Form 990-PF Department of the Treasury Internal Revenue Service

101	calei	oar year 2017 or tax year deginning JUL	, I, ZUI/	, and ending	JUN 30, 2018	<u> </u>
Na	me o	f foundation			A Employer identification	number
E	RU	CE MITCHELL FOUNDATION			94-3107820	
Nu	mber a	and street (or P.O. box number if mail is not delivered to street	t address)	Room/suite	B Telephone number	
_ 1	.20	38 W. MESQUITE DR.			(208) 322-	4711 /
Cit	y or t	own, state or province, country, and ZIP or foreign j	ostal code	•	C if exemption application is p	ending, check here
		SE, ID 83713			·	
G	Check	call that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return	•		
		Address change	Name change		Foreign organizations me check here and attach co	peting the 85% test, proputation
H	Check	type of organization: X Section 501(c)(3) e	xempt private foundation	- (,	f IE If private foundation sta	
	⊒ s∈	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)	
ΙF			ing method: X Cash	Accrual	F If the foundation is in a	•
			ther (specify)		under section 507(b)(1	
-	-\$	6,104,084. (Part I, colu	mn (d) must be on cash basi	s.)		, , ,
P	art !	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received	10,500.		N/A	
	2	Check I if the foundation is not required to attach Sch. B			,	
-	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	176,607.	176,607.		STATEMENT 1
	5	1 Gross rents	27,200.	27,200.		STATEMENT 2
		Net rental income or (loss) 23,120.		_,,,		STATEMENT 3
	6	Net gain or (loss) from sale of assets not on line 10	50,542.			
92		Gross sales price for all assets on line 6a 205,078.		-		_
Revenue	7	Capital gain net income (from Part IV, line 2)		50,542.	DEAR	-
ä	8	Net short-term capital gain	-		THE GE	VED I
	9	Income modifications				Tigit .
	10:	Gross sales less returns and allowances	-		1 SEP 14	2018 191
	Ι.	D Less Cost of goods sold				12000
	1	Gross profit or (loss)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10-12
	11					
		Total. Add lines 1 through 11	264,849.	254,349.		
	13		5,000.	0.		5,000.
	14	, , , ,		<u> </u>		7,111
A)		Pension plans, employee benefits				
\mathcal{C}^{s}		a Legal fees				
SCAN		Accounting fees STMT 4	1,000.	0.		1,000.
£ 8		Other professional fees				
	17	•			· · · · · · · · · · · · · · · · · · ·	
ス 130 G ヨ Administrative	18	_	12,002.	0.		2,786.
130	19		· · · · · · · · · · · · · · · · · · ·			,
<u>`</u>	20	Occupancy				
	21	Travel, conferences, and meetings			<u> </u>	-
C4 7	1 22					
\$105 Sting at	23		34,363.	25,580.		8,783.
ᅗ	24	•	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		,,,,,,,
O		expenses. Add lines 13 through 23	52,365.	25,580.		17,569.
Ō	25	Contributions, gifts, grants paid	258,575.	,		17,569. 258,575.
		Total expenses and disbursements.				
		Add lines 24 and 25	310,940.	25,580.	ļ	276,144.
	27	Subtract line 26 from line 12;			<u> </u>	1
		a Excess of revenue over expenses and disbursements	-46,091.			
		b Net investment income (if negative, enter -0-)	, , , , , , ,	228,769.		<u> </u>
	1	C Adjusted net income (if pagetive enter -0-)			N/A	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)





Form **990-PF** (2017)

Par	t II Balance Sheets Attached screenings and amounts in the description	Boginning or you		i di yazi
	totelial stocke as to the organ amount of a	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 Cash - non-interest-bearing	26,893.	9,113	9,113.
- 1	2 Savings and temporary cash investments	58,185.	109,834	. 109,834.
	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		_	
	7 Other notes and loans receivable			
	Less: allowance for doubtful accounts			
ا يو	8 Inventories for sale or use			
Assets	9 Prepaid expenses and deferred charges	2,000.	4,620	4,620.
₹ ₁	Oa Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds	· <u>-</u>		
1	1 Investments - land, buildings, and equipment, basis	-		-
- []				1
1	Less accumulated depreciation Investments - mortgage loans	·		
	3 Investments - other STMT 8	5,083,107.	5,004,607	5,980,517.
	4 Land, buildings, and equipment basis	3,003,1071		3,500,517
Ι.				
- ₁	Less accumulated depreciation			
	5 Other assets (describe ►) 6 Total assets (to be completed by all filers - see the			
- '	· · · · · ·	E 170 10E	5,128,174	6 104 094
	instructions. Also, see page 1, item I)	5,170,185.	5,126,1/4	6,104,084.
- 1	7 Accounts payable and accrued expenses			_
	8 Grants payable			_
s 1	9 Deferred revenue		 	
∄ 2	O Loans from officers, directors, trustees, and other disqualified persons		<u>-</u>	
.≌	1 Mortgages and other notes payable			
- 2	2 Other liabilities (describe)		<u> </u>	
2	3 Total liabilities (add lines 17 through 22)	0.	0	<u>.</u>
	Foundations that follow SFAS 117, check here			
,,	and complete lines 24 through 26, and lines 30 and 31.			
alances	4 Unrestricted			
E 2	5 Temporarily restricted			
m ∣2	6 Permanently restricted			
립	Foundations that do not follow SFAS 117, check here 🕨 🛣			
띤	and complete lines 27 through 31.			
° 2	7 Capital stock, trust principal, or current funds	4,706,131.	4,706,1 <u>3</u> 1	. •
Assets or Fund	8 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0	T.
¥ 2	9 Retained earnings, accumulated income, endowment, or other funds	464,054.	422,043	5.
ğ 3	O Total net assets or fund balances	5,170,185.	5,128,174	·.
_				
3	1 Total liabilities and net assets/fund balances	5,170,185.	5,128,174	
Pa	rt III Analysis of Changes in Net Assets or Fund B	alances		<u> </u>
			т	
	otal net assets or fund balances at beginning of year - Part II, column (a), line	ou .		5 170 105
•	nust agree with end-of-year figure reported on prior year's return)		L	5,170,185 2 -46,091
	nter amount from Part I, line 27a	000 cm	<u> </u>	$\frac{2}{2}$ $\frac{-46,091}{4,090}$
	ther increases not included in line 2 (itemize)	SEE STA	TEMENT 7	4,080
	dd lines 1, 2, and 3		<u> </u>	5,128,174
	ecreases not included in line 2 (itemize)		 -	5 5 120 174
6 Te	otal net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	Numn (b) line 30		6 5,128,174.

