Form 990-PF

**Return of Private Foundation** 

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

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

	<u>For</u>	r ca	llendar year 2019 or tax year beginning	0	9/11 , 2019, and end	ling	12/31, <b>20</b> 19
	Nam	ne o	f foundation	DE	CEIVED	A Employer ide	entification number
	_T	ΉE	SUE & BOB MCCOLLUM FAMILY FO	OUNDATION		84-3024	857
	Nun	nber	and street (or P O box number if mail is not delivered to	o street address 2	JG <b>0 7</b> 2020	te B Telephone n	umber (see instructions)
	F	'UO'	NDATION SOURCE 501 SILVERSIDE	RD 6		(800)	839-1754
i	City	or t	own, state or province, country, and ZIP or foreign posta	al code OC	DEN, UT		
	W	IL	MINGTON, DE 19809-1377	<u> </u>		C If exemption appending, check	polication is here
			eck all that apply X Initial return	Initial return	of a former public cha	urity -	
	•	00	Final return	Amended re	turn	2 Foreign orga	anizations, check here
		<u> </u>	Address change	Name chang			
ļ	H (	_	eck type of organization X Section 501( ection 4947(a)(1) nonexempt charitable trust	Other taxable private t	<b>1</b> 2		dation status was terminated
				ounting method X C		1	507(b)(1)(A), check here .
			I —	ther (specify)	7,00,001		on is in a 60-month termination (07(b)(1)(B), check here
				column (d), must be on ca	ash basis )		στιση της στισοκτισιου.
	Pa	irt [	Analysis of Revenue and Expenses (The				(d) Disbursements
			total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
•		1	Contributions, gifts, grants, etc , received (attach schedule) .	5,086,000.			
		2	Check In the foundation is not required to attach Sch B.				
	1	3	Interest on savings and temporary cash investments.	181.	181.		
~!		4	Dividends and interest from securities	3,892.	3,892.		
77.07.		5a	Gross rents				
	ł		Net rental income or (loss)				
JAN 12	Revenue	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 19.255.615	-292.			
	₽ .	7	Capital gain net income (from Part IV, line 2)		0.		
7	ַצַּ		Net short-term capital gain				
		9	Income modifications				
SCANNED	10	0 a	Gross sales less returns and allowances				
Z,			Less Cost of goods sold . L	<u> </u>			
$\stackrel{\checkmark}{\sim}$	1.		Gross profit or (loss) (attach schedule)				
$\mathcal{S}$	1:		Other income (attach schedule)	5,089,781.	4,073.		
٠, -	$\neg$		Total Add lines 1 through 11	0.	1,073.	-	
ý	2 1: 2 14		Compensation of officers, directors, trustees, etc Other employee salaries and wages		-		
è	ח		Pension plans, employee benefits				
Š			Legal fees (attach schedule)	-		<del></del>	
ŭ	비		Accounting fees (attach schedule)	-			
Administrativo	ֻלַּ		Other professional fees (attach schedule).[1]	1,836.	1,836.		
į	<u> </u>		Interest	,	,		
+	2 18		Taxes (attach schedule) (see instructions)				
	E 19		Depreciation (attach schedule) and depletion.				
	20		Occupancy		-		
4	21		Travel, conferences, and meetings				
2	21		Printing and publications				
			Other expenses (attach schedule)		_		
Operating	24		Total operating and administrative expenses			· · · · · · · · · · · · · · · · · · ·	
2	בובי		Add lines 13 through 23	1,836.	1,836.		
څ	5 ) 25		Contributions, gifts, grants paid				
•	26		Total expenses and disbursements Add lines 24 and 25	1,836.	1,836.		0
-	27		Subtract line 26 from line 12"		0 West. 1 13	78 88 40° 60 0 50	
	'		Excess of revenue over expenses and disbursements	5,087,945.		1 - Nr. 12	The second second second
			Net investment income (if negative, enter -0-)	, , , , , , , , , , , , , , , , , , , ,	2,237.		- 1
			Adjusted net income (if negative enter -0-)		_		

