Form **990-PF**

EXTENSION GRANTED TO 11/15/19 2949133400605 Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation lot enter so call security numbers on this form as it may be most at the contract of the private of the contract of the co

▶ 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

Departr		ocial security numbers on s.gov/Form990PF for instr			Open to Public Inspection
	al Revenue Service	s.gov/Formssorr formsu	, and ending	ormation	Open to Fublic Inspection
	ne of foundation			A Employer identification	on number
DO	OUGLAS & ABBY BROWN FAMILY	V FOIINDATION		20-606100	6
	ber and street (or P O box number if mail is not delivered to street a		Room/suite	B Telephone number	<u> </u>
98	80 6TH ST			818-261-8	777
City or town, state or province, country, and ZIP or foreign postal code BOULDER, CO 80302				C If exemption application is	pending, check here
	heck all that apply Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	ns, check here
	Final return	Amended return		2. Foreign organizations n	neeting the 85% test.
	Address change	Name change		Foreign organizations in check here and attach.	computation
H Ch	heck type of organization: X Section 501(c)(3) execution 4947(a)(1) nonexempt charitable trust (1)	empt private toundation Other taxable private founda	tion M	E If private foundation si under section 507(b)(
<u> </u>	ir market value of all assets at end of year J Accounting	1 1	Accrual	F If the foundation is in	
	om Part II, col (c), line 16)	ier (specify)		under section 507(b)(
> \$	<u> </u>	n (d) must be on cash basi	s)		
Par	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	346,703.	,	N/Λ	
	2 Check It is the foundation is not required to attach Sch. B. Interest on savings and temporary				GMA MENTENTE 1
	3 cash investments	20. 19,287.	20. 19,287.		STATEMENT 1 STATEMENT 2
	4 Dividends and interest from securities 5a Gross rents	13,40/•	19,40/.		DIVIDEDUI 7
	b Net rental income or (loss)		•		
۵	62 Net gain or (loss) from sale of assets not on line 10	902.			
Revenue	b Gross sales price for all 902.				
ě	7 Capital gain net income (from Part IV, line 2)		902.		
-	8 Net short-term capital gain				
- 1.	9 Income modifications 100 Group substitutions				
i	10a and allowances b Less Cost of goods sold		. <u> </u>		-
	c Gross profit or (loss)		****		
-	11 Other income	390.	390.		STATEMENT 3
<u> </u>	12 Total. Add lines 1 through 11	367,302.	20,599.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
- 1	14 Other employee salaries and wages 15 Pension plans, employee benefits				
	16a Legal fees				
enses	b Accounting fees				
Exp	c Other professional fees				
ě.	17 Interest RECEIVED				
tra					
inis	19 Depreceding and depletion 2 2019		<u> </u>		
힘	18 Taxes 19 Depreciation and depletion 20 Occupancy NOV 2 2 2019 21 Trave, conferences, and meetings				
	22 Printing and publications N. UT				
g a	23 Other expenses CILIN, STMT-4	756.	756.		0.
Operating and Administrative	24 Total operating and administrative				
<u>B</u>	expenses Add lines 13 through 23	756.	756.		0.
1	25 Contributions, gifts, grants paid	39,753.			39,753.
	26 Total expenses and disbursements. Add lines 24 and 25	40,509.	756.		39,753.
- ;	27 Subtract line 26 from line 12:	10,303.	750.		337.33.
	Excess of revenue over expenses and disbursements	326,793.			
	b Net investment income (if negative, enter -0-)		19,843.		
	C Adjusted net income (if negative, enter -0-)			N/A	1