	and Losses for Tax on			176192	w acquired (16 :			
2-story brick wa	(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.)						acquired ay, yr.)	(d) Date sold (mo., day, yr.)	
1a									
b SEE ATTACHED	STATEMENT								
C									
<u>d</u>									
e				Ц,	<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale		(nn or (loss) (f) minus (
<u>a</u>					•				
b									
С									
d									
e 205,078.			154,53	6.				50,542.	
Complete only for assets showing	ng gain in column (h) and owned	by the foundation	on 12/31/69.				ol. (h) gain		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (ı), ıf any			(k), but not less than -0-) or Losses (from col. (h))			
a									
b									
С									
d		_]							
e								50,542.	
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 2								50,542.	
3 Net short-term capital gain or (los			•	7					
If gain, also enter in Part I, line 8,		i) aliu (6).		٦١					
If (loss), enter -0- in Part I, line 8	. ,			J.	3		N/A		
Part V Qualification U	nder Section 4940(e)	for Reduced	Tax on Net	Inves	stment Inco	me			
(For optional use by domestic private	foundations subject to the secti	on 4940(a) tax on	net investment in	come.)	-			-	
		, ,		,					
If section 4940(d)(2) applies, leave ti	nis part biank.								
Was the foundation liable for the sec				lod?				Yes X No	
If "Yes," the foundation doesn't qualif				ntrion					
1 Enter the appropriate amount in (a)		ne instructions de	tore making any e					781	
Base period years	(b) Adjusted qualifying	dietributione	Net value of no	(C)	blo-uso accate	(d) Distribution ratio			
Calendar year (or tax year beginni	···g ····)		ivet value of no			(col. (b) divided by col. (c))			
2016		278,667.		5,732,643.				.048611	
2015		278,578.			698,377			.048887	
2014		278,460.			845,685	-		.047635	
2013		245,698.			567,322.	-		.044132	
2012		244,445.		5,	140,439.	-		.047553	
0 Table 1 = 4 = 1 (4)								026010	
2 Total of line 1, column (d)	5 t					2		.236818	
3 Average distribution ratio for the		otal on line 2 by 5.	0, or by the numb	er of yea	ars			0.453.64	
the foundation has been in existe	nce if less than 5 years					3		.047364	
4 Enter the net value of noncharitat	ole-use assets for 2017 from Part	t X, line 5				4		5,963,902.	
5 Multiply line 4 by line 3						5	5 282,47		
6 Enter 1% of net investment income (1% of Part I, line 27b)						6		2,288.	
Indiana in the second in	(. / . / . / . / . / . / . / . / .					\vdash		2,200.	
Add lines 5 and 6				7 284			284,762.		
8 Enter qualifying distributions from	*					8		276,144.	
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the box in Part VI,	line 1b, and comp	olete that part usin	ıg a 1%	tax rate.				

Form 990-PF (2017) E	BRUCE	M	IT	CHI	<u>ELL</u>	<u>. F</u> (OUN	IDA'	rioi	4						<u>3107</u>			age 4	
													940(b), 4940(e), or 4	948	- see i	nstru	ctior	15)	
1a Exempt operating founda	tions descr]						
Date of ruling or determin													ee instructions)			ļ				
b Domestic foundations that	at meet the	sec	tion 4	4940((е) гес	quiren	nents	ın Part	t V, che	ck here		ar	nd enter 1%	}	_1_			4,5	<u>75.</u>	
of Part I, line 27b															1					
c All other domestic founda	ations enter	r 2%	of li	ine 27	7b. Ex	æmpt	foreig	gn orga	anizatıo	ns, enter	4% of Pa	rt I	, line 12, col. (b).)					_	
2 Tax under section 511 (d	omestic ser	ection	n 494	47(a)((1) tru	usts ar	ind tax	cable fo	oundati	ons only;	others, e	nte	er - 0-)		2			4 5	_ 0 .	
3 Add lines 1 and 2															3	<u> </u>		4,5	<u>/5·</u>	
4 Subtitle A (income) tax (d	Iomestic se	ectio	on 49	347(a))(1) tr	usts a	and tax	xable f	loundat	ions only	; others, e	ente	er -0-)		4	Ļ		4 5	- U ·	
5 Tax based on investmen	it income.	Sub	tract	I line 4	1 from	n line (3. If ze	ero or l	less, er	nter -0-					5			4,5	<u>/5.</u>	
6 Credits/Payments:														c 0 0						
a 2017 estimated tax paym											<u>6a</u>	4	4,	620.	4					
b Exempt foreign organizat											. <u>6b</u>	4		0.	Į.					
c Tax paid with application				ne to f	tile (Fo	orm 8	3868)				6c	4		0.	ļ					
d Backup withholding error											6d	L		0.	↓ _				20	
7 Total credits and payment				-											7			4,6	<u> </u>	
8 Enter any penalty for unc										2220 is a	ttached				8	ļ			<u> </u>	
9 Tax due. If the total of lin															9	<u> </u>			45	
10 Overpayment, If line 7 is							•		ımount	overpaid			45		10				45.	
11 Enter the amount of line								<u> </u>					45. Refun	ded▶	11	ŀ			0.	
Part VII-A Statem				_													T	Vaa	No	
1a During the tax year, did t	he foundati	iion a	attem	npt to	influe	ence a	any na	itional,	state,	or local le	gislation (or (did it participate or i	intervene	e in	-	<u> </u>	res	X	
any political campaign?														41			1a		X	
b Did it spend more than \$															HUOH		1b			
If the answer is "Yes" to								tne ac	tivities	and copi	es of any i	ma	teriais published or				1		İ	
distributed by the founda						tivities	S.										1		x	
c Did the foundation file Fo				-		/		40561			th aaar-						1c		A	
d Enter the amount (if any)														0.						
(1) On the foundation.													mnocod on foundat		-		ļ			
e Enter the reimbursement				e 10un) .	luatioi	n aun	ing trie	e year	ior poi	псат ехре	noiture ta	1X II	iliposea oli loulluat	1011						
managers. ► \$ 2 Has the foundation enga					baya	not ne		ichi boi	on rone	rtad to th	ر ال <i>ا</i> در						2		x	
						not pi	i eviou	isiy bet	ентерс	וו נפט נט נו	e ino						1	┢	 	
If "Yes," attach a detailed 3 Has the foundation made						ronor	tod to	tha ID	C in it	e aovarni	a inetriir	mar	nt articles of incorn	oration	٥r					
bylaws, or other similar											ig instrui	1101	ing articles of incorp	oranon,	01		3		х	
4a Did the foundation have										-	vear?						4a		X	•
b If "Yes," has it filed a tax								00 01 1	111010 0	uning the	y car ·				1	1/A	4b		<u> </u>	•
5 Was there a liquidation,						-		ntracti	ion dur	ına the ve	ar?						5		X	•
If "Yes," attach the stater		•							ion aa	g a.o y							 			•
6 Are the requirements of									nh 494	5) satisfie	d either:									
By language in the government		٠,	•	-					g	,								ł	1	
By state legislation that					gover	rnina i	ınstru	ment s	so that	no manda	atory direc	ctic	ons that conflict with	the stat	te law					
remain in the governing																	6	Х	ŀ	
7 Did the foundation have) in a	issets	at an	v time	e durir	ng the	vear? I	f "Yes," co	mplete P	art	II, col. (c), and Par	t XV			7	X		-
					•	•				•	•									•
8a Enter the states to which	the found:	datio:	n rep	orts (or with	h whi	ch it is	s regist	tered. S	See instru	ctions.	>					i			
ID								=				-							1	
b If the answer is "Yes" to	line 7, has f	the	foun	datior	n furn	ıshed	a cop	y of Fo	orm 99	0-PF to th	e Attorne	ey (General (or designat	te)			1		1	
of each state as required													-				8b	X		
9 Is the foundation claiming	ng status as	ıs a ç	privat	te ope	eratınç	g four	ndatio	n withi	in the n	neaning o	f section	49	42(j)(3) or 4942(j)(5) for ca	lendar					2
year 2017 or the tax yea	ır beginninç	g in	2017	7 ? Se	e the i	ınstru	ictions	s for Pa	art XIV.	. If "Yes,"	complete	Pa	rt XIV				9		X	
10 Did any persons becom	e substanti	ial co	ontrit	butors	s duri	ing the	e tax y	/ear? H	f "Yes,"	attach a sc	hedule listii	ng t	their names and addres	1303			10		X	_

