Form 990-PF

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information

1			ent of the Treasury Revenue Service		Go to www.irs			-		-	•		pen to Public Inspection
- 1	Fo	r ca	lendar year 2019	or ta	x year beginning					, and endi	ng		, 20
(			foundation THE	TO	NY MISTLIN A	ND F	AM:	ILY PRIVA	re			A Employer identif	ication number
4	]	FOU	NDATIOÑ								- [	30-006858	38
	Nu	mber	and street (or P O box	numb	per if mail is not delivered	to stree	t add	iress)		Room/suite		B Telephone numb	per (see instructions)
		475	4 MCHENRY AV	ENU	E							( )	-
	Cit	y or to	own, state or province,	count	y, and ZIP or foreign po	stal code							
	1	MOD	ESTO, CA 953	56								C If exemption applic pending, check her	ation is
			ck all that apply	<del>-</del> -	Initial return		•	Initial return of	of a former r	ublic char	itv		
	G	One	or all that apply	-	Final return	}		Amended ret	•	Jubile Char	''	<ul><li>D 1. Foreign organiza</li><li>2 Foreign organiza</li></ul>	
				-	Address change	}		Name change			1	85% test, check	
	H		ck type of organiz			1(c)(3)	ex	empt private f	oundation	$\sim$		,	on status was terminated
	1		ection 4947(a)(1) n					her taxable pr					o)(1)(A), check here .
	•		market value of of year (from Par		1	ountin Other	-	nethod XC	asn [] Acc	crual			s in a 60-month termination (1)(B), check here .
			► \$					d), must be on ca	ash basis )		-	under section 507(t	o)(1)(b), check here . >
	Ε	_		enue	and Expenses (Th			evenue and			1		(d) Disbursements
				ı colui Iy eqi	mns (b), (c), and (d) ual the amounts in	, '	exp	enses per books	(b) Net inve		(с	) Adjusted net income	for charitable purposes (cash basis only)
	$\exists$	1	······································		eceived (altach schedule)	.		70,000.				<del></del>	,,,
4,		2	Chack I if the	found	lation is not required to B								
9/1		3			porary cash investments			39.		39.		39	•
\\\ <del>\</del>	$\setminus$	4			om securities								
V	`				· · · · · · · · · · · ·	•		· ·				<del></del>	
			Net rental income or (							+			
	Revenue		Net gain or (loss) from Gross sales price for a assets on line 6a		of assets not on line 10							<u></u>	
	Ş	7	Capital gain net inc	ome	(from Part IV, line 2)	٠				0.		·····	
	_	8	•	•	ın								
		9 10 a	Gross sales less returnand allowances	s									
	1		Less Cost of goods so										
					ach schedule)							<del></del>	
	Į	11 12			nedule)			70,039.		39.		39	
4	$\rightarrow$	13			rectors, trustees, etc			0.					
45 Received In Batching Ogden	es		•		and wages			_					
arge Sec	Sus	15	Pension plans, emp	oloyeje	benefits CEIV	FD							
že Vie	Administrative Expense	16 a	Legal fees (attach s	chedi	ule) 7. EULIV		700						
8	E E	b	Accounting fees (a	ttach	schedule)	n <del>on</del> -	Ļč	<u> </u>					
žī	Ě	С	Other professional	fees (	attach sohedule) . V.	-020	0	21					
-	ĭra	17	Interest	!		-		-					
NOV 0	<u>:</u>	18			see instructions N				<del></del>				<del></del>
0	Ħ	19	•		edule) and depletion								
6 2	Ĭ	21			meetings				<u>.                                    </u>				
2020	2	21 22			i								
σο Θ	9	23	=		schedule)						•	· · · ·	\
0	딅	24	, ,		ninistrative expenses								
	Operating							0.					
FEB	임	25			nts paid	4		74,900.					74,900
		26	Total expenses and disb	urseme	nts. Add lines 24 and 2	5		74,900.					74,900
SCANNED		27	Subtract line 26 fro					4 000		Ì			<b>*</b>
Ź		a			enses and disbursements	<del></del>		-4,861.					7.
45					(if negative, enter -0-			·		39.		39	
SO.	إ				negative, enter -0-).  lotice, see instruction								Form <b>990-PF</b> (2019)
	410	1 000	88JOBX M730	5/1	14/2020 3:1	4:56	ΡM	I V 19-4.	.7F				PAGE
			11.00	-, -				5 * •	<del>-</del>				-1.02