E	art II	Balance Sheets	Attached schedules and amounts in the	Beginning of year	End o	of year
			description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ing			
	2	Savings and temporary	cash investments		316,528.	316,528
	3	Accounts receivable		and the model father than the seconds	and the factor of a second of the	ر الما المساورة الما الما الما الما الما الما الما الم
	i	Less allowance for dou	btful accounts ▶			
	4	Pledges receivable 🕨 🔃		and the same of the same	The Authorities have	
		Less allowance for dou	btful accounts ▶			
	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (att	tach schedule) (see instructions)			
	7	Other notes and loans r	eceivable (attach schedule) 🕨	Bullin Bu	**** * * * * * * * * * * * * * * * * *	
		Less allowance for dou	btful accounts ▶			
Assets	8	Inventories for sale or us	e			
SS	9		eferred charges	(		
⋖			e government obligations (attach schedule)[ $2$ ]		3,998,213.	
			stock (attach schedule) ATCH 3		773,204.	774,957
	4.C	Investments - corporate	bonds (attach schedule)			
	11	Investments land, buildings and equipment basis			• •	
		Less accumulated deprecia (attach schedule)	tion >			
	12	Investments - mortgage	loans			
	13	Investments - other (atta Land, buildings, and	ach schedule)			
	14		<u> </u>			
		(attach schedule)	tion			
	15	Other assets (describe	·)			
			completed by all filers - see the			
			age 1, item I)		5,087,945.	5,089,525
	17	Accounts payable and a	ccrued expenses			
	l	• •	• • • • • • • • • • • • • • • • • • • •			
<u>e</u>	1	Deferred revenue		<b></b>		
Ĭ	20		rs, trustees, and other disqualified persons			
Liabilities			tes payable (attach schedule)			
_	22	Other liabilities (describe	· • •)			
	23	Total liabilities (add line	s 17 through 22)	0.	0.	
			v FASB ASC 958, check here			
Balances		and complete lines 24,				
ă		·	• •			
3a			estrictions		<u> </u>	
_			billow FASB ASC 958, check here			
5		and complete lines 26 thro				
ř	26 27 28 29 30	_	cipal, or current funds			
S	27	•	land, bldq, and equipment fund,			
šet	28		alated income, endowment, or other funds	· · · · · · · · · · · · · · · · ·	5,087,945.	
ĄSi	29	-	balances (see instructions)	0.	5,087,945.	
et	30		net assets/fund balances (see			
Ž				0.	5,087,945.	
Р			nges in Net Assets or Fund Bala	nces	· · ·	· · · · · · · · · · · · · · · · · · ·
			alances at beginning of year - Part		must agree with	
			d on prior year's return)	, ,	•	0
2			line 27a		r	5,087,945.
			led in line 2 (itemize) ▶			
						5,087,945.
		reases not included in			5	
			alances at end of year (line 4 minus	line 5) - Part II. column (		5,087,945.

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Page	_

Pa	nt IV Capital Gains	and Losses for Tax on Inv	estment Income					
	• •	scribe the kind(s) of property sold (for	· ·	(b) How acquired	(c) Date acquired	(d) Date sold		
	2-story b	P - Purchase D - Donation	(mo, day, yr)	(mo , day, yr )				
1 a	SEE PART IV SCHEI							
b								
c								
<u>d</u>								
е								
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu			
a								
<u>b</u>				ļ				
<u>C</u>								
<u>d</u>			<del> </del>					
<u>         e</u>		howing gain in column (h) and owned	d by the foundation on 12/31/69					
	Complete only for assets si		* <u> </u>		Gains (Col (h) ga (k), but not less the			
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	001	Losses (from col			
a								
b						· 		
<u>c</u>								
d								
е								
_	Constal ages and sacrama	or (not nontal lane) [ If g	gain, also enter in Part I, line 7					
2	Capital gain net income	or (net capital loss) {	loss), enter -0- ın Part I, line 7	2		-292.		
3	Net short-term capital g	ain or (loss) as defined in sections	s 1222(5) and (6)					
	If gain, also enter in Pa	art I, line 8, column (c) See ins	structions $$ If (loss), enter -0- in $$	.				
	Part I, line 8		<u></u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3		0.		
Pai	rt V Qualification U	Inder Section 4940(e) for Re	educed Tax on Net Investment I	ncome				
Was		the section 4942 tax on the distri	T AVAILABLE FOR INITIAL butable amount of any year in the b			Yes No		
<u> </u>		't qualify under section 4940(e)						
<u> </u>	(a)	nount in each column for each ye	ear, see the instructions before make	ing any en				
Cale	Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by			
	2018							
	2017							
	2016							
	2015							
	2014							
2	Total of line 1, column (d	d)		2				
3			de the total on line 2 by 5 0, or by					
	the number of years the foundation has been in existence if less than 5 years							
4	Enter the net value of no	oncharitable-use assets for 2019	from Part X, line 5	4				
5	5 Multiply line 4 by line 3					***		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)	)	6				
7	Add lines 5 and 6			7				
8	Enter qualifying distributions from Part XII, line 4							

