

Part I	Contributors (see instructions). Use duplicate copies of Part I	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN C MITHUN		Person X
	129 CALLE BELLO	s1,365.	Payroll X
	SANTA BARBARA, CA 93108		(Complete Part II for noncash contributions.)

1	JOHN C MITHUN  129 CALLE BELLO  SANTA BARBARA, CA 93108	\$1,365.	Person X Payroll  Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )

Employer identification number

# MITHUN FAMILY FOUNDATION

36-3495071

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
1	8530 SHS WELLS FARGO & CO NEW WFC		12/11/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		· \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2017)
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Page 4

ne bi orgai	nization		Employer Identification number					
	FAMILY FOUNDATION	- A	36-3495071					
art III	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious.  Use duplicate copies of Part III if additional	Dlumns (a) through (e) and the followin, chantable, etc., contributions of \$1,000 or les	section 501(c)(7), (8), or (10) that total more than \$1,000 to g line entry. For organizations s for the year (Enterthis info once).					
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee					
-								
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
—   :								
	(e) Transfer of gift							
	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
art I	(b) Furpose of gift	(c) use of gift	(a) Description of now girt is neid					
		(e) Transfer of gift						
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee					
n) 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							

FORM 990-PF INTERE	ST ON SAVING	S AND T	EMPOR <i>I</i>	ARY C	ASH	INV	ESTMENTS	SI	ATEMENT	1
SOURCE			(A) EVENUE R BOOKS			INV	B) ESTMENT OME	N	(C) ADJUSTED IET INCOME	Ξ
ABS GLOBAL LONG SHO	RT II ASP			4.						
BLACKROCK TRANSITIO	N II ASP						4.			
FUND CORBIN PINEHURST IN	STITUTIONAL			32.			32.			
ASP FUND RICI LINKED - PAM A	DVISORS		3	36.			36.			
FUND STRATEGIC PARTNERS	VII ASP		9,52	22.			9,522.			
FUND WELLS FARGO ADVISOR			325,19	51. 95.		3	51. 25,195.			
TOTAL TO PART I, LI	NE 3		334,84	10.		3	34,840.			-
FORM 990-PF	DIVIDENDS	AND IN	rerest	FROM	SEC	URI	TIES	Si	PATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVID	NS	REV	A) ENUE BOOK		(B) NET INVES MENT INCO		(C) ADJUSTI NET INCO	
AMERISOURCEBERGEN WELLS FARGO	148.		0.		14	8.	14	18.		
ADVISORS	779,536.	20	,457. ————————————————————————————————————	75	9,07	9.	759,07	79.		
TO PART I, LINE 4	779,684.	20	,457. ———=	75	9,22	7.	759,22	27.		
FORM 990-PF	-1	OTHE	R INCO	ME				S	FATEMENT	3
DESCRIPTION			RE	(A) VENUE BOOK			(B) T INVEST-		(C) ADJUSTE NET INCO	
RICI LINKED-PAM ADV CORBIN PINEHURST IN		ASP		7,	075.		7,07	— - 5.		
FUND					306.		18,30			
BLACKROCK TRANSITIO ABS GLOBAL LONG SHO					328. 210.		7,328 3,210	ð. D.		
TOTAL TO FORM 990-P	F, PART I, I	LINE 11		35,	919.		35,919	— - 9.		_
						=		= =	<del></del>	

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
COPELAND BUHL	5,110.	0.		5,110.	
TO FORM 990-PF, PG 1, LN 16B	5,110.	0.		5,110.	
FORM 990-PF C	THER PROFES	SIONAL FEES	S	PATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MANAGEMENT & CUSTODIAL FEES	406,002.	371,726.		34,276.	
TO FORM 990-PF, PG 1, LN 16C	406,002.	371,726.		34,276.	
FORM 990-PF	TAX	ES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES WITHHELD FEDERAL TAX	34,196. 4,155.			0.	
TO FORM 990-PF, PG 1, LN 18	38,351.	34,196.		0.	
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
		· · · · · · · · · · · · · · · · · · ·			
MINNESOTA ATTORNEY GENERAL	25.	25.		0.	

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
WELLS FARGO ADVISORS	COST	40,553,127.	53,819,702.
TOTAL TO FORM 990-PF, PART II, LINE 1	3	40,553,127.	53,819,702.