E	art I	Balance Sheets	Attached schedules and amounts in the	Beginning of year		nd of y	year
			description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bear	ing				
	2	Savings and temporary	cash investments				
	3	Accounts receivable ▶					
		Less allowance for dou	ubtful accounts ►				
	4	Piedges receivable ▶_					
		Less allowance for dou	ıbtful accounts ▶				
	5	Grants receivable			-		
	6	Receivables due from	officers, directors, trustees, and other	-			
		disqualified persons (at	tach schedule) (see instructions)				
	7		receivable (attach schedule)				
			ubtful accounts >				•
Assets	8		se				
	9		deferred charges				
AS	10a	, ,	te government obligations (attach schedule).				
	{ ``		e stock (attach schedule)			$\neg$	
	1		e bonds (attach schedule)				<del></del>
	11	Investments - land, building	s,		<del></del>		
		and equipment basis Less accumulated deprecia	ation >			- 1	
	4.2	(attach schedule)	lagna			$\top$	
	12		loans			-	-
	14	Land, buildings, and	<b>&gt;</b>			$\top$	
		equipment basis Less accumulated deprecia					
	15	(attach schedule)  Other assets (describe	ATCH 1	100,653.	95,7	92.	95,792
	16	Total assets (to be	completed by all filers - see the			-	
	'		page 1, item I)	100,653.	95,79	92.	95,792
_	17		accrued expenses ,			$\rightarrow$	
	18	· •				+	
Ŋ							
itie	20						
Ē	21		ors, trustees, and other disqualified persons Lotes payable (attach schedule)				
Liabilities	22		e ►)			-	
		Other habilities (describi	, , , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·		
	23	Total liabilities (add line	es 17 through 22)	0.1		0.	
-	<del>                                     </del>		w FASB ASC 958, check here			+	
ĕ		and complete lines 24,					
ā		•		100,653.	95,79	92.	
3al	24		or restrictions			-	
P	25		estrictions · · · · · · · · · · · · · · · · · · ·			$\dashv$	<del></del>
E		and complete lines 26 thr	• —				
ī	24 25 26	•	_				
0	27		cipal, or current funds			_	<del></del>
ě	28	• • •	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				***************************************
Net Assets	29	•	ulated income, endowment, or other funds	100,653.	95,79	92	
× ×	30		net assets/fund balances (see	100,000.	30,7	-	
ž	30	•		100,653.	95,79	92	
E	artii		nges in Net Assets or Fund Balar		3071.	<u> </u>	
			palances at beginning of year - Part I	· · · · · · · · · · · · · · · · · · ·	uist agree with	$\neg \neg$	
1					- 1		100,653
•			ed on prior year's return)			1	-4,861
_			, line 27a			2	-4,001
						3	95,792
			n line 2 (itemize)			4	
		creases not included ii	· · · · · · · · · · · · · · · · · · ·	Ino 5) Dort II column /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5	95,792
_0	10(	ai net assets of lung t	palances at end of year (line 4 minus	iii ie 5) - Part II, column (b	), «ne 29	6	95,192