622

ᆮ		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
P	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			**
	2	Savings and temporary cash investments	424.	131,984.	131,984.
	3	Accounts receivable ▶	<u>.</u>		
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ► .			
		Less allowance for doubtful accounts		_	
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
	_	Less allowance for doubtful accounts			·····
ets		Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
`		Investments - U.S. and state government obligations		102 202	162 576
		Investments - corporate stock STMT 6	0.	193,203.	163,576.
		Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
	•0	Less accumulated depreciation			
		Investments - mortgage loans Investments - other STMT 7	568,450.	570,048.	570,048.
		Land, buildings, and equipment basis	300,430.	370,040.	370,040.
	14	Less accumulated depreciation			
	15	Other assets (describe >			
		Total assets (to be completed by all filers - see the			
	••	instructions. Also, see page 1, item I)	568,874.	895,235.	865,608.
\exists	17	Accounts payable and accrued expenses	300,0121	050,2000	1
		Grants payable			i
ړي	19	Deferred revenue	,		i
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable			
=	22	Other liabilities (describe >)			
- 1		· ———			j
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26, and lines 30 and 31.			
Balances	24	Unrestricted			
Įa	25	Temporarily restricted			1
_	26	Permanently restricted			
5		Foundations that do not follow SFAS 117, check here			
느		and complete lines 27 through 31	_	_	
ts	27	Capital stock, trust principal, or current funds	0.	0.	
sse	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund	29	Retained earnings, accumulated income, endowment, or other funds	568,874.	895,235.	!
ž	30	Total net assets or fund balances	568,874.	895,235.	
		T. 1.10 1 100	E C O 074	005 225	
Ш	31	Total liabilities and net assets/fund balances	568,874.	895,235.	i
Pa	art	III Analysis of Changes in Net Assets or Fund B	alances		
_	ro to	not constant or fixed belonges at horsening of year. Don't Handware (a) line	00	1 1	
		net assets or fund balances at beginning of year - Part II, column (a), line	30		E60 071
	•	st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a			568,874. 326,793.
	_	r increases not included in line 2 (itemize)		2	~ 0.
		lines 1, 2, and 3		4	895,667.
		eases not included in line 2 (itemize)	SEE ST	ATEMENT 5 5	432.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	895,235.
Ť		Tatti, to	Top, and do		Form 990-PF (2018)

See the Part VI instructions

	20-6061	
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948 - see ii	nstructions)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1		
Date of ruling or determination letter (attach copy of letter if necessary-see instructions)		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	397.
of Part I, line 27b		
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2	0.
3 Add lines 1 and 2	3	397.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4	0.
5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-	5	397.
6 Credits/Payments:	\vdash \vdash	
a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 6a 0.		
b Exempt foreign organizations - tax withheld at source 6b 0.	1	
1 000	{	
	ł	
	 -	1,000.
7 Total credits and payments. Add lines 6a through 6d	7	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	<u> </u>
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9	603
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	603.
11 Enter the amount of line 10 to be Credited to 2019 estimated tax 603. Refunded	11	0.
Part VII-A Statements Regarding Activities		IV. IN.
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın	Yes No
any political campaign?		1a X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defin	ition	1b X
If the ariswer 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		
c Did the foundation file Form 1120-POL for this year?		1c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		
(1) On the foundation \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	-	
managers ▶ \$ 0.		
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 of incorporation, of	nr	
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 X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5 X
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	i	
 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?	, 1avv	6 X
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 X
On Fater the abstract or which the foundation are also as with which the second Committee of the secon		
8a Enter the states to which the foundation reports or with which it is registered. See instructions		
CA		
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 cale	ndar	
year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV		9 X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses S	TMT 8	10 X
	For	m 990-PF (2018)

Pa	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		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ DOUGLAS BROWN Telephone no ▶818-26		777	
	Located at ▶ 980 6TH ST, BOULDER, CO ZIP+4 ▶80	302		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		. ▶	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
De	toreign country			ļ
Га	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
1.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year, did the foundation (either directly or indirectly)	\vdash	162	INO
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			ŀ
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			1
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			j
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			1
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			1
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			- 1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2018?	1c		X
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))			İ
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018? Yes X No			
	If "Yes," list the years \(\)			
U	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			1
	statement - see instructions) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			<u>i</u>
			i	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			1
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2018) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		Х
	For	m 99 0	PF	(2018)