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2017.)

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

b 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 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

	1990-PF (2017) BRUCE MITCHELL FOUNDATION	<u> </u>	020		Page 5
Pa	art VII-A Statements Regarding Activities (continued)				
				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				1
	section 512(b)(13)? If "Yes," attach schedule. See instructions		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory j	rivileges?			
	If "Yes," attach statement. See instructions		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	<u> </u>
	Website address ► N/A				
14	The books are in care of ► CARI MAGETTE Telephone no.		322		<u>11</u>
	Located at ► 12038 W. MESQUITE DR., BOISE, ID	ZIP+4 ▶83	<u>713</u>		
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	15		/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
	foreign country >			_	
Pi	art 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
1:	a During the year, did the foundation (either directly or indirectly):		1	!	}
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	res 🗶 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
	· · · · ·	res X No			
		res 🗶 No	\	1	1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	res 🗶 No			
	(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)?	res 🗶 No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		1	1	1
	ıf 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.)	res 🗶 No			
-	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	N/A	1b	<u> </u>	
	Organizations relying on a current notice regarding disaster assistance, check here				
	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				
	before the first day of the tax year beginning in 2017?		1c	<u> </u>	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	I			
	defined in section 4942(j)(3) or 4942(j)(5)):				
	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) beginni				
	before 2017?	res 🗶 No			
	If "Yes," list the years >		1	}	1
	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre	ct			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attack				
	statement - see instructions.)	N/A	2b		<u> </u>
	r. If the provisions of section 4942(2)(2) are being applied to any of the years listed in 22, list the years here		ι	l	1

Form **990-PF** (2017)

X

3Ь

4a

Yes X No

N/A

during the year?

Form 990-PF (2017) BRUCE MITCHELL FOUNDATION	7		94-31078	20	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be F	requirea (continu	ied)		
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))?	Ye	s 🗶 No	Ye	s No
(2) Influence the outcome of any specific public election (see section 4955); or	,			- 1	1
any voter registration drive?	to carry on, directly or mone		s X No		
			s X No	- 1	(
(3) Provide a grant to an individual for travel, study, or other similar purposes?		16	S (ZE) NO	ı	
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		s 🗓 No	ĺ	1
4945(d)(4)(A)? See instructions			S LAL NO	- 1	1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	Or	()	1	1
the prevention of cruelty to children or animals?		Ye	s 🗓 No	- {	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	er the exceptions described i	n Regulations		-	
section 53.4945 or in a current notice regarding disaster assistance? See instru	ctions , ,	. ,	N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h	ere		, ▶□ □		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax because it maintai	ned		ł	ł
Denough the second state of the second secon		//A 🔲 Ye	s 🔲 No	- 1	1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		–		1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	av nremiums on			[[
a personal benefit contract?	ay promisino on	□ Va	s X No	1	ļ
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pr	erconal honofit contract?	٠٠ ــــ	l l	6b	X
	si sonai beneni contracti		-	-	+
If "Yes" to 6b, file Form 8870.	haltar transaction?		s X No		
7a At any time during the tax year, was the foundation a party to a prohibited tax sl	16		7b	+	
b If "Yes," did the foundation receive any proceeds or have any net income attributed in the foundation About Officers. Directors. Truste				/B	
Paid Employees, and Contractors		inagers, Higniy	/ 	-	
1 List all officers, directors, trustees, and foundation managers and the		L(-) Componention	7d7 0	() [
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou allov	xpense nt, other vances
		1			
SEE STATEMENT 9		5,000.	0.		0.
				ľ	
	111			\ \	
				}	
					
		 		<u> </u>	
					
	!			(
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE."	<u> </u>	<u> </u>	
2 Component of the highest paid employees (effect than those the	(b) Title, and average	Tomer Honzi	(d) Contributions to	(e) [xpense
(a) Name and address of each employee paid more than \$50,000	` 'hours per week '	(c) Compensation	employee benefit plans and deferred	accou	ınt, other
NOVE	devoted to position	<u> </u>	compensation	allo	wances
NONE			[
	<u> </u>	 	ļ	 	
			1		
			 		
))		
		 	 	 	
	ļ	1	J.	ļ	

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

Form 990-PF (2017) BRUCE MITCHELL FOUNDATION	94-3107820 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, 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) Ty	pe of service (c) Compensation
NONE	
	ì
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such a number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	as the Expenses
1 SCHOLARSHIPS	
	257,075.
2 CHARITABLE CONTRIBUTIONS	
	1,500.
3	
1	
4	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
	
All other program-related investments. See instructions.	
3	
<u> </u>	

Total. Add lines 1 through 3

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndation	s, 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	5,952,711.
b	Average of monthly cash balances	1b	102,012.
C	Fair market value of all other assets	1c	0.
đ	Total (add lines 1a, b, and c)	1d	6,054,723.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.	ļļ	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,054,723.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	90,821.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,963,902.
6	Minimum investment return. Enter 5% of line 5	6	298,195.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations ar	d certai	
	foreign organizations, check here 🕨 🔲 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	298,195.
2a	Tax on investment income for 2017 from Part VI, line 5		-
þ	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	4,575.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	293,620.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	293,620.
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	293,620.
P	art XII Qualifying Distributions (see instructions)	1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	ا . ا	276 144
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u>276,144.</u> 0.
Þ	•	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
_	Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required)	,	
a		3a	
D 4	Cash distribution test (attach the required schedule)	3b	276,144.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	4/0,144.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		Λ
	Income. Enter 1% of Part I, line 27b	5 6	0. 276,144.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	لـنّــا	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	quaimes	FIOT THE SECTION

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				293,620.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			272,974.	
b Total for prior years:		_		
- 		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.		<u>.</u>	
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 276,144.				
a Applied to 2016, but not more than line 2a			272,974.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount		<u> </u>		3,170.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017 (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.	;			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract			-	
line 4b from line 2b		0.		
c 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		0.		
d Subtract line 6c from line 6b. Taxable		0.		 .
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line			_	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				290,450.
7 Amounts treated as distributions out of				250,1301
corpus 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 2012				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a	0.			
0 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015			Ì	
d Excess from 2016				
e Excess from 2017				