Capital Gains and Losses for Tax on Investment Income

Part IV

	` ,	scribe the kind(s) of property sold (for rick warehouse, or common stock, 200	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )					
1 a				D - Doriation						
b	<del></del>									
C	•									
d										
е	<del>_</del>									
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))						
a										
b										
c										
d										
е			<u> </u>							
	Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ain minus				
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less the Losses (from col	nan -0-) or				
a										
b					······································					
Ç										
d										
e			ļ		<del></del>					
2	Capital gain net income	or (net capital loss)	ain, also enter in Part I, line 7							
_	, •	) If (I	oss), enter -0- in Part I, line 7	2	<del></del>	<del></del>				
3		ain or (loss) as defined in sections								
			structions If (loss), enter -0- in							
Da	Part I, line 8	Index Section 4040(a) for De	disard Tax on Nathanasan and I	3						
			duced Tax on Net Investment In e section 4940(a) tax on net investi							
If se	ection 4940(d)(2) applies,	leave this part blank								
		the section 4942 tax on the distrib o't qualify under section 4940(e)	outable amount of any year in the b Do not complete this part	ase period	17	Yes X No				
1	Enter the appropriate ar	mount in each column for each ye	ar, see the instructions before maki	ng any en	tries					
Cal	(a) Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution rat (col (b) divided by					
	2018	71,293.								
	2017	68,878.								
	2016	65,267.			· · · · · · · · · · · · · · · · · · ·					
	2015	62,102.								
	2014	59,199.								
					-					
2	Total of line 1, column (	d)		2		0.				
3			le the total on line 2 by 5 0, or by							
	the number of years the	foundation has been in existence	ıf less than 5 years	3						
4	Enter the net value of no	oncharitable-use assets for 2019 f	from Part X, line 5	4	· · · · · · · · · · · · · · · · · · ·					
5	Multiply line 4 by line 3.			5	<del></del>					
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6						
7	Add lines 5 and 6			7		<del></del>				
8	Enter qualifying distribut	ions from Part XII, line 4		8 that part	using a 1% tax	74,900.				
	Part VI instructions	,								

Form **990-PF** (2019)

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Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			٠,
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here $\blacktriangleright$ $X$ , and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			. ~4
	Part i, line 12, col (b)		•	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
3	Add lines 1 and 2		_	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0.
5	Tax based on Investment income. Subtract line 4 from line 3 If zero or less, enter -0			<del></del>
6	Credits/Payments 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 18.			•
a	2019 estimated tax payments and 2010 overpayment disched to 2019			•
b b	Exempt foreign organizations - tax withheld at source			
ď	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		-	18.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			18.
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 18. Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
p	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1 1		
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			Х
	Did the foundation file Form 1120-POL for this year?	1c		
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation   \$\bigsec{\bigsec}\$  \q			
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
-	on foundation managers  \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			l
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
	By language in the governing instrument, or  By and the leaveledge that affectively among the property of the control of			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
' 8а	Enter the states to which the foundation reports or with which it is registered. See instructions.	<u> </u>		<del></del>
Ja				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			• -
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"			,
	complete Part XIV	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		v	
	names and addresses	10	X	
	Fr	m 99	U-PF	(2019)

	990-PF (2019) THE TONY MISTLIN AND FAMILY PRIVATE 30-006	3588	ı	Page :
Par	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		x
12		H	<del> </del>	<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12		X
40		13	X	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		_ ^_	
	Website address ► N/A			
14	The books are in care of ▶ Telephone no ▶			
	Located at ► ZIP+4 ►			
15	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		>	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	-
	over a bank, 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	ĺ		
	the foreign country ▶			
Par	t 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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)	ĺ		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	ĺ		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	ĺ		
	disqualified person?	ĺ		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	ĺ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	ĺ		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	ĺ		
	the benefit or use of a disqualified person)?	ĺ		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	ĺ		
	foundation agreed to make a grant to or to employ the official for a period after	ĺ		
	termination of government service, if terminating within 90 days)	ĺ		
h	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	1		
U		1b	ŀ	х
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	- 10		
	Organizations relying on a current notice regarding disaster assistance, check here	ĺ		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			х
_	were not corrected before the first day of the tax year beginning in 2019?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines		}	
	6d and 6e) for tax year(s) beginning before 2019?	1		ŀ
	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 valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		,	
	all years listed, answer "No" and attach statement - see instructions )	2b		Х
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	of "Yes," did it have excess business holdings in 2019 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		l	
	the 10 15 or 20 year first phase holding period? (Hee Form 4720 Schedule C to determine if the	i	1	Ì

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019? 4b Form 990-PF (2019)