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

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Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		
		0.
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics number of organizations and other beneficiaries served, conferences convened, research papers produc	al information such as the sed, etc	Expenses
1 N/A		1
]
2]
		_
	J. 1. "	
3		4
		1
4		+
4		1
		1
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1N/A		1
		_
2		1
		4
All other program-related investments. See instructions	· · · · · · · · · · · · · · · · · · ·	
3		
V 1400]
]
]
]

Total. Add lines 1 through 3

H

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		·
a	Average monthly fair market value of securities	1a	128,929.
b	Average of monthly cash balances	1b	31,277.
С	Fair market value of all other assets	10	570,048.
d	Total (add lines 1a, b, and c)	1d	730,254.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	730,254.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,954.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	719,300.
6	Minimum investment return. Enter 5% of line 5	6	35,965.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here ▶ ☐ and do not complete this part.)	nd certain	
_			35,965.
1	Minimum investment return from Part X, line 6 Tax on investment income for 2018 from Part VI, line 5 2a 397.	1	33,303.
	· · · · · · · · · · · · · · · · · · ·	4	
b	Income tax for 2018. (This does not include the tax from Part VI) 2b		397.
C	Add lines 2a and 2b	2c	35,568.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	33,308.
4	Recoveries of amounts treated as qualifying distributions	4	35,568.
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	0.
<u>-</u>	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	35,568.
P	art XII Qualifying Distributions (see instructions)		•
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	39,753.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	39,753.
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	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	39,753.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies for	the section

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Part XIII Undistributed Income (see instructions) (b) (c) (d) 2017 Years prior to 2017 2018 Corpus 1 Distributable amount for 2018 from Part XI, 35,568. line 7 2 Undistributed income, if any, as of the end of 2018 0 a Enter amount for 2017 only b Total for prior years: 0. 3 Excess distributions carryover, if any, to 2018 15,199. a From 2013 16,858. **b** From 2014 c From 2015 5,473. dFrom 2016 13,334. 16,161. e From 2017 67,025. f Total of lines 3a through e 4 Qualifying distributions for 2018 from 39,753. Part XII, line 4. ►\$ 0 a Applied to 2017, but not more than line 2a b Applied to undistributed income of prior 0. years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) d Applied to 2018 distributable amount 35,568. 4,185 c Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2018 (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: 71,210. & Corpus Add lines 31, 4c, and 4e. Subtract line 5 b Prior years' undistributed income Subtract 0. line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b Taxable 0. amount - see instructions e Undistributed income for 2017 Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 15,199. 9 Excess distributions carryover to 2019. ٠, 56,011 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 16,858. a Excess from 2014 5,473. b Excess from 2015 13,334. c Excess from 2016 16,161. dExcess from 2017

e Excess from 2018

4,185

		ROWN FAMILY		20-60	61006 Page 10
PartiXIV Private Operating F	oundations (see	instructions and Part	VII-A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter	that it is a private operatin	g		
foundation, and the ruling is effective fo	or 2018, enter the date	of the ruling	▶		
b Check box to indicate whether the foun	dation is a private oper	ating foundation describe	d in section	4942(j)(3) or 49)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		i			
d Amounts included in line 2c not				· ·	
used directly for active conduct of					
exempt activities				1	
e Qualifying distributions made directly			+ /		-
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			-	+	
alternative test relied upon:					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)		/		<u> </u>	
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter					
(1) Total support other than gross	7				
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or mofe exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income			1		
Part XV Supplementary Info	ormation (Comp	olete this part onl	y if the foundation	n had \$5,000 or mo	ore in assets
at any time during	the year-see in	structions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wil	no have contributed mo	ore than 2% of the total co	intributions received by the	e foundation before the clos	e of any lar
year (but only if they have contributed					
SEE STATEMENT 9					
h List any managers of the foundation wi			n (or an equally large porti	ion of the ownership of a pa	artnership or
other entity) of which the foundation ha	is a 10% or greater into	erest.			
NONE					
2 Information Regarding Contribut					
Check here 🕨 🗓 if the foundation	only makes contributio	ns to preselected charitab	le organizations and does	not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc	, to individuals or orga	nizations under other con-	ditions, complete items 2a,	, b, c, and d	
a The name, address, and telephone num	nber or email address o	of the person to whom app	olications should be addres	ssed	
b The form in which applications should	be submitted and infor	mation and materials they	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ls such as by geograp	hical areas, charitable field	ls kinds of institutions or	other factors	