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see ir	nstru	ction	<u>s)</u>	
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)		- <del></del> -			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				45.	
	here ▶ and enter 1% of Part I, line 27b				ı	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of		_	<b>.</b>		
	Part I, line 12, col (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)					
3	Add lines 1 and 2				45.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)				0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0				45.	
6	Credits/Payments				1	
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a					
b	Exempt foreign organizations - tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868) 6c				`,	
d	Backup withholding erroneously withheld					
7	Total credits and payments Add lines 6a through 6d				<u>0.</u>	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8					
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				45.	
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					
11	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ Refunded ▶ 11					
	t VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or di			Yes	No	
	participate or intervene in 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 definition		1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any mate	erials	ŀ		ĺ	
	published or distributed by the foundation in connection with the activities	1				
С	c Did the foundation file Form 1120-POL for this year?				X	
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				1	
	(1) On the foundation ► \$(2) On foundation managers ► \$	ł			l	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impose	:d			l	
	on foundation managers   \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u> </u>	
	If "Yes," attach a detailed description of the activities	ļ				
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, art					
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	1	3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	٠. ١	4a	_	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		<del></del>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		<u> </u>	
	If "Yes," attach the statement required by General Instruction T		]		İ	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				ĺ	
	By language in the governing instrument, or		l			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions			.,		
	conflict with the state law remain in the governing instrument?		6	X	<del></del>	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	xv	7	Х	<del></del>	
	Enter the states to which the foundation reports or with which it is registered. See instructions.	l				
	DE,	l			l	
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ger			,,	l	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	i i	8b	Х	<del></del>	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3	, I			ļ	1
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "N		- 1			,
	complete Part XIV		9		X	•
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing to	their	- 1	.,		
	names and addresses . ATCH 4	<u></u>	10	X		

Pai	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		i	
	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 ▶ FOUNDATION SOURCE Telephone no ▶ 800-839-	1754	1	
	Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-13	77		
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			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
2	the foreign country >			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		V	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	to the state of th			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No  (5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" 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)			
ь	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	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	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 2019?	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))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years		1	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions )	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	·			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the	<u>,</u>	1	
_	foundation had excess business holdings in 2019 )	3b		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	41-		Х
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	<u> </u>	