3b

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its Х

X

Х

Pai	t VII-B	Statements Regarding Activities	for Which Form	4/20 May Be Rec	luirea (com	inuea)			
5a	During the	e year, did the foundation pay or incur any amo	ount to					Yes	No
	(1) Саггу	on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	. Yes	XNo			
	(2) Influe	nce the outcome of any specific public ele	ection (see section	4955), or to carry or	n,				ļ ·
	direct	y or indirectly, any voter registration drive?			. Yes	X No		١.	
		de a grant to an individual for travel, study, or c				X No			7
		le a grant to an organization other than a							١.
		n 4945(d)(4)(A)? See instructions				XNo			
		le for any purpose other than religious, cl				_			
	purpo	ses, or for the prevention of cruelty to children	or animals?		. Yes	X No		ı	,
ь		swer is "Yes" to 5a(1)-(5), did any of the				scribed in			
	Regulation	ns section 53 4945 or in a current notice regar	dıng dısaster assistan	ce? See instructions.			5b		Х
	Organizat	ions relying on a current notice regarding disa	ster assistance, check	here		▶[2	<		
С	If the an	swer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax				
	because if	t maintained expenditure responsibility for the	grant?		. Yes	X No			
	If "Yes," a	ttach the statement required by Regulations se	ection 53 4945-5(d)		•				
6a	Did the f	oundation, during the year, receive any fur	nds, directly or indir	ectly, to pay premiur	ns				
	on a perso	onal benefit contract?			Yes	X No			
b	Did the fo	undation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	nct?		6 b		_ X
	If "Yes" to	6b, file Form 8870							
7 a		e during the tax year, was the foundation a p	-			X No			
b	If "Yes," d	id the foundation receive any proceeds or ha	ve any net income attr	butable to the transacti	on?		7 b		
8		ndation subject to the section 4960 tax on pay	, , ,						
-		tion or excess parachute payment(s) during the			Yes	X No	1		
		Information About Officers, Directo and Contractors		•		•	oyees,		
1	List all of	ficers, directors, trustees, and foundat	ion managers and	their compensation.	See instruc	tions.			
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribut employee bene	efit plans	(e) Expens		
		(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contribut	efit plans	(e) Expens other all		
ĀTCI	1 2	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	efit plans npensalion			·s
ATCI	1 2	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribut employee bene	efit plans			
ĀTCI	1 2	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	efit plans npensalion			·s
ĀTCI	1 2	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	efit plans npensalion			·s
ATCI	ł 2	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	efit plans npensalion			·s
ATCI	i 2	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	efit plans npensalion			·s
ATCI	1 2	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contribut employee bene	efit plans npensalion			·s
	Compens	(a) Name and address  ation of five highest-paid employees	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene and deferred con	of plans pensalion	other all	owance	0.
			(other than thos	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene and deferred con	nstruction	other all	owance	0.
2	Compens "NONE."		(b) Title, and average hours per week devoted to position  (other than those to the content of t	(c) Compensation (if not paid, enter -0-)	(d) Contribut employee bene and deferred con  e 1 - see 1  (d) Contribut employee b	nstruction ions to lenefit	s). If no	one, o	0.
2	Compens "NONE."	ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those)	(c) Compensation (If not paid, enter-0-)  O.	(d) Contribute and deferred con	nstruction	s). If no	one, o	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those to the content of t	(c) Compensation (If not paid, enter-0-)  O.	e 1 - see I  (d) Contribut employee bene and deferred con	nstruction	s). If no	one, o	0.
2 (a)	Compens "NONE."	ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those to the content of t	(c) Compensation (If not paid, enter-0-)  O.	e 1 - see I  (d) Contribut employee bene and deferred con	nstruction	s). If no	one, o	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those to the content of t	(c) Compensation (If not paid, enter-0-)  O.	e 1 - see I  (d) Contribut employee bene and deferred con	nstruction	s). If no	one, o	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those to the content of t	(c) Compensation (If not paid, enter-0-)  O.	e 1 - see I  (d) Contribut employee bene and deferred con	nstruction	s). If no	one, o	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those to the content of t	(c) Compensation (If not paid, enter-0-)  O.	e 1 - see I  (d) Contribut employee bene and deferred con	nstruction	s). If no	one, o	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those to the content of t	(c) Compensation (If not paid, enter-0-)  O.	e 1 - see I  (d) Contribut employee bene and deferred con	nstruction	s). If no	one, o	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those to the content of t	(c) Compensation (If not paid, enter-0-)  O.	e 1 - see I  (d) Contribut employee bene and deferred con	nstruction	s). If no	one, o	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those to the content of t	(c) Compensation (If not paid, enter-0-)  O.	e 1 - see I  (d) Contribut employee bene and deferred con	nstruction	s). If no	one, o	0.
2 (a)	Compens "NONE." Name and a	ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those to the content of t	(c) Compensation (If not paid, enter-0-)  O.	e 1 - see I  (d) Contribut employee bene and deferred con	nstruction	s). If no	one, o	0.
2 (a)	Compens "NONE."  Name and a	ation of five highest-paid employees	(b) Title, and average hours per week devoted to position  (other than those hours per week devoted to position	(c) Compensation (If not paid, enter-0-)  O.	e 1 - see I  (d) Contribut employee bene and deferred con	nstruction	s). If no	one, o	0.