	ITCHELL FOU			94-31	07820 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective for	r 2017, enter the date of t	he ruling	.		
b Check box to indicate whether the found	lation is a private operatir	ig foundation described ii	n section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		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					· — —
each year listed					
b 85% of line 2a	<u></u>	-			
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.	ļ	ļ		1	
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			/		
alternative test relied upon: a "Assets" alternative test - enter:		Ι ,	ľ		
(1) Value of all assets		l /	•		
(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;	<u> </u>	/			
(1) Total support other than gross		/	1		
investment income (interest,]/			
dividends, rents, payments on		/			
securities loans (section 512(a)(5)), or royalties)	l /	1			
(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 Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during t					
1 Information Regarding Foundation	on Managers	<u> </u>	<u></u>		
a List any managers of the foundation wh	•	than 2% of the total cont	ributions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed r					,
NONE					
b List any managers of the foundation wh	o own 10% or more of th	ne stock of a corporation	(or an equally large port	ion of the ownership of a pa	artnership or
other entity) of which the foundation ha	s a 10% or greater intere	st.	(a. a a q a a y ta. g a p a		
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	. Scholarship, etc., Pr	rograms:		
				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num					
BRUCE MITCHELL FOUND			sanono onouia de addica	J	
C/O GLENDA LEIGH, P.			83660		
b The form in which applications should I					
CONTACT GLENDA LEIGH					
c Any submission deadlines	-,				
APRIL 15TH FOR FALL				·	
d Any restrictions or limitations on award PREFERENCE FIRST TO					
				- · , 	

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution Amount Name and address (home or business) recipient a Paid during the year SEE ATTACHED SCHEDULE NONE NONE SCHOLARSHIPS 257,075. PARMA CEMETERY DISTRICT NONE NONE CHARITABLE 307 W GROVE ST CONTRIBUTION PARMA, ID 83660 1,000. SILVER CITY MASONIC LODGE # 13 NONE NONE CHARITABLE PO BOX 487 CONTRIBUTION MARSING, ID 83639 500. Total 258,575. ▶ 3a b Approved for future payment NONE Total

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

Enter gross amounts unless otherwise indicated.	Unrelati	ed business income		ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exctu- sion code	(d) Amount	Related or exempt function income
a					
. ———		·			
b	<u> </u>				
d			_		
e					
f					
g Fees and contracts from government agencies			_		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	176,607.	
5 Net rental income or (loss) from real estate:			 	_,,,,,,,	
a Debt-financed property			15	23,120.	
	<u> </u>		13	23,120.	· · · · · · · · · · · · · · · · · · ·
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other		•			
than inventory			18	50,542.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
			-		
b					
· ————			_	·-	
d			<u> </u>		
e					
12 Subtotal. Add columns (b), (d), and (e)		0.	<u>L</u>	250,269.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	250,269.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Ace	amplichment of Ex	-amn	t Durmaga	
Part XVI-B Relationship of Activities to	ine Acc	omplishment of Ex	kemp	t Purposes	
Line No. Explain below how each activity for which incon	ne is reported	in column (e) of Part XVI-A	contrit	outed importantly to the accord	nolishment of
▼ the foundation's exempt purposes (other than be	y providing fu	unds for such purposes).		, , , , , , , , , , , , , , , , , , , ,	
					•
					
					
					•
		 .			
					
					
	· · ·				
					···
				<u> </u>	

RICHARD A. SHRIVER Hulland A Shere

Firm's address ▶ 2289 S. BONITO WAY, STE. 100

MERIDIAN, ID 83642

Firm's name ► HARRIS & CO.,

Form 99 <u>0</u>)-PF (20	17) BRUCE	MITCHELL	FOUND.	ATION		94-310	7820	Pa	ige 13
Part 2	KVII	Information Re Exempt Organ		sfers to a	nd Transactions ar	nd Relationsh	ips With Noncha	aritable	,	
1 Did	the ora			of the follows	g with any other organization	n described in section	on 501(c)		Yes	No
					y to political organizations?	11 003011000 111 300110	<i>311 00 1(0)</i>			
•		rom the reporting found:	•	-	-				\	
	Cash	om the reporting loanus	ation to a noncharia	ibic excilipt of	janization of.			1a(1)		х
• •	Other a	necate		•				1a(2)		X
		actions:					•	14(2)	├	-^-
			hla avamet organiza	tion				16(1)	•	x
		of assets to a noncharital	· -					1b(2)	-	X
• •		ises of assets from a not	-	-				15(2)	-	X
		of facilities, equipment,			• •	••••		1b(4)	-	X
(*)	Leans	or loss suscentees					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	 	X
		or loan guarantees				,			+	X
		mance of services or me		_	•		•	1b(6)	 	X
	-	facilities, equipment, ma			pioyees dule. Column (b) should alv	vave chave the face m	andrat value of the goods		cote	122
					ed less than fair market valu				5515,	
		the value of the goods,			ou 1655 man ian market valu	e iii aiiy uansaciion	or snaring arrangement	, 5110W III		
(a)Line n		b) Amount involved			exempt organization	(d) Description	of transfers, transactions, ar	d eharing a	Tangam.	ente
(=)=:::::::::::::::::::::::::::::::::::	'	- Tanobit in Torrod	(0) 110 110 0	N/A	- Oxompt organization	(a) Besarption	01 (411316) 3, 4411346110113, 47			
	+-			14/11						-
	+					 				
	+									
			-							
			 -			-				
		 	 	-						
							-			
	\dashv			<u></u>			_			
		 								
		-				- 				
	+-					- 				
		· · · · · · · · · · · · · · · · · · ·								
					 .					
										
	+-		 			 				
22 101	ha foun	dation directly or indirec	the affiliated with or	related to one	or more tax-exempt organi	20tions described				
		501(c) (other than section	•	-	of more tax-exempt organi.	zations described		Yes	. Г х	No 🖸
		mplete the following sch		5611011 327					نگ ا	- 140
	103, 00	(a) Name of org			(b) Type of organization	Γ'	(c) Description of relatio	nshio		
		N/A			(2) 1) po or or gamezation		(4) 5 3 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
										
			_							
					· · · · · · · · · · · · · · · · · · ·					
										
	Under	penalties of perjury, I declare	that I have examined th	nis return, includir	ng accompanying schedules and	statements, and to the	best of my knowledge			
Sign	and be	lief, it is true, correct, and co	mplete Declaration of p	oreparer (other tha	in taxpayer) is based on all inforπ		nas any knowledge	May the IRS return with t	he prepa	arer
Here		(a Mui	14		1919118	Contro		shown below Ye		nstr No
	Sign	ature of officer or trustee	· · · · · · · · · · · · · · · · · · ·		Date	Title				
		Print/Type preparer's n	ame	Preparer's s	ignature	Date	Check if PTI	N		
		• •			0 -	j	self- employed			
Paid		RICHARD A.	SHRIVER	Herton	LA Shiner	08/27/18	P	0043	6625	5