Pa	rt VII-B	Statements Regarding Activities	for Which Form	4720 May Be Req	uired (con	tınued)	_		
5a	During th	ne year, did the foundation pay or incur any amo	ount to					Yes	No
	(1) Carr	y on propaganda, or otherwise attempt to influ	ence legislation (section	on 4945(e))?	. Yes	X No			
		ence the outcome of any specific public ele				_			İ
		tly or indirectly, any voter registration drive?	•	•		X No			ŀ
		ide a grant to an individual for travel, study, or o				X No	3		
	• •	de a grant to an organization other than a			• —				,
-		on 4945(d)(4)(A)? See instructions				X No	ļ		İ
		ide for any purpose other than religious, cl							ŀ
		oses, or for the prevention of cruelty to children				X No			
		nswer is "Yes" to 5a(1)-(5), did any of the		· · · · · · · · · · · · ·	_			ĺ	
b		ons section 53 4945 or in a current notice regar					.		
						Г	<u>5b</u> _		
	-	itions relying on a current notice regarding disa				▶∟			<b> </b>
С		nswer is "Yes" to question 5a(4), does the		•		Π.,			
		it maintained expenditure responsibility for the			. Yes	No		1	
	If "Yes,"	attach the statement required by Regulations s	ection 53 4945-5(d)						
6a		foundation, during the year, receive any fur	•						
		conal benefit contract?				X No			l
b	Did the fo	oundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	ıct?		6b_	<b>}</b>	X
	If "Yes" t	o 6b, file Form 8870							
7a	At any tir	me during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?.	. Yes	X No			
b	If "Yes,"	did the foundation receive any proceeds or ha	ve any net income atti	ributable to the transacti	on?		7b		
8	Is the fou	undation subject to the section 4960 tax on pay	yment(s) of more tha	ın \$1,000,000 ın					
	remunera	ation or excess parachute payment(s) during the				X No			
Pa	rt VIII	Information About Officers, Directo and Contractors	rs, Trustees, Fou	ındation Manager:	s, Highly P	aid Empl	oyees,		
1	List all o	fficers, directors, trustees, and foundat	ion managers and	their compensation	See instruc	tions.			
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribu employee ben	tions to	(e) Expen	se acco	unt,
		(a) Name and address	devoted to position	enter -0-)	and deferred co		other at	lowance	es
ATC	1 5		_	0.		0.			0.
				_			_		
					-				
2	Compens	sation of five highest-paid employees	(other than thos	se included on line	2 1 - see	nstructio	ns). If n	one,	ente
(a)	Name and	address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contribu	penefit	(e) Expens	se accor	unt,
, ,			devoted to position		plans and d compens	ation	other at	owance	:5
	NONE								
									_
		——————————————————————————————————————		-	-				
	<del></del>								
			-						-
Total	number	of other employees paid over \$50,000	<u> </u>	<del> </del>	<u></u>	<u>▶</u>		N DE	

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3 Five highest-paid independent contractors for professional services. See instructions. If none, er	nter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of serv	ice (c) Compensation
NONE	
	0
<del></del>	
Total number of others receiving over \$50,000 for professional services	▶
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the organizations and other beneficiaries served, conferences convened, research papers produced, etc.	number of Expenses
1 N/A	
2	
	<del></del>
3	
	<del></del> -
4	
	<del></del>
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
	<del></del>
	<del></del>
2	<del></del>
<del></del>	<del></del>
All other program-related investments. See instructions	
3	
NONE	
Total. Add lines 1 through 3	<b>—</b>

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Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foun	dations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		1 100 010
а	Average monthly fair market value of securities	1a	1,193,249.
þ	Average of monthly cash balances	1b	1,313,568.
	Total (add lines 1a, b, and c)	1d	2,506,817.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0.506.017
3	Subtract line 2 from line 1d	3	2,506,817.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see	1 1	25 600
	instructions)	-	37,602.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,469,215.
6	Minimum investment return. Enter 5% of line 5	6	37,884.
Par	<b>1 XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating fou and certain foreign organizations, check here ▶ and do not complete this part )	ndations	
1	Minimum investment return from Part X, line 6	1	37,884.
	Tax on investment income for 2019 from Part VI, line 5 2a 45.		
	Income tax for 2019 (This does not include the tax from Part VI).	1	
c	Add lines 2a and 2b	2c	45.
3	Distributable amount before adjustments Subtract line 2c from line 1		37,839.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		37,839.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
-	line 1	7	37,839.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	] ]	
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		
ь	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)		
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	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V column (h) in subsequent years when ca	deulating	whether the foundation

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

Form 990-PF (2019)

Form 990-PF (2019)

Page 9

Pa	art XIII Undistributed Income (see inst	ructions)			
1	Distributable amount for 2019 from Part XI.	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
•	line 7				37,839.
2	Undistributed income, if any, as of the end of 2019				7,000
	a Enter amount for 2018 only				
ì	b Total for pnor years $20_{-17}$ , $20_{-16}$ , $20_{-15}$				
	Excess distributions carryover, if any, to 2019	· · · · · · · · · · · · · · · · · · ·	e er je geg gym je je je je je je je je je je je je je	14 14 A 1	10 11 11 11
	a From 2014			أريب عادي وأدي	
	From 2015				
	From 2016				
	d From 2017				
	e From 2018				
1	Total of lines 3a through e				
	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$				
	Applied to 2018, but not more than line 2a				
ŀ	Applied to undistributed income of prior years (Election required - see instructions)				
,	Treated as distributions out of corpus (Election				,
١	required - see instructions)				
	Applied to 2019 distributable amount				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same				
	amount must be shown in column (a)			************	
6	Enter the net total of each column as indicated below:				
á	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
t	Prior years' undistributed income Subtract				
	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 assessed				
c	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
٠	4a from line 2a Taxable amount - see instructions				
	Undistributed income for 2019 Subtract lines				
•	4d and 5 from line 1. This amount must be				
	distributed in 2020				37,839.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or $4942(g)(3)$ (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2014 not				
	applied on line 5 or line 7 (see instructions)				· · · · · · · · · · · · · · · · · · ·
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			
0	Analysis of line 9				
	Excess from 2015			ļ	
t	Excess from 2016				
c	Excess from 2017				
	Excess from 2018				
e	Excess from 2019				