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to any foundation manager Amount status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year BOULDER JEWISH COMMUNITY CENTER NONE PUBLIC CHARITY PROVIDE GENERAL FUNDS TO THE PAYEE PO BOX 18983 BOULDER, CO 80308 CHARITABLE ORGANIZATION 12,500. CONGREGATION BONAI SHALOM NONE PUBLIC CHARITY PROVIDE GENERAL FUNDS TO THE PAYEE 1527 CHERRYVALE ROAD CHARITABLE BOULDER, CO 80308 ORGANIZATION 13,653. SUSTAINABLE MARKETS NONE PUBLIC CHARITY PROVIDE GENERAL FUNDS 45 W 36TH ST, 6TH FLOOR TO THE PAYEE NEW YORK, NY 10018 CHARITABLE ORGANIZATION 1,000. ONE TRUE ZONE NONE PUBLIC CHARITY PROVIDE GENERAL FUNDS PO BOX 276 TO THE PAYEE FRANKLIN LAKES, NJ 07417 CHARITABLE ORGANIZATION 3,600. PUBLIC CHARITY PROVIDE GENERAL FUNDS WHITTIER COLLEGE NONE 13406 PHILADELPHIA ST TO THE PAYEE WHITTIER, CA 90602 CHARITABLE **DRGANIZATION** 7,200. SEE CONTINUATION SHEET(S) 39,753. ➤ 3a Total b Approved for future payment NONE

0.

Total

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
ESOD FOUNDATION	NONE	PUBLIC CHARITY	PROVIDE GENERAL FUNDS	
O BOX 48			TO THE PAYEE	
OULDER, CO 80306			CHARITABLE	
			ORGANIZATION	1,80
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			,	
			·	

Enter gross amounts unless otherwise indicated	Unrelated b	usiness income	Excluded b	y section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
=	code		+		
a b			+ +		
			+ +		
· .			+ +		
d	— 		 	-	
e			+ +		
·	— 				
g Fees and contracts from government agencies				-	
2 Membership dues and assessments	 		+ +		
3 Interest on savings and temporary cash			14	20.	
investments			14	19,287.	
Dividends and interest from securities			14	19,207.	
Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property			+		
6 Net rental income or (loss) from personal			1		
property					<u>.</u>
7 Other investment income			14	390.	
8 Gain or (loss) from sales of assets other					
than inventory			18	902.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b					
c					
d					
e					
2 Subtotal Add columns (b), (d), and (e)		0	•	20,599.	(
3 Total Add line 12, columns (b), (d), and (e)				13	20,599
See worksheet in line 13 instructions to verify calculat	ions.)				
Part XVI-B Relationship of Activi	ities to the Accom				slightment of
Explain below how each activity for wh the foundation's exempt purposes (oth			-A contributed	importantly to the accomp	DIISTIMENT OF
					·
				-	
				- -	
	J				
	- .				
					,

