** PUBLIC DISCLOSURE COPY **

Form **990**

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

2018 JUL 1, 2017 and ending JUN 30, A For the 2017 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change MITCHELL THORP FOUNDATION Name change 27-0824320 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 760-603-8853 6965 EL CAMINO REAL, SUITE 105-433 termin-ated 344,154. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return CARLSBAD, CA 92009 H(a) Is this a group return Applica-F Name and address of principal officer: BRAD THORP Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.MITCHELLTHORP.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2009 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE FINANCIAL ASSISTANCE Activities & Governance TO FAMILIES WITH SERIOUSLY ILL CHILDREN. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 1 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 100 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 236,094. 344,154. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 4,874. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 < 23,041.<5<u>6,693.</u>> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 217,927. 287.461. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 59,099. 108,070. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 43,799. 55,555. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 34,136. 41,668. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 137,034. 205,293. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 80,893. 82,168. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 409,207. 317,493. 20 Total assets (Part X, line 16) 1,046. 144. 21 Total liabilities (Part X, line 26) 316,447. 409,063. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BRAD THORP, CEO/PRESIDENT Here Type or print name and title PTIN Date Print/Type preparer's name Preparer's signature Paid self-employed Preparer Firm's EIN ▶ Firm's name Use Only Firm's address Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes

Page **2**

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SUPPORTING FAMILIES WHOSE CHILDREN SUFFER FROM LIFE-THREATENING
	ILLNESSES, DISEASES AND DISORDERS. MITCHELL THORP FOUNDATION "CARES
	FOR THE CAREGIVER" BY PROVIDING FINANCIAL, EMOTIONAL AND RESOURCE
	SUPPORT TO THOSE IN NEED.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$ 162,431 • including grants of \$ 108,070 •) (Revenue \$)
ıu	FAMILY ASSISTANCE PROGRAMS: WE WORK IN PARTNERSHIP WITH VARIOUS VENDORS
	AND LOCAL BUSINESSES TO PROVIDE SUPPORT THAT HELPS OUR MITCHELL THORP
	FOUNDATION FAMILIES. WHEN THEIR LIVES FEEL LIKE THEY ARE FALLING APART,
	MITCHELL THORP FOUNDATION PROVIDES URGENTLY NEEDED RELIEF CUSTOMIZED TO
	EACH FAMILY. BY DOING SO THIS BRINGS A SENSE OF NORMALCY TO THE FAMILY
	UNIT. MITCHELL THORP FOUNDATION PROVIDES MEDICAL TREATMENT ASSISTANCE,
	MEDICAL TRANSPORTATION SERVICES, HOME ASSISTANCE, GRIEF SUPPORT AND
	FAITH CONNECTION.
4b	(Code:) (Expenses \$
	, (
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 162,431.

Form 990 (2017) MITCHELL THO Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		х
L	Schedule D, Parts XI and XII Was the experienting included in consolidated independent sudited financial attempate for the tay year?	12a		Λ
a	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	105		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 1 a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	11.2		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form 990 (2017) MITCHELL THORP FOU Part IV Checklist of Required Schedules (continued)

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 1								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х					
b	b If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?								
7 Organizations that may receive deductible contributions under section 170(c).									
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
to file Form 8282?									
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>					
10	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)			1					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
р	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans Inter the amount of receives an head								
	Enter the amount of reserves on hand	145		Х					
	Did the organization receive any payments for indoor tanning services during the tax year? If "You " hose it filed a Form 720 to report these payments? If "No " provide an explanation in School 10.0."	14a							
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	Х				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Х				
b	Other officers or key employees of the organization	15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le				
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial				
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records:						
	THE ORGANIZATION - 760-603-8853						
	6965 EL CAMINO REAL, SUITE 105-433, CARLSBAD, CA 92009						