Phone no. (208) 333-8965 Form **990-PF** (2017)

Preparer **Use Only**

		_		
4-3107820	PAGE	1	OF	
TONITHOMITON	FOR JJU-P	r,	LWVI	т

•		describe the kind(s) of property solo			(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
2-story brick warehouse; or common stock, 200 shs. MLC Co.					D - Donadon	` ' '' '	
	DFA SHORT TERM EXTENDED DFA GLOBAL 60/40 PORTFOLIO						07/06/17
	A LARGE CO	40 PORTFOLIO			P P		12/07/17 07/06/17
	A REAL ESTAT	E SECURITIES POR	መደብ፤ ተለ				12/08/17
		KTS CORE EQUITY					12/08/17
		EQUITY PORTFOLIO					$\frac{12}{08}, \frac{17}{17}$
		KTS CORE EQUITY					12/08/17
h	I BIIDROING II	KID CORD DQUIII	Z TORTFOLIO		<u> </u>	03/10/1/	22/00/1/
"							
i							
- <u>k</u>			-				
一							
m							
n			·				
0					<u> </u>		
	A) Cross sales areas	(f) Depreciation allowed	(g) Cost or other basis		(h	Gain or (loss)	
(0	e) Gross sales price	(or allowable)	plus expense of sale		(e) p	lus (f) minus (g)	
a	12,000.	-	6,687				5,313.
b	38,000.		22,742				15,258.
С	40,000.		18,063				21,937.
d	1,263.		667.				596.
е	8,450.		7,892				558.
f	44,182.		40,826				3,356.
g	61,183.		57,659				3,524.
<u>h</u>							
1							
1				ļ			
<u>k</u>				ļ			
1				<u> </u>			
m				.			
n				-			
Com	nlete anky for accets shown	l ng gain in column (h) and owned by	the foundation on 12/21/60				
	piete offiy for assets showin	, 		-	(I) Los Gains (excess)	sses (from col. (h)) of col. (h) gain ove	r col (k)
(i) F	F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (j), ıf any			ot less than "-0-")	
<u>a</u>				+			5,313.
<u>a</u>				+			15,258.
c				+			21,937.
d				\dagger			596.
e				+			558.
f				†			3,356.
g							3,524.
h				<u> </u>		-	
T							
)							
k							
1							
m							
<u>n</u>				1			
0		<u> </u>					
	1	(If gain, also enter	r in Part I, line 7				F0 540
2 Capita	il gain net income or (net c	apital loss) { If gain, also enter "-(D-" in Part I, line 7	2	ļ.		50,542.
		ss) as defined in sections 1222(5) ar	nd (6):	1			
If gair	ı, also enter ın Part I, line 8 s), enter "-0-" ın Part I, line	, column (c). 8	P	3		N/A	
11 (103	o, onto o initiarti, inic	<u> </u>			<u>l</u>	N/A	

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

Employer identification number

B	RUCE MITCHELL FOUNDATION	94-3107820						
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	o n						
	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							
	n 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 Sp	pecial Rule. See instructions						
General Rule								
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions ny one contributor. Complete Parts I and II. See instructions for determining a con							
Special Rules								
sections 509(a)(1 any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line utor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the EZ, line 1 Complete Parts I and II.	13, 16a, or 16b, and that received from						
year, total contril	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							
year, contribution is checked, ente purpose Don't c	non described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receivens exclusively for religious, charitable, etc., purposes, but no such contributions the rhere the total contributions that were received during the year for an exclusively complete any of the parts unless the General Rule applies to this organization becable, etc., contributions totaling \$5,000 or more during the year	otaled more than \$1,000 If this box religious, charitable, etc ,						
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Scheon Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or et 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

BRUCE	MITCHELL FOUNDATION	94	-3107820
Part I	Contributors (see instructions) Use duplicate copies of Part I if addr	tional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DARIN MANN 30421 MANN LANE PARMA, ID 83660	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	TOP AIR INC 101 N ROSWELL BLVD PARMA, ID 83660	\$2,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	STEPHEN & GLORIA ROBERTSON 780 COUNTY ROAD 70 WEISER, ID 83672-5028		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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)
723452 11-0	01-17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

Employer identification number

BRUCE MITCHELL FOUNDATION

94-3107820

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
		\$	
(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
		\$\$ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			990, 990-EZ, or 990-PF) (201)

Page 4

Name of organization Employer identification number BRUCE MITCHELL FOUNDATION 94-3107820 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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this into once) 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 (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (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