Forn	n 990-l	PF (2018) DOUGL	AS & ABBY BROWN	FAMILY FOUN	DATION 20	-6061006	Pa	ige 13
Pa	rt X			ınd Transactions a	nd Relationships With No	ncharitable		
1	Did #	Exempt Organ	irectly engage in any of the following	a with any other erganization	on described in section 501(a)		Yes	No
'			nectly engage in any of the followi nizations) or in section 527, relatin		on described in section 50 f(c)		165	NO
2	•	, ,, ,	lation to a noncharitable exempt or					
ū	(1) (ation to a noncharitable exempt of	gamzation of		1a(1)		Х
	٠.	Other assets				1a(1)		X
b		transactions				14(2)		 -
·		Sales of assets to a noncharita	able exempt organization			1b(1)		Х
			oncharitable exempt organization			1b(2)		X
		Rental of facilities, equipment,				1b(3)		X
		Reimbursement arrangements				1b(4)		Х
		oans or loan guarantees				1b(5)		X
		-	embership or fundraising solicitation	ons		1b(6)		Х
С	Shari	ng of facilities, equipment, ma	ailing lists, other assets, or paid em	ployees		1c		Х
d	If the	answer to any of the above is	"Yes," complete the following sche	edule Column (b) should alv	ways show the fair market value of the	goods, other ass	ets,	
					ie in any transaction or sharing arrang			
	colun	nn (d) the value of the goods,	other assets, or services received					
(a)L	ine no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, transac	tions, and sharing ari	angeme	nts
			N/A					
				, .				
				-				
				•				
		·		<u>.</u>				
_								
_								
2a		•	tly affiliated with, or related to, one	or more tax-exempt organiz	zations described	 ,.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	٦
		, , ,	on 501(c)(3)) or in section 527?			Yes	LX	No
	II Ye	s," complete the following sch (a) Name of org		(h) Tuno of organization	(a) Decorretion of	ralationahia		
		(a) Name of org	janizauvii	(b) Type of organization	(c) Description of	reiationship		

b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

are that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Under penalties of perjury, I de Sign Here Signature of officer or trustee 11/15/19 Trustee] Yes [Date Title Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed Paid Preparer Firm's name ▶ Firm's EIN **Use Only** Firm's address Phone no

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545 0047

2018

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DOUGLAS & ABBY BROWN FAMILY FOUNDATION

Employer identification number

20-6061006

Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc. purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 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)

Employer identification number

DOUGLAS & ABBY BROWN FAMILY FOUNDATION

20-6061006

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	DOUGLAS & ABBY BROWN 980 6TH ST BOULDER, CO 80302	\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	ALLEN KOHL CHARITABLE FOUNDATION 11812 SAN VICENTE BLVD, STE 510 LOS ANGELES, CA 90049	\$50,000.	Person X Payroll Oncash Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	DOUGLAS & ABBY BROWN 980 6TH ST BOULDER, CO 80302	\$193,203.	Person Payroll Noncash X (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Oncash Occash (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 Omnocash Complete Part II for noncash contributions)			

Employer identification number

DOUGLAS & ABBY BROWN FAMILY FOUNDATION

20-6061006

Part II	Noncash Property (see instructions) Use duplicate copies of Part II i	f additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	1037 SHARES OF APPLE STOCK - FMV ON DATE OF CONTRIBUTION	-	
		\$ 193,203.	05/18/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - - - -	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
— 		- - - - \$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - - - - - - -	
(a) No. rom 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
		-	

Name of organization

Employer identification number

DOMEST, A.S.	S.	ARRV	RROWN	FAMTI.V	FOIDIDATION

DOUGL.	AS & ABBY BROWN FAMILY	FOUNDATION		20-6061006					
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	through (e) and the followichartable, etc., contributions of	na line entry. For a	601(c)(7), (8), or (10) that total more than \$1,000 for the year organizations he year (Enter this info once) \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held					
	Transferee's name, address, ar	(e) Transf	-	plationship of transferor to transferoe					
	Transferee 3 flame, address, di	17	Relationship 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 gift								
	Transferee's name, address, ar	nd ZIP + 4	R	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	Transferee 3 flame, address, an	10211 + 4		erationship of dansieror to dansieree					
(a) Na									
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee					