Form 990 (2017)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related						npe	nsat			(E)		
(A)	(B))) Pos	C) ition	1		(D)	(E)	(F)		
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than	one	Reportable	Reportable	Estimated amount of other		
	hours per	box				is bot or/trus	h an tee)	compensation	compensation from related			
	week (list any	.o.						from the	organizations	compensation		
	hours for	direct				P		organization	(W-2/1099-MISC)	from the		
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 (***)	organization		
	organizations	trust	al tru		yee	ompe				and related		
	below	Individual trustee or director	Institutional trustee	er	Key employee	est c loyee	Jer			organizations		
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forr					
(1) BRAD THORP	6.00	۱							•			
CEO/PRESIDENT	10.00	Х		Х				0.	0.	0.		
(2) BETH THORP	40.00	ļ							40 505			
EXECUTIVE DIRECTOR		Х		Х				0.	40,787.	0.		
(3) GEORGE JACKSON	6.00	ļ										
TREASURER	1 00	Х		Х				0.	0.	0.		
(4) JAMES SCHWAB	1.00	١,,							_	_		
DIRECTOR	1 00	Х						0.	0.	0.		
(5) ANN MARIE GABALDON	1.00	Į.,							0	_		
DIRECTOR	1.00	Х						0.	0.	0.		
(6) BRIDGET AYERS	1.00	x						0.	0.	0.		
DIRECTOR (7) JEFF BERG	1.00	^						0.	0.	0.		
DIRECTOR	1.00	X						0.	0.	0.		
(8) JERAN FRASER	1.00	^						0.	0.	•		
DIRECTOR	1.00	x						0.	0.	0.		
		 										
		1										
		1										
		1										
		1										
		<u> </u>					_					
		1										
		<u> </u>				_	_					
		4										

732007 11-28-17 Form **990** (2017)

Part VII Section A. Officers, Directors, Trustees, Key E				ployees, and Highest Compensated Employees (continued										
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	tee or director objector opinion opini	not o	Pos heck ss pe	ition more erson lirecto		one th an stee)	(D) Reportable compensation from the	(E) Reportable compensatio from related organizatior (W-2/1099-MI)	on d ns	com fr orga	(F) atimate nount of other pensa om the anization d relate	of tion e ion ed
		iii le)	Jul -	lns	#0	Key	High	R						
c d	Sub-total	II, Section A							0.	40,7	0. 87.			0.
2	Total number of individuals (including but no compensation from the organization										ole ——		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$15	<i>such individual</i> um of reportab	 le co	 omp	 ensa	atior	 n and	d ot	her compensation from			3		X
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors	accrue compei aplete Schedul	nsat e <i>J f</i>	ion t	from uch	any pers	y uni son	relat	ted organization or indiv			5		X
1	Complete this table for your five highest counter the organization. Report compensation for (A) Name and business	the calendar y	ear e		ng v					year.	<u> </u>	ation f		n
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to	tho	se li:	stec	d above) who received n	nore than				

27-0824320 MITCHELL THORP FOUNDATION Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (**D)** Revenue excluded (C) Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 221,673. c Fundraising events d Related organizations 1d 10,000. e Government grants (contributions) f All other contributions, gifts, grants, and 112,481 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f: \$ 344,154. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 221,673. of contributions reported on line 1c). See Part IV, line 18 a 0 Other 56,693. b Less: direct expenses b <56,693. <56,693.> c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities ... **10 a** Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

287,461.

b

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

20011	Check if Schedule O contains a response or note to any line in this Part IX										
Do	not include amounts reported on lines 6b,	(A)	(B) I	(C)	(D)						
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising						
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses						
'	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
2		108,070.	108,070.								
_	individuals. See Part IV, line 22	100,070.	100,070.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	49,825.	37,369.		12 456						
_	trustees, and key employees	49,043.	37,303.		12,456.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
_	section 401(k) and 403(b) employer contributions)	E 770	4 200		1 420						
9	Other employee benefits	5,730.	4,298.		1,432.						
10	Payroll taxes										
11	Fees for services (non-employees):										
	Management										
	Legal	500		500							
	Accounting	588.		588.							
	Lobbying										
	Professional fundraising services. See Part IV, line 17										
	Investment management fees										
g	,	- 10-	4.4								
	column (A) amount, list line 11g expenses on Sch O.)	6,106.	41.	6,065.	_						
12	Advertising and promotion	1,515.		1,515.	_						
13	Office expenses	4,711.		4,711.							
14	Information technology	12,910.	7,996.	4,914.	_						
15	Royalties										
16	Occupancy										
17	Travel				_						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	496.		496.							
20	Interest				_						
21	Payments to affiliates				_						
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses. Itemize expenses not covered										
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
	amount, list line 24e expenses on Schedule 0.)										
а	MISCELLANEOUS	6,631.	346.	6,285.	0.						
b	YOUTH LEADERSHIP	4,106.	4,106.	0.	0.						
С	INSURANCE	2,776.	0.	2,776.	0.						
d	STAFF DEVELOPMENT	1,829.	205.	1,624.	0.						
е	All other expenses		4.44								
25	Total functional expenses . Add lines 1 through 24e	205,293.	162,431.	28,974.	13,888.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
73201) 11-28-17				Form 990 (2017)						