Form 990-PF (2019)

Form 990-PF (2019)

All other program-related investments. See instructions

NONE

orm	990-PF (2019)		Page <b>8</b>
Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	eign founda	itions,
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	
b	Average of monthly cash balances	1b	
	Fair market value of all other assets (see instructions)		
d		1d	0.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	_
3	Subtract line 2 from line 1d,	3	
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	ndations	
	and certain foreign organizations, check here ▶ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	<del></del>
2 a	Tax on investment income for 2019 from Part VI, line 5   2a		
	Income tax for 2019 (This does not include the tax from Part VI). 2b	]	
	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		-
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	0.
Dar	t XII Qualifying Distributions (see instructions)		
IF GU	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	74,900.
b	Program-related investments - total from Part IX-B	1b	
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		
	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	74,900.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	74,900.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculating w	hether the foundation

Form **990-PF** (2019)

qualifies for the section 4940(e) reduction of tax in those years

Page 9

Pa	rt XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				0.
2	Undistributed income, if any, as of the end of 2019			2	
	Enter amount for 2018 only				· ;
	Total for pnor years 20 17 ,20 16 ,20 15		`		• (
	Excess distributions carryover, if any, to 2019				:
	From 2014				, ·
	From 2015 62,180.				
	From 2016 65, 300.				
	From 2017 68, 900.				
	From 2018				
	Total of lines 3a through e	326,980.			
	Qualifying distributions for 2019 from Part XII,		***************************************		
	line 4 ▶ \$ 74,900.				
а	Applied to 2018, but not more than line 2a				
	Applied to undistributed income of prior years				
	(Election required - see instructions)				
	Treated as distributions out of corpus (Election				
·	required - see instructions)				
d	Applied to 2019 distributable amount				
	Remaining amount distributed out of corpus	74,900.	***************************************		
	Excess distributions carryover applied to 2019		,		
	(If an amount appears in column (d), the same amount must be shown in column (a) )				
6	Enter the net total of each column as				
•	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	401,880.			
ь	Prior years' undistributed income Subtract				
	line 4b from line 2b,				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
е	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2020				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				,
	required - see instructions)				9.20
8	Excess distributions carryover from 2014 not	59,300.			
	applied on line 5 or line 7 (see instructions)	39,300.			
9	Excess distributions carryover to 2020.	342,580.			~~
	Subtract lines 7 and 8 from line 6a	342,300.		***	<u> </u>
	Analysis of line 9  Excess from 2015 62, 180.				
	CE 200				
	CACCOS 110111 2010				
	71 300				44'
	74 000			•	
e	Excess from 2019   74, 900 .				1