FORM 990-PF INTI	EREST ON SAV	INGS AN	ID TEMPOR	ARY CASH	INVESTMENTS	STATEMENT 1	
SOURCE WELLS FARGO WELLS FARGO CLEARING SERVICES TOTAL TO PART I, LINE 3			(A) REVENUE NET PER BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
				19. 1.	19.		
			20.		20.		
FORM 990-PF	DIVIDEN	IDS AND	INTEREST	FROM SEC	CURITIES	STATEMENT 2	
SOURCE	GROSS AMOUNT	G	APITAL SAINS VIDENDS	(A) REVENUE PER BOOK			
KOHL FOUNDATION PARTNERS - DIV	8	6.	0.	8	36. 8	36.	
KOHL FOUNDATION PARTNERS - INT		6.	0.		6.	6.	
LOAN OAK FUND LLO	9,76	8.	0.	9,76	58. 9,76	58.	
LOAN OAK FUND LLO	7,91	.3.	0.	7,91	.3. 7,91	.3.	
WELLS FARGO CLEARING SERVICES	5 1,51	4.	0.	1,51	.4. 1,51	.4.	
TO PART I, LINE	19,28	7.	0.	19,28	19,28	37.	
FORM 990-PF	-	TO	HER INCO	ME		STATEMENT 3	
DESCRIPTION			RE	(A) VENUE BOOKS	(B) NET INVEST- MENT INCOME		
KOHL FOUNDATION PARTNERS				390.	390	<u>.</u>	
TOTAL TO FORM 990-PF, PART I, LINE 11			11	390.	390	<u>.</u>	
					= 		

FORM 990-PF	OTHER EXPENSES			STATEMENT	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM	r- ADJUSTE		
KOHL FOUNDATION PARTNERS					
EXPENSES	312.		2.		0.
LOAN OAK FUND LLC EXPENSES	244.		14.		0.
WELLS FARGO SERVICES FEES	200.		00.		0.
TO FORM 990-PF, PG 1, LN 23	756.	75	56. —		0.
FORM 990-PF OTHER DECREAS	ES IN NET AS	SETS OR FUN	ID BALANCES	STATEMENT	5
DESCRIPTION				AMOUNT	
UNREALIZED GAINS ON INVESTME		AT FMV		4	30.
NONDEDUCTIBLE EXPENSE PER KO	HL PARTNERS				2.
				4	
NONDEDUCTIBLE EXPENSE PER KO		E STOCK		STATEMENT	32.
NONDEDUCTIBLE EXPENSE PER KO	II, LINE 5	E STOCK	BOOK VALUE		32.
NONDEDUCTIBLE EXPENSE PER KONTOTAL TO FORM 990-PF, PART I	II, LINE 5 CORPORAT	E STOCK	BOOK VALUE	STATEMENT FAIR MARKE	32. 6
NONDEDUCTIBLE EXPENSE PER KONTOTAL TO FORM 990-PF, PART I	CORPORAT	E STOCK		STATEMENT FAIR MARKE	32. 6 T
NONDEDUCTIBLE EXPENSE PER KONTOTAL TO FORM 990-PF, PART I FORM 990-PF DESCRIPTION WELLS FARGO SERVICES-BROKERAGE	CORPORAT		193,203.	STATEMENT FAIR MARKE VALUE 163,5	32. 6 T
NONDEDUCTIBLE EXPENSE PER KONTOTAL TO FORM 990-PF, PART I FORM 990-PF DESCRIPTION WELLS FARGO SERVICES-BROKERAGE TOTAL TO FORM 990-PF, PART I	CORPORAT GE I, LINE 10B OTHER INV		193,203.	STATEMENT FAIR MARKE VALUE 163,5 163,5	32. 6 T 76.
NONDEDUCTIBLE EXPENSE PER KONTOTAL TO FORM 990-PF, PART I FORM 990-PF DESCRIPTION WELLS FARGO SERVICES-BROKERAGE TOTAL TO FORM 990-PF, PART I FORM 990-PF	CORPORAT GE I, LINE 10B OTHER INV	ESTMENTS LUATION	193,203. 193,203.	STATEMENT FAIR MARKE VALUE 163,5 163,5 STATEMENT FAIR MARKE	32. 6 T 76. 75

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	8
NAME OF CONTRIBUTOR	ADDRESS		
DOUGLAS & ABBY BROWN	980 6TH ST BOULDER, CO 80302		
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAGERS	STATEMENT	9

NAME OF MANAGER

DOUGLAS BROWN ABBY BROWN