	•	
orm	990-PF (2019)	

THE SUE & BOB MCCOLLUM FAMILY FOUNDATION

84-3024857 Page **10** 

Рa	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A, ques	tion 9)	NOT APPLICABLE
1 a	If the foundation has					
	foundation, and the ruling					
b	Check box to indicate v	vhether the foundation	is a private operating	foundation described i	n section 4942(	j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part  I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(at) 2016	
	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 .	·			<u> </u>	
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line					
_	2d from line 2c					<u></u>
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section	•				
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed	<i></i>		<del></del>	<del>  </del>	<del></del>
Ç	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents, payments on securities			1		
	Ioans (section 512(a)(5)),					
	or royalties)	<del>/</del>				
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	port from an exempt	/				
	organization (4) Gross investment income.	1				
Pa		tary Information (	Complete this part	only if the found	ation had \$5,000 d	or more in assets at
		uring the year - seè		•	. ,	
1	Information Regarding	Foundation Manage	rs:			
а	List any managers of					
	before the close of any	tax year (but only if th	iey have contributed r	nore than \$5,000) (\$	See section 507(d)(2) )	
	ATTACHME					
b	List any managers of					ly large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	n has a 10% or greate	rinterest	
	N/A					
2	Information Regarding	Contribution, Grant	, Gift, Loan, Scholarsh	np, etc., Programs:		
	Check here ▶ X If t	ne foundation only i	makes contributions	to preselected cha	ritable organizations	and does not accept
	unsolicited requests for complete items 2a, b, o	or funds. If the found	ation makes gifts, gra	ants, etc , to individu	als or organizations u	nder other conditions,
а	The name, address, a	nd telephone number	or email address of th	ne person to whom ap	plications should be ad	dressed
b	The form in which appl	ications should be sub	omitted and information	on and materials they	should include	<del></del>
_	Any submission deadlii					
Ü	raiy subimission dedull					

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

3 Grants and Contributions Paid During the Year or Approved for Future Payment  Recopient  Recopient (Frequency Properties Announce Payment)  Name and address (knew or business)  a Poid during the year  Total  Total  Display the Year or Approved for Future Payment  Total  Total  Display the Year or Approved for Future Payment  Total  Total  Display the Year or Approved for Future Payment  Total  Total  Display the Year or Approved for Future Payment  Total  Total	Part XV Supplementary Information (continued)							
Total	3 Grants and Contributions Paid Dur	ing the Year or App	roved for	Future Payment	<del>, ,</del>			
Total	Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount			
Total	Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount			
	Name and address (home or business)  a Paid during the year	any foundation manager or substantial contributor	status of recipient	contribution	Amount			
	Total							
					1			
Total								