Рa	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, quest	ion 9) 1	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private oper	ating	
	foundation, and the ruling	•			•	
h	Check box to indicate v	-			<del></del>	)(3) or 4942(J)(5)
	Enter the lesser of the ad-	Tax year	lo u privato operating	Prior 3 years	1 30000011   4042()	1
2 a	justed net income from Part		(1) 2040	<del>                                     </del>	(1) 2010	(e) Total _
	I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(d) 2016	<del> </del>
	return from Part X for each					
	year listed					
b	85% of line 2a					
c	Qualifying distributions from Part					
Ī	XII, line 4 for each year listed ,					
d	Amounts included in line 2c not					
	used directly for active conduct					
_	of exempt activities					
е	Qualifying distributions made directly for active conduct of			-		
	exempt activities Subtract line					1
•	2d from line 2c		<del></del>			
3	Complete 3a, b, or c for the alternative test relied upon		`		•	
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative lest-					
	enter 2/3 of minimum invest-					
	ment return shown in Part X,			`		
	tine 6 for each year listed "Support" alternative test - enter					
٠	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on secunities			1		1
	loans (section 512(a)(5)),		i			]
	or royalties), , , ,	<u> </u>				
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)			_		
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income.					
Pa	rt XV Supplemer	ntary Information (	Complete this part	only if the found	ation had \$5,000 o	r more in assets at
	any time d	uring the year - see	instructions.)	, <b>,</b>		
1	Information Regarding					
	List any managers of			e than 2% of the tot	al contributions receiv	ed by the foundation
_	before the close of any					iou by the touridation
		(4 )		, . , . , , . , . , .		
	N/A	No. for all them who	400/	6 No 1 - 1 - 6	7	T (41)
ם	List any managers of ownership of a partner					y large portion of the
	Ownership of a partner	Simp of other entity) o	i willcii tile loulidatioi	illas a 10% of greater	mieresi	
_	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	nip, etc., Programs:		
	Check here ▶ If t	he foundation only	makes contributions	to preselected char	ritable organizations a	and does not accept
	unsolicited requests for					
	complete items 2a, b,	c, and d See instruction	ons			
a	The name, address, a	nd telephone number	or email address of th	ne person to whom ap	plications should be add	iressed
	N/A	•		,		
	The form in which app	lications should be su	bmitted and information	on and materials they	should include	·
	The form in willow app	noations oneals so su		on and materials they	Oriodia molado	
	N/A			•		
_		inon.				
С	Any submission deadli	nes				
	N/A					
d	Any restrictions or li	mitations on awards	, such as by geogr	aphical areas, charit	able fields, kinds of	institutions, or other
	factors					
	N/A					
JSA					<del></del>	5 '990 PE (2040)

Page **11** 

ir recipient is an individual,	- Carradaires		
show any relationship to	Foundation status of	Purpose of grant or	Amount
If recipient is an individual, show any relationship to any foundation manager or substantial contributor	recipient	contribution	
N/A	PC	CHARITY	10,00
N / 7	DC.	CHADIMA	63.60
N/A	PC	CHARITI	63,60
N/A	PC	CHARITY	1,30
			·
			74,9
<u> </u>	· · · · · · · · · · · · · · · · · · ·	▶ 3a	74,9
			(
		N/A PC	N/A PC CHARITY  N/A PC CHARITY

Part XVI			ivities ated business income	Evaluded b	v cootion 512, 512, or 514	(e)
Enter gross	amounts unless otherwise indicated	(a)	(b)	(c)	y section 512, 513, or 514 (d)	Related or exempt
1 Program	n serviče revenue	Business code	Amount	Exclusion code	Amount	function income (See instructions)
b						
		<u> </u>				
d						
f	and contracts from government agencies					
-	ship dues and assessments					
	on savings and temporary cash investments.					39
	ds and interest from securities					<del></del>
	al income or (loss) from real estate					
	-financed property					
	debt-financed property					
	al income or (loss) from personal property					
	vestment income					
	loss) from sales of assets other than inventory					
	ome or (loss) from special events · · ·					
	rofit or (loss) from sales of inventory					
11 Other re	venue a					
d			,			
e						
	Add columns (b), (d), and (e)					39
13 Total. Ad	dd line 12, columns (b), (d), and (e)				13 <u> </u>	39.
	heet in line 13 instructions to verify calc					
Part XVI-	B Relationship of Activitie	s to the A	ccomplishment of t	exempt Pur	ooses	
Line No.	Explain below how each activit					
▼	accomplishment of the foundation	on's exemp	t purposes (other than	n by providing	funds for such purposes	) (See instructions )
				<del> </del>		
				<del> </del>		<del></del>
			<del></del>	<del></del>		
					-	<del></del> .
				<u> </u>		<del></del>
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			<del></del>			
					<del></del>	
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				<u>.                                    </u>		
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			·			
			<del></del>			
	****			<del></del>	<del></del>	
	<u> </u>					