Form 990 (2017) Part X Balance Sheet

		Check if Schedule O contains a response or note	e to any line in this Part X			
		·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		207,627.	1	288,893.
	2	Savings and temporary cash investments		109,866.	2	120,314.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensa				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualif	•			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of secti		_		
ets	_	employees' beneficiary organizations (see instr).		6		
Assets	7	Notes and loans receivable, net			7	
-	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	IUa	Land, buildings, and equipment: cost or other	100			
	۱ ۾	basis. Complete Part VI of Schedule D			10c	
	11	Less: accumulated depreciation			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	317,493.	16	409,207.	
	17	Accounts payable and accrued expenses		1,046.	17	144.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee				
jab		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines			٥-	
	26	Schedule D Total liabilities. Add lines 17 through 25		1,046.	25 26	144.
	20	Organizations that follow SFAS 117 (ASC 958)		1,010.	20	111,
s		complete lines 27 through 29, and lines 33 and				
ဥ	27	Unrestricted net assets		316,447.	27	409,063.
alaı	28	Temporarily restricted net assets		,	28	
d B	29				29	
Ë		Organizations that do not follow SFAS 117 (AS				
ō		and complete lines 30 through 34.	,, , , , , , , , , , , , , , , , , , , ,			
ets	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or eq			31	
et /	32	Retained earnings, endowment, accumulated inc			32	
Z	33	Total net assets or fund balances		316,447.	33	409,063.
	34	Total liabilities and net assets/fund balances		317,493.	34	409,207.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments	1 2 3 4 5 5	20 8 31	7,4 5,2 2,1 6,4 0,4	93. 68. 47.			
6 7 8 9	Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 9							
10 Pai	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))							
ı uı	Tt XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII							
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No			
2a								
	b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis							
	 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3a 3b					

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

MITCHELL THORP FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

27-0824320

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	135,899.	206,101.	153,164.	236,094.	344,154.	1075412.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	125 000	006 101	152 164	006 004	244 154	1085410
	Total. Add lines 1 through 3	135,899.	206,101.	153,164.	236,094.	344,154.	1075412.
5	•						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						02 550
	column (f)						83,552.
	Public support. Subtract line 5 from line 4.						991,860.
	·	(-) 0040	(1-) 004.4	/-\ 004 <i>5</i>	(-1) 0040	(-) 0047	(6) T-+-1
	ndar year (or fiscal year beginning in)	(a) 2013 135,899.	(b) 2014 206,101.	(c) 2015 153,164.	(d) 2016 236,094.	(e) 2017 344,154.	(f) Total 1075412.
	Amounts from line 4	133,099.	200,101.	133,104.	230,094.	344,134.	10/3412.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	55.	127.	114.	4,874.	0.	5,170.
۵	and income from similar sources Net income from unrelated business	33.	127•	111.	1,071	•	3,170.
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1080582.
	Gross receipts from related activities	. etc. (see instructi	ons)			12	
	First five years. If the Form 990 is fo					<u> </u>	
	organization, check this box and stop		, , , , , , , , , , , , , , , , , , ,		-		
Sec	ction C. Computation of Publ						Í
14	Public support percentage for 2017 (line 6, column (f) d	ivided by line 11, o	column (f))		14	91.79 %
	Public support percentage from 2016					15	96.49 %
	33 1/3% support test - 2017. If the					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2016. If the	organization did no	ot check a box on I	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly :	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ices" test, check th	nis box and stop h	nere. Explain in Pa	rt VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	b, check this box a	and see instruction	s ▶Ш