Page **12** 

Part XVI-A	Analysis of Income-Prod	ucing Act	ivities			
	nounts unless otherwise indicated	Unrela	ated business income	Excluded b	y section 512, 513, or 514	(e)
·		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program se		<u>.                                    </u>	<del>"</del> "	+		(See instructions)
				+		
			<u>-</u>			
				<del>-</del>		<del></del>
d				<del> </del>	<del></del>	<del></del> _
		<u> </u>			<u> </u>	<del></del>
			·	<del></del>		
g Fees and	contracts from government agencies					
2 Membershi	p dues and assessments	ļ		1.4	101	
3 Interest on s	avings and temporary cash investments •			14	181.	<del></del>
4 Dividends a	and interest from securities			14	3,892.	
5 Net rental i	ncome or (loss) from real estate					
a Debt-fin	anced property			<del>                                     </del>		
<b>b</b> Not deb	t-financed property		<u>.</u>		<u> </u>	
6 Net rental in	come or (loss) from personal property					
7 Other inves	stment income		<u> </u>	1		
8 Gain or (loss	s) from sales of assets other than inventory			18	-292.	
9 Net income	or (loss) from special events					
10 Gross profi	t or (loss) from sales of inventory					<del>_</del>
11 Other reven	ue a					
ь						
c						
d						
е						
12 Subtotal A	dd columns (b), (d), and (e)				3,781.	<del></del>
	line 12, columns (b), (d), and (e)				13	3,781.
	t in line 13 instructions to verify calci					
Part XVI-B	Relationship of Activities	s to the A	ccomplishment of E	xempt Pur	poses	
Line No.	Explain below how each activity	y for which	n income is reported i	ın column (e	e) of Part XVI-A contrib	uted importantly to the
	accomplishment of the foundation	-				
	·		<u> </u>			<u> </u>
		_				
				<del></del> .		
		_				
		_	<del></del>			
				_		
					<u></u> .	
					<u>-</u>	
	<del>-</del>					
						·
		_				
		_				
				_		
				-		
					-	

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

			<del></del>						$\overline{}$		_
1	Did th	e organization directl	ly or indirectly er	ngage in any of the follo	wing with a	ny other orga	nızatıon des	cribed	l	Yes	No
	in se	ction 501(c) (other	than section 5	01(c)(3) organizations)	or in sect	tion 527, re	lating to p	olitical		. {	
	organi	izations?									
а	•		α foundation to a	noncharitable exempt of	rganization o	f			- 1	-	
_								1	2/11		Х
											Х
	٠,							· · · · · F	a(2)		
D		transactions							İ		17
				ot organization							X
	(2) Pu	rchases of assets fro	m a noncharitabl	e exempt organization				· · · · <u> </u> 1	b(2)		Х
	(3) Re	ental of facilities, equip	oment, or other as	ssets				1	b(3)		X
	(4) Re	embursement arrange	ements					1	b(4)		X
		-									Х
		•		or fundraising solicitation				_			Х
_			•	other assets, or paid em							Х
a		-		complete the followin	-						
		- '		s given by the reporting	-						
	value		snaring arrange	ment, show in column (							
(a) L	ne no	(b) Amount involved	(c) Name of nor	ichantable exempt organization	(d) De	scription of trans	fers, transactions	s, and shann	g arra	ngemer	nts
	- 1	N/A			N/A						
		=.									
						•					
					1						
						·	<del></del>				
				· · · · · · · · · · · · · · · · · · ·			· · · · · ·				
				· · · · · · · · · · · · · · · · · · ·	<del></del>						
							· <del></del>				
				········			····		_		
	<u> </u>										
			<del></del>							• • • • •	
	$\rightarrow$		·····								
	descri	bed in section 501(c)	(other than section	ated with, or related to on 501(c)(3)) or in section			_		Ye	s X	] No
D	ii res	s," complete the follow		(h) Turn of	T	<u>.</u>	/a\ Daga===t==	of colot:'			
		(a) Name of organization	<u>'</u>	(b) Type of organization	VIII .		(c) Description (	or relationshi	ν		
							<del> </del>				
	Undo	r penalties of penjury, I declar	ro that I have examined	this rotum, including accompany	ng schodules and	statements, and t	o the best of my	y knowledge	and b	elief, it	is true,
		ct, and complete Declaration of	preparer (other than taxp	ayer) is based on all information of v	vhich preparer has	any knowledge					
Sigr	¹   ▶	1 1/1/11/14	len	1/2/30/2020	500	notan		y the IRS			
Here	e   -	unatura of officer or trustee		Date	Trtle	<del>110 4117</del>		h the prepa	_	Yes	$\neg$
	Sig	nature of officer or trustee		Date 4	rine	,	See	an Suu Cuuri S	$\Box$	] 1 AR [	No
				15		тъ		1			
aid	l	Print/Type preparer's nar		Preparer's signature		Date	Check	<sub>If</sub>   PTI			
		JEFFREY D HASK	ŒLL	JEFFREY D HASKE	LL	04/30/2	2020 self-em	ployed P(	134	1577	0
, tel	oarer	Firm's name FO	UNDATION SOU	JRCE			Firm's EIN	510398	347		
Jse	Only		E HOLLOW LN,	STE 212							
			KE SUCCESS,	NY	11	.042	Phone no	800-839	-17	54	
		<del></del>		· <del>-</del>		<del></del>	, none no ,		222		