DIVIDENDS - VARIOUS	1 990-PF	DIVIDENDS	AND INTER	EST FROM SE	CURITIES	STATEMENT 1
VARIOUS 176,188. 0. 176,188. 176,188. 176,188. 176,188. 176,188. 1419. 419.	RCE		GAINS	REVENU	E NET INVES	
FORM 990-PF RENTAL INCOME STATE KIND AND LOCATION OF PROPERTY NUMBER RENTAL MINERAL RIGHTS - KANSAS 1 TOTAL TO FORM 990-PF, PART I, LINE 5A FORM 990-PF RENTAL EXPENSES STATE DESCRIPTION ACTIVITY NUMBER AMOUNT 7 DEPLETION OF MINERAL RIGHTS - 15% - SUBTOTAL - 1 TOTAL RENTAL EXPENSES NET RENTAL EXPENSES NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B FORM 990-PF ACCOUNTING FEES STATE (A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME	tous					
KIND AND LOCATION OF PROPERTY MINERAL RIGHTS - KANSAS TOTAL TO FORM 990-PF, PART I, LINE 5A FORM 990-PF RENTAL EXPENSES ACTIVITY NUMBER AMOUNT DESCRIPTION DEPLETION OF MINERAL RIGHTS - 15% - SUBTOTAL - 1 TOTAL RENTAL EXPENSES NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B FORM 990-PF ACCOUNTING FEES STATE (A) (B) (C) EXPENSES NET INVEST- ADJUSTED OBJUSTED OBJ	PART I, LINE 4 =	176,607.		176,6	07. 176,60	07.
MINERAL RIGHTS - KANSAS TOTAL TO FORM 990-PF, PART I, LINE 5A FORM 990-PF RENTAL EXPENSES ACTIVITY NUMBER AMOUNT DEPLETION OF MINERAL RIGHTS - 15% - SUBTOTAL - 1 TOTAL RENTAL EXPENSES NET RENTAL EXPENSES NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B FORM 990-PF ACCOUNTING FEES STATE (A) (B) (C) EXPENSES NET INVEST- ADJUSTED NET INCOME	M 990-PF		RENTAL IN	СОМЕ		STATEMENT 2
TOTAL TO FORM 990-PF, PART I, LINE 5A FORM 990-PF RENTAL EXPENSES ACTIVITY NUMBER AMOUNT DEPLETION OF MINERAL RIGHTS - 15% - SUBTOTAL - 1 TOTAL RENTAL EXPENSES NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B FORM 990-PF ACCOUNTING FEES STATE (A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME	O AND LOCATION OF	' PROPERTY				GROSS RENTAL INCOME
FORM 990-PF RENTAL EXPENSES ACTIVITY NUMBER AMOUNT DEPLETION OF MINERAL RIGHTS - 15% - SUBTOTAL - 1 TOTAL RENTAL EXPENSES NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B FORM 990-PF ACCOUNTING FEES STATE (A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME	ERAL RIGHTS - KAN	ISAS			1	27,200.
DESCRIPTION DEPLETION OF MINERAL RIGHTS - 15% - SUBTOTAL - 1 TOTAL RENTAL EXPENSES NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B FORM 990-PF ACCOUNTING FEES (A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME	AL TO FORM 990-PF	', PART I,	LINE 5A			27,200.
DESCRIPTION DEPLETION OF MINERAL RIGHTS - 15% - SUBTOTAL - 1 TOTAL RENTAL EXPENSES NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B FORM 990-PF ACCOUNTING FEES (A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME	M 990-PF		RENTAL EXP	ENSES		STATEMENT 3
TOTAL RENTAL EXPENSES NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B FORM 990-PF ACCOUNTING FEES (A) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME OUT TOTAL RENTAL EXPENSES NET INVEST- ADJUSTED OUT TOTAL RENTAL EXPENSES	CRIPTION				AMOUNT	TOTAL
NET RENTAL INCOME TO FORM 990-PF, PART I, LINE 5B FORM 990-PF ACCOUNTING FEES (A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME	LETION OF MINERAL			1	4,080.	4,080.
FORM 990-PF ACCOUNTING FEES (A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS MENT INCOME NET INCOME	AL RENTAL EXPENSE	ES				4,080.
(A) (B) (C) EXPENSES NET INVEST- ADJUSTED DESCRIPTION PER BOOKS MENT INCOME NET INCOME	RENTAL INCOME TO	FORM 990-	PF, PART I	, LINE 5B		23,120.
DESCRIPTION PER BOOKS MENT INCOME NET INCOME	M 990-PF		ACCOUNTI	NG FEES		STATEMENT 4
ACCOUNTING FIRES 1 000 0	CRIPTION		EXPENSES	NET INVEST	r- ADJUSTE	
ACCOUNTING FEES 1,000. 0.	OUNTING FEES		1,000.	-	0.	1,000.
TO FORM 990-PF, PG 1, LN 16B 1,000. 0.	FORM 990-PF, PG	L, LN 16B	1,000.		0.	1,000.

DESCRIPTION PER BOOKS MENT INCOME NET INCOME PURPOSE PROPERTY TAXES 1,786. 0. 2.7 INCOME TAX 9,216. 0. 2.7 TO FORM 990-PF, PG 1, LN 18 12,002. 0. 2.7 FORM 990-PF OTHER EXPENSES NET INVEST- PER BOOKS MENT INCOME NET INCOME PURPOSE NET INCOME NET INCOME PER BOOKS MENT INCOME NET INCOME PURPOSE NET INCOME NET INCOME PER BOOKS MENT INCOME NET INCOME PER BOOKS MENT INCOME NET INCOME PURPOSE NET INCOME PER BOOKS MENT INCOME NET INCOME PURPOSE NET INCOME PER BOOKS MENT INCOME PER BOOKS MENT INCOME NET INCOME PER BOOKS MENT INCOME NET INCOME PER BOOKS MENT INCOME NET INCOME PER BOOKS MENT INCOME PER BOOKS MENT INCOME NET INCOME PER BOOKS MENT INCOME PER BOOKS MENT INCOME NET INCOME PER BOOKS MENT INVEST. (C) (D) (C) (D) <th>FORM 990-PF</th> <th>TAX</th> <th>ES</th> <th></th> <th>STATEMENT 5</th>	FORM 990-PF	TAX	ES		STATEMENT 5
TO FORM 990-PF, PG 1, LN 18	DESCRIPTION	EXPENSES	NET INVEST	- ADJUSTED) CHARITABLE
CA					2,786.
(A)	TO FORM 990-PF, PG 1, LN 18	12,002.		0.	2,786.
EXPENSES NET INVEST— ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS TO STATEMENT FEES 21,500. 21,500. 21,500. 7,70 CLERICAL 7,700. 0. 7,70 OFFICE AND MISCELLANEOUS 1,083. 0. 1,0 AMORTIZATION 4,080. 4,080. TO FORM 990-PF, PG 1, LN 23 34,363. 25,580. 8,7 FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT DESCRIPTION AMOUNT DIFFERENCE BETWEEN TAX/BOOK DEPLETION ON MINERAL RIGHTS 4,0 TOTAL TO FORM 990-PF, PART III, LINE 3 4,0 FORM 990-PF OTHER INCREASES IN NET INVESTMENTS STATEMENT VALUATION BOOK VALUE FAIR MARKE VALUE OF THE PROPERTY OF THE PR	FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
CLERICAL 7,700. 0. 7,7 OFFICE AND MISCELLANEOUS 1,083. 0. 1,0 AMORTIZATION 4,080. 4,080. TO FORM 990-PF, PG 1, LN 23 34,363. 25,580. 8,7 FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT DESCRIPTION AMOUNT DIFFERENCE BETWEEN TAX/BOOK DEPLETION ON MINERAL RIGHTS 4,0 TOTAL TO FORM 990-PF, PART III, LINE 3 4,0 FORM 990-PF OTHER INVESTMENTS STATEMENT VALUATION METHOD BOOK VALUE FAIR MARKE VALUE	DESCRIPTION	EXPENSES	NET INVEST	- ADJUSTED	CHARITABLE
FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT DESCRIPTION AMOUNT DIFFERENCE BETWEEN TAX/BOOK DEPLETION ON MINERAL RIGHTS 4,0 TOTAL TO FORM 990-PF, PART III, LINE 3 4,0 FORM 990-PF OTHER INVESTMENTS STATEMENT VALUATION METHOD BOOK VALUE VALUE	CLERICAL OFFICE AND MISCELLANEOUS	7,700. 1,083.		0. 0.	0. 7,700. 1,083. 0.
DESCRIPTION DIFFERENCE BETWEEN TAX/BOOK DEPLETION ON MINERAL RIGHTS 4,0 TOTAL TO FORM 990-PF, PART III, LINE 3 4,0 FORM 990-PF OTHER INVESTMENTS STATEMENT VALUATION METHOD BOOK VALUE VALUE	TO FORM 990-PF, PG 1, LN 23	34,363.	25,58	0.	8,783.
DIFFERENCE BETWEEN TAX/BOOK DEPLETION ON MINERAL RIGHTS 4,0 TOTAL TO FORM 990-PF, PART III, LINE 3 4,0 FORM 990-PF OTHER INVESTMENTS STATEMENT VALUATION METHOD BOOK VALUE VALUE	FORM 990-PF OTHER INCREASES	S IN NET ASS	ETS OR FUND	BALANCES	STATEMENT 7
TOTAL TO FORM 990-PF, PART III, LINE 3 4,0 FORM 990-PF OTHER INVESTMENTS STATEMENT VALUATION METHOD BOOK VALUE FAIR MARKE VALUE	DESCRIPTION				AMOUNT
FORM 990-PF OTHER INVESTMENTS STATEMENT VALUATION FAIR MARKE METHOD BOOK VALUE VALUE	DIFFERENCE BETWEEN TAX/BOOK I	DEPLETION ON	MINERAL RI	GHTS	4,080.
DESCRIPTION VALUE FAIR MARKE METHOD BOOK VALUE VALUE	TOTAL TO FORM 990-PF, PART I	II, LINE 3			4,080.
DESCRIPTION METHOD BOOK VALUE VALUE	FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 8
EOUITY FUND COST 5.004.607. 5.980.5	DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
2,000,000,000,000,000,000,000,000,000,0	EQUITY FUND		COST	5,004,607.	5,980,517
TOTAL TO FORM 990-PF, PART II, LINE 13 5,004,607. 5,980,5	TOTAL TO FORM 990-PF, PART I	I, LINE 13		5,004,607.	5,980,517