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	olow, please com	proto r urt m.j				
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	• •				, ,	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
<u>Se</u>	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital				1		
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First five years. If the Form 990 is for	the organization	s first, second, thi	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	zation,
<u></u>	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2017 (I			actume (fl)		15	0/
	Public support percentage for 2017 (i					16	<u>%</u> %
	ction D. Computation of Inves					10	70
17						17	%
	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2017. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2016. If the						
•	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization			•		ŭ	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	_		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	E-		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	O		
	9a		
	9b		
	9с		
	46		
	10a		
	10b		
n 9	90 or 99	90-E7	2017
_			

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	1		
' a	The organization satisfied the Activities Test. Complete line 2 below.	<i>)</i> -		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	s)	
2	Activities Test. Answer (a) and (b) below.	ti dotioni	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	Type in real carretion, integrated cos(a)(c) capper in			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrat	ted Type III supporting ord	anization (see
	instructions).	, 5), ii 9	

Schedule A (Form 990 or 990-EZ) 2017

Par	rt V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions	•	Current Year	
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

27-0824320 Page 8

David VIII	(Normbook of 666 EZ/ Zo 1)
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **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

Name of the organization

Employer identification number

MITCHELL THORP FOUNDATION

27-0824320

Organiza	ation type (check on	ie):				
Filers of:		Section:				
Form 990	or 990-EZ	\boxed{X} 501(c)(3) (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		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 for the described that the described from 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; line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\bigsim \frac{1}{2} \int 1					
but it mu	st answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne 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

MITCHELL THORP FOUNDATION

27-0824320

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spac	e is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4	-	Total contributions	Type of contribution
1		\$_	15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 3	Name, address, and ZIP + 4	\$_	Total contributions 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 4	Name, address, and ZIP + 4	\$	Total contributions	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
5		\$_	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c) Total contributions	(d)
No. 6	Name, address, and ZIP + 4	\$_	9,912.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

MITCHELL THORP FOUNDATION

27-0824320

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	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
8		\$	Person X Payroll
(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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

MITCHELL THORP FOUNDATION

27-0824320

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(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		
		\$			

MITCHELL THORP FOUNDATION 27 Part III Frequency religious Charitable etc. contributions to organizations described in section 501(c)(7) (8) or (10) that

27 - 0	8 (2	4	3	2	0
--------	-----	---	---	---	---	---

Part III	Exclusively religious, charitable, etc., cont	ributions to organizations descri	ibed in section	on 501(c)(7), (8), or (10) that total more than \$1,000 for
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	SOIUITIIIS (a) HITOUGH (e) and HET	10110WITIG TITLE 100 or less for th	e year /Enterthic info once > \$
	Use duplicate copies of Part III if addition			Litter this mile. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		-		
		(a) Transfer of	f a:f4	
		(e) Transfer of	giit	
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
(a) Nia				·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	f gift	
	Transferse's name address as			
	Transferee's name, address, a	nd ZIP + 4	Ke	elationship of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	f gift	
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No			Г	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	f gift	
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

MITCHELL THORP FOUNDATION

Employer identification number 27-0824320

Part I Fundraising Activities required to complete this par	• Complete if the organization answet.	red "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not	
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	aiser ustodv	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is exempt from re	egistration	

9 Enter the state(s) in which the organization conducts gaming activities:

b If "No," explain:

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

Schedule G (Form 990 or 990-EZ) 2017 MITCHELL THORP FOUNDATION 27-0824320 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events HEARTS FOR PILLARS OF NONE (add col. (a) through HOPE 5K RUN/HOPE TENNIS col. (c)) (event type) (event type) (total number) Revenue 70,504. 221,673. 1 Gross receipts 151,169. 151,169 70,504. 221,673. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6,221. 6,221. 6 Rent/facility costs 8,467. 8,467. 7 Food and beverages 250. 250. 8 Entertainment 17,745. 41,755. 24,010. 9 Other direct expenses 56,693. 10 Direct expense summary. Add lines 4 through 9 in column (d) <56,693.> 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

Schedule G	(Form	990 or	990-EZ	2017
Concadic a	(. 0	000 0		

b If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2017 MITCHELL THORP FOUNDATION 27	-0824	320	Page 3
11 [Does the organization conduct gaming activities with nonmembers?		Yes	No
12	s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	☐ No
	ndicate the percentage of gaming activity conducted in:			
a ¯	The organization's facility	13a		%
b A	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name			
,	Address			
15a (Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b I	f "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
	f "Yes," enter name and address of the third party:			
1	Name ►			
,	Address ►			
16 (Gaming manager information:			
1	Name ►			
	•			
(Gaming manager compensation \$			
I	Description of services provided			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		Yes	└── No
	organization's own exempt activities during the tax year ▶ \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	III, lines 9,	9b, 10	0b, 15b,