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

1	ın se	e organization direct ction 501(c) (other	•			-		-				Yes	No
	-	zations?											*
a	•	ers from the reportin	-			_							
		sh									_		<u>X</u>
		her assets								• • • • • • •	1a(2)		
D		transactions									41.74		х
		les of assets to a no- irchases of assets fro		_									<u> </u>
		ental of facilities, equi		-	-								$\frac{x}{x}$
	. ,	embursement arrange	•										X
		ans or loan guarantee											X
		rformance of service										-	X
c		ng of facilities, equipm			-								X
		answer to any of th										fair m	arket
-		of the goods, other											
		in any transaction or											
(a) L	ine no	(b) Amount involved	(c) Name of	noncharitable	e exempt organizati	on	(d) Desc	cription of trans	fers, tran	sactions, and shar	ing arra	ngeme	nts
		N/A					N/A						
					<del></del> -								
								<del> </del>					
					· · · · · ·								
					<del>_</del>			<del></del>		<del></del>			
						_							
22	Is the	foundation directly	or indirectly at	filiated wit	h or related	to one	or more	tay-exemn	t organ	nizations			
20		bed in section 501(c)							_	Г		s X	No
ь		s," complete the follow	•		-,(-,, -,							~	
		(a) Name of organization		(	b) Type of organiz	ation			(c) Desc	ription of relations	hip		
									_				
			_										
						_							
		·		L									
		er penalties of penjury, I decta ect, and complete Declaration of							to the be	st of my knowledg	e and b	ellef, it	is true
Sig	n 📐			1			. `			May the IRS	discus	s this	retum
Her		TONY MISTLIN			<del></del>		OFFIC	ER		with the pre			
	Sig	nature of officer or trustee	7	Da	te		Title			See instructions	X	Yes	No
		Print/Type Preparer's na	ume	Dronge	er's signature			Date ,	, 1		TIN		
Paid	t	DENNIS A	MAXWE		sis signature A	Me	cuell	1 ./	<i> </i>	"		1374	2
Pre	parer	100	XWELL, BLO					1 // /	<del></del>	77 47			
	Only	3.3	33 W SANTA						Firm's 8	- 11 O			
-30	Ciny			CA	, ,,,,,,,		951	113	Phone	no 408-28	32-7	000	
_									none			)-PF	20191
										. •••			/

## Schedule B

(Form 990, 990-EZ.

Schedule of Contributors

OMB No 1545-0047

or 990-PF) Department of the Treasury Internal Revenue Service

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number THE TONY MISTLIN AND FAMILY PRIVATE FOUNDATION 30-0068588 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

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

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

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) (2019)

JSA

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Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization THE TONY MISTLIN AND FAMILY PRIVATE Name of organization FOUNDATION

Employer identification number 30-0068588

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	ANTHONY MISTLIN  4754 MC HENRY AVENUE  MODESTO, CA 95356	\$\$	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 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 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)	

Name of organization THE TONY MISTLIN AND FAMILY PRIVATE FOUNDATION

Employer identification number 30-0068588

Part II Nonça	ash Property (see instructions) Use duplicate copies	of Part II if additional space is ne	eded
(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
		     \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization THE TONY MISTLIN AND FAMILY PRIVATE Employer identification number 30-0068588 FOUNDATION Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶\$ Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift from (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part i (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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. (c) Use of gift (b) Purpose of gift (d) Description of how gift is held from Part (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

THE TONY MISTLIN AND FAMILY PRIVATE

ATTACHMENT

PART II - OTHER ASSETS FORM 990PF,

DESCRIPTION

BOOK VALUE BEGINNING

BROKERAGE ACCOUNT

100,653.

TOTALS

100,653.

88JOBX M730 5/14/2020 3:14:56 PM V 19-4.7F

THE TONY MISTLIN AND FAMILY PRIVATE

ATTACHMENT 2	EXPENSE ACCT AND OTHER ALLOWANCES	.0
ATTACI	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0
	COMPENSATION	.0
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 0.
FORM 990PF, PART VIII - LI	NAME AND ADDRESS	ANTHONY MISTLIN 4754 MCHENRY AVENUE MODESTO, CA 95356

GRAND TOTALS

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