FORM 990-PF		LIST OF OFFICERS, AND FOUNDATION MAN	STATEMENT		
NAME AND ADDRESS		TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
PAT GOTSCH 29752 SABIN ROAD PARMA, ID 83660		TRUSTEE 1.00	1,000.	0.	0.
CARI MAGETTE 12038 W. MESQUITE BOISE, ID 83713	DR.	TRUSTEE 1.00	1,000.	0.	0.
ED JOHNSON 24007 HIGHWAY 20-2 PARMA, ID 83660	26	TRUSTEE 1.00	1,000.	0.	0.
ANITA KISER 30358 BOULDER RD PARMA, ID 83660		TRUSTEE 1.00	1,000.	0.	0.
DUANE KIDO PO BOX 552 PARMA, ID 83660		TRUSTEE 1.00	1,000.	0.	0.
TOTALS INCLUDED ON	N 990-PF, PA	GE 6, PART VIII	5,000.	0.	0.

Department of the Treasury

Internal Revenue Service

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4965, 4966, and 4967)

Form 4720 (2017)

OMB No. 1545-0052

► Go to www.irs.gov/Form4720 for instructions and the latest information. For calendar year 2017 or other tax year beginning JUL 1 2017, and ending Employer identification number Name of organization or entity 94-3107820 BRUCE MITCHELL FOUNDATION Check box for type of annual return: Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) Form 990 Form 990-EZ 12038 W. MESQUITE DR. City or town, state or province, country, and ZIP or foreign postal code X Form 990-PF BOISE, ID 83713 Form 5227 Yes No X Is the organization a foreign private foundation within the meaning of section 4948(b)? N/A Has corrective action been taken on any taxable event that resulted in Ch. 42 taxes being reported on this form? (Enter "N/A" if not applicable) If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a . If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions). result of the correction > \$ Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4965(a)(1), and 4966(a)(1)) Tax on undistributed income - Schedule B, line 4 2 Tax on excess business holdings - Schedule C, line 7 3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) 4 Tax on taxable expenditures - Schedule E, Part I, column (g) Tax on political expenditures - Schedule F, Part I, column (e) 5 6 Tax on excess lobbying expenditures - Schedule G, line 4 7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e) 8 8 Tax on premiums paid on personal benefit contracts Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) 9 9 10 Tax on taxable distributions - Schedule K, Part I, column (f) 10 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement 11 11 Tax on failure to meet the requirements of section 501(r)(3)-Schedule M, Part II, line 2 12 13 Total (add lines 1 - 12) Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a)(2) (a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code (b) Taxpayer identification number (c) Tax on self-dealing -Schedule A, Part II, col. (d), and Part III, col. (d) (d) Tax on investments that (e) Tax on taxable expenditures -(f) Tax on political expenditures jeopardize charitable purpose -Schedule E, Part II, col. (d) Schedule F, Part II, col. (d) Schedule D, Part II, col. (d) b Total (ħ) Tax on excess benefit transactions - Schedule I, Part II, col. (d), and Part III, col. (d) (i) Tax on being a party to prohibited tax shelter transactions - Schedule J. Part II, col. (d) (g) Tax on disqualifying lobbying (j) Tax on taxable distributions -Schedule K, Part II, col. (d) expenditures - Sch H, Part II, col. (d) b Total (k) Tax on prohibited benefits - Sch L (I) Total - Add cols. (c) through (k) Part II, col. (d), and Part III, col. (d) b Total

Form 4720 (2017)

Page 3

SCHEDULE C - Initial Tax on Excess Business Holdings (Section 4943)

Business	Holdings and	Computation of Tax					
		in more than one business enterprise, a	attach a	separate schedule fo	each er	nterprise. Refer to the inst	ructions for
	before making any er dress of business ente						_
Marine and add	areas or beamess ente	лрнас					
				<u></u>			
Employer ider	ntification number					•	
Farm of autor							
Form of enter	prise (corporation, pa	rtnership, trust, joint venture, sole propi	rietorsni	p, etc.) (a)		(b)	(c)
				Voting stock (profits interest beneficial intere		Value	Nonvoting stock (capital interest)
1 Foundation	on holdings in busine:	ss enterprise	1				
2 Permitted	d holdings in business	s enterprise	2				
3 Value of	excess holdings in bu	siness enterprise	3				
4 Value of	excess holdings dispo	osed of within 90					
	other value of excess o section 4943 tax (at	_	4				
	excess holdings in but		1				_
enterpris	e - line 3 minus line 4		5				
6 Tax-Ent	ter 10% of line 5		6				
		ne 6, columns (a), (b),		- <u> </u>			
and (c); (enter total here and or	n Part I, line 2	7			<u> </u>	
	SCHEDULE	D - Initial Taxes on Investr	nents	That Jeopard	ize Cl	haritable Purpose	(Section 4944)
Part I	Investments	and Tax Computation					
(a) Investment number	(b) Date of investment	(c) Description of investment		(d) Amount o investment	f	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d))
1							
3			_				
4							
5	nn (e). Enter here and	on Part Line 2					
		prorated amount) here and in Part II, col	umn (c)	, below		<u> </u>	
Part II	Summary of	Tax Liability of Foundation	n Mar	nagers and Pro	ratio	n of Pavments	
		undation managers liable for tax		(b) Investment no. from Part I,	(c) T	ax from Part I, col. (f),	(d) Manager's total tax liability (add amounts in col. (c))
				col. (a)	0	r prorated amount	(see instructions)
				-			
							-

SCHEDULE E - Initial Taxes on Taxable Expenditures (Section 4945)