Schedule G	G (Form 990 or 990-EZ)	MITCHELL THORP	FOUNDATION	27-0824320	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public

Inspection

Employer identification number

MITCHELL	THORP FOU	MOTTADM				l	27-0824320
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	e amount of the grant	s or assistance, the	e grantees' eligibilit	ty for the grants or as	sistance, and the selection	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for moni	toring the use of gran	t funds in the Unite	ed States.			
Part II Grants and Other Assistance to	_				anization answered "	Yes" on Form 990, Part IV	, line 21, for any
recipient that received more than	5,000. Part II can	be duplicated if addi	tional space is nee	 	(6) 14 11 1 6		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	nd government or	L ganizations listed in the	_I he line 1 table	1	l		-
3 Enter total number of other organizations							•

Schedule I (Form 990) (2017) MITCHELL THORP	FOUNDATI	ON			27-0824320	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		<u> </u>
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
PROVIDE ASSISTANCE TO FAMILIES WITH CHILDREN WITH A LIFE-THREATENING ILLNESS.	26	108,070.	0.			
Part IV Supplemental Information. Provide the information req	uired in Part I, lir	ne 2; Part III, column	ı (b); and any other a	dditional information.		
PART I, LINE 2:						
EACH FAMILY'S NEEDS ARE INDIVIDUAL	LY ASSES	SED BY MTF	BOARD OF	DIRECTORS.		
ASSISTANCE IS AVAILABLE TO THOSE F	'AMILIES	WHO HAVE A	CHILD THA	T MEETS THE		
FOLLOWING QUALIFICATIONS:						
UNDER THE AGE OF 21 WHO HAS BEEN D	IAGNOSED	WITH A LI	FE-THREATE	NING ILLNESS,		
DISEASE OR DISORDERS.						
UNITED STATES CITIZEN OR LAWFUL, P	ERMANENT	RESIDENT	OF THE UNI	TED STATES. A		
COPY OF THE CHILD'S BIRTH CERTIFIC	ATE OR 1	-151 FORM	(GREEN CAR	D) MAY BE		
REQUIRED BY MITCHELL THORP FOUNDAT	ION AT T	HE TIME OF	' APPLICATI	ON.		

Part IV Supplemental Information
LIVES IN: SOUTHERN CALIFORNIA AREA
FAMILIES WHO DEMONSTRATE FINANCIAL NEED MAY BE ELIGIBLE FOR FINANCIAL
ASSISTANCE FROM MITCHELL THORP FOUNDATION. REQUESTS FOR FINANCIAL
ASSISTANCE ARE CONSIDERED ON A CASE BY CASE BASIS, TAKING INTO ACCOUNT EACH
FAMILY'S INDIVIDUAL CIRCUMSTANCES. THE FAMILY MUST DEMONSTRATE THAT ITS
FINANCIAL NEED IS CAUSED BY THE IMPACT OF THE CHILD'S ILLNESS. IF FINANCIAL
ASSISTANCE IS REQUESTED, THE PARENTS MUST COMPLETE AN APPLICATION AND
SUBMIT VERIFICATION OF INCOME, COPY OF PREVIOUS YEAR TAX RETURNS AND
EXPENSES.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MITCHELL THORP FOUNDATION

Employer identification number 27-0824320

MITCHELL INOR TOURSHITON	27 0024520
FORM 990, PART VI, SECTION A, LINE 2:	
BRAD THORP AND BETH THORP HAVE A FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS REVIEWED BY THE BOARD PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF I	NTEREST.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD CONSULTS WITH OTHER NON-PROFIT MEMBERS IN THE R	EVIEW AND APPROVAL
PROCESS TO DETERMINE IF COMPENSATION IS IN LINE WITH THAT	OF OTHER
COMPARABLE ORGANIZATIONS AS WELL AS IF COMPENSATION IS FI	SCALLY FEASIBLE.
FORM 990, PART VI, SECTION C, LINE 19:	
OUR OPERATING POLICIES ARE AVAILABLE TO THE PUBLIC UPON R	EQUEST.