Part I	Expenditures a	nd Computa	tion of Tax		_		
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of	recipient			penditure and purposes uch made
1							
2			- ·				
3 4	 .						· · · · · · · · · · · · · · · · · · ·
5				· · · · · · · · · · · · · · · · · · ·			
	tion number from Form 990- 227, Part VI-B, applicable to		(g) Initial tax imposed on f (20% of col. (b))	oundation)			ndation managers (if applicable)- 00 or 5% of col. (b))
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total - Co	lumn (g). Enter here and on						
below	llumn (h). Enter total (or pror						
Part I			Foundation Managers a			of Payments c) Tax from Part I, col. (h),	(0) Manager's total tax liability
_	(a) Names of fo	undation manager	s liable for tax	Part I, col. (a) (or prorated amount	(add amounts in col. (c)) (see instructions)
					\downarrow		
					+		
					+		
					\dashv		
					_		
		SCHEDULE F	- Initial Taxes on Politic	al Expend	itur	'es (Section 4955)	<u> </u>
Part I	Expenditures a	nd Computa	ition of Tax				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political exp	penditure	(e org	Initial tax imposed on anization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 21/2% of col (b))
1							
_ 2							
3 4							
5							
Total - Co	olumn (e). Enter here and on	Part I, line 5	, , ,				
			and in Part II, column (c), below				
Part I			ization Managers or Foundatio				
		s of organization m tion managers liabl		Part I, col.		(c) Tax from Part I, col. (f or prorated amount	(add amounts in col (c)) (see instructions)
							_
							Fa 4300 (6343)
724091 12	-11-17						Form 4720 (2017)

Form 472	0 (2017) BRU	CE MITCHE.	LL FOUNDATION			94	-3107820	Page 5
•	•	SCHEDULE G	- Tax on Excess Lob	bying Expen	ditures (Section	4911)		
	cess of grass roots expending till-A, column (b), line 1h).		ts nontaxable amount (from Scl s before making an entry.)	hedule C (Form 99	or 990-EZ),	1		
	cess of lobbying expenditur							
Pai	rt II-A, column (b), line 1i).	(See the instructions	before making an entry.)		•	2		
3 Ex	cess lobbying expenditures	- enter the larger of l	line 1 or line 2			3	 	
_ 4 Ta	x - Enter 25% of line 3 here	and on Part I, line 6				4		
	SCH	EDULE H - Ta	ixes on Disqualifying	Lobbying Ex	penditures (Sec	ction 4912	2)	
Part	I Expenditures	and Computa	tion of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying	expenditures	(e) Tax imposed organization (5% of	on col. (b))	(f) Tax imposed on or managers (if applic (5% of col. (b	able)-
1								
2								
3								
4				·· .				
5			<u> </u>					
Total - Co	olumn (e). Enter here and or	n Part I, line 7					<u>. </u>	
Total - Co			and in Part II, column (c), belov					
Part	II Summary of T	ax Liability of	Organization Manag		 			
_	(a) Names of org	anization managers	liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, or prorated amo		(d) Manager's total to (add amounts in c (see instruction	ol (c))
-							-	
				-	 -			
			·					
	SC	HEDULE I - In	nitial Taxes on Exces	s Benefit Tra	nsactions (Sect	ion 4958)		
Part	I Excess Benef	it Transaction	s and Tax Computat	ion				
(a) Transact numbe	tion (b) Date of transaction		(c) Description of transaction					
1								
2								
3								
4								
5								
	(d) Amount of excess	(d) Amount of excess benefit		(e) Initial tax on disqualified persons (f) Tax on orga (25% of col. (d)) (lesser of			ion managers (if app 000 or 10% of col. (d))

Form 4720 (2017)

Part II	Summary of	Tax Liability of Disc	jualified Perso	ons and Proration	of Payments		r —	
(a) Names of disqualified persons liable for tax			ax	(b) Trans. no from Part I, col (a)	(C) Tax from Part I or prorated am		(d) Disqualified person's total t liability (add amounts in col. (c (see instructions)	
	,		-					
			.					
					<u></u> -			
		-						
								
art III	Summary of	Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organizatio	n Managers a	and Pro	ration of Paymen	
	(a) Names of 501(c)(3), (d	c)(4) & (c)(29) organization manage	rs liable for tax	(b) Trans no from Part I, col (a)	(C) Tax from Part or prorated arr		(d) Manager's total tax liabili (add amounts in col (c)) (see instructions)	
	·							
			_					
	SCHEDULE	J - Taxes on Bein	g a Party to P	 rohibited Tax Shel	ter Transacti	ions (Sec	tion 4965)	
Part I	Prohibited Ta (see instructions)	x Shelter Transact	ions (PTST) ar	nd Tax Imposed or	the Tax-Exe	empt Ei	ntity	
(a)		(c) Type of transaction 1 - Listed						
ansaction number	(b) Transaction date	2 - Subsequently listed 3 - Confidential 4 - Contractual protection	(d) Description of transaction					
1								
2								
3								
4								
5								
e) Did the ta	ax-exempt entity know	v or T				-		
have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No (f) Net income attributable to the			utable to the PTST	(g) 75% of proceeds attributable to the PTST (h) Tax imposed on the tax-exempt entity (see instructions)				
			·					
						-		
otal - Colun	nn (h). Enter here and	on Part I, line 9					Form 4720 (20	

SCHEDULE L - Taxes	on Pro	hibited	Benefits Di	stributed	From	Donor	Advised	Funds (Section	n 4967)
			Can the i	act muctuans					

Part I	Prohibited Benefits and Tax Computation								
(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit							
1									
2									
3									
4					·				
5									
	d) Amount of prohibited	d benefit	(e) Tax on donors, donor ac (125% of col. (d))	dvisors, or related persons (see instructions)	(f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions)				
·									
				·					
					 -				
					-				
Part II	Summary of T	ax Liability of	Donors, Donor Adv	isors, Related Per	rsons, and Proratio	n of Payments			
	(a) Names of donors, d			(b) Item no from Part I, col (a)	(C) Tax from Part I, col (e) or prorated amount	(d) Donor s, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)			
Part III	Summary of T	Γax Liability ο	f Fund Managers an	d Proration of Pay	yments				
	(8) Name	es of fund managers liab	de for tax	(b) Item no from Part I, col (a)	(C) Tax from Part I, col (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)			

Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)) (See instructions.)

Part I	Failures to Meet Section 50	D1(r)(3)			
(a) Item number	(b) Name of hospital facility	(c) Description of the failure		(d) Tax year hospital facility last conducted a CHNA	
1		·			
2					
3					
4					
5					
Part I	Computation of Tax				<u> </u>
1 Nur	mber of hospital facilities operated by the hosp	ital organization that failed to meet the Community	/		
Hea	alth Needs Assessment requirements of section	n 501(r)(3)		1	
2 Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12					

Form 4720 (2017)

PLLC

ID 83642

Firm's address ▶ 2289 S. BONITO WAY, STE. 100

MERIDIAN,

333-8965 Form **4720** (2017)

Firm's EIN ► 26-4022510

(208)

Phone no.

Use Only

Preparer Firm's name ► HARRIS & CO.,