## 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

2019

Employer identification number

THE SUE & BOB MCCOLLUM FAMILY FOUNDATION 84-3024857 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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

Employer identification number 84-3024857

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	MCCOLLUM, ROBERT		Person X Payroll		
	PALO ALTO, CA 94304	\$\$.	Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
:		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions)		

Employer identification number

		84-30	024857	
Part II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	eded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		  \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
<del></del>		 		
(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	
<del></del>		     \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		

Employer identification number

				84-3024857	
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the statement of the s	he year from any one ons completing Part III, e e year (Enter this inform	<b>contributor</b> . Comenter the total of $\epsilon$	nplete columns (a) through (e) and exclusively religious, charitable, etc.	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of g	ııft —		
	Transferee's name, address, an	d ZIP + 4	Relationshi	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of g	ift		
	Transferee's name, address, and	d ZIP + 4	Relationshi	p of transferor to transferee	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		(e) Transfer of g	ııft		
	Transferee's name, address, and	1 ZIP + 4	Relationshi	p of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
		ıft			
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee		

- OTHER PROFESSIONAL FEES PART I FORM 990PF,

REVENUE

AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

1,836.

1,836.

1,836.

TOTALS

INVESTMENT MANAGEMENT SERVICES

DESCRIPTION

1,836.

84-3024857

FOUNDATION
FAMILY
MCCOLLUM
BOB
Ś
SUE
THE

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

	ATTACHMENT 2	NT 2
DESCRIPTION	ENDING BOOK VALUE	ENDING <u>FMV</u>
US T - 0.000% - 01/14/2020	3,998,213.	3,998,040.
US OBLIGATIONS TOTAL	3,998,213.	3,998,040.

FORM 990PF, PART II - CORPORATE STOCK

ENDING FMV	17,642. 116,526. 32,975. 32,576. 29,392. 54,159. 84,843. 41,403. 11,649. 31,681. 44,303. 51,256. 26,801. 14,977. 17,584. 29,398. 21,895.	774,957.
ENDING BOOK VALUE	17,652. 8,973. 117,092. 33,794. 29,419. 53,317. 84,114. 40,870. 61,596. 20,628. 11,991. 31,713. 43,929. 50,565. 26,386. 17,028. 17,691. 29,458.	773,204.
DESCRIPTION	ABBVIE INC ALPHABET INC CL A BERKSHIRE HATHAWAY INC. CLASS BOEING CO COSTCO WHOLESALE CORPORATION CROWN CASTLE INTL ESSEX PRTY TR INC EXTRA SPACE STORAGE EXTRA SPACE STORAGE EXTRA SPACE STORAGE FACEBOOK INC JP MORGAN CHASE MERCK & CO INC NETFLIX INC PROGRESSIVE CORP OHIO PROLOGIS REALTY INCOME CORP SPLUNK INC STARBUCKS CORP COM UNITEDHEALTH GROUP INC VERTEX PHARMCTLS INC	TOTALS

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kınd of P				rıptıon		P 5 D	Date acquired	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj basis	Excess of	14	Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis	$\coprod$	or (loss)	
19255615.		PUBLICLY-TF	RADED SECURI	ries -			-292.	
OTAL GAIN(LC	oss)	,		, <b></b> .			-292.	

THE SUE & BOB MCCOLLUM FAMILY FOUNDATION

ATTACHMENT

## - SUBSTANTIAL CONTRIBUTORS LINE 10 PART VII-A, FORM 990PF,

# NAME AND ADDRESS

MCCOLLUM, ROBERT 620 SAND HILL ROAD #222F PALO ALTO, CA 94304

MCCOLLUM, SUSAN 620 SAND HILL ROAD #222F PALO ALTO, CA 94304

10	
TRUSTEES	
AND	
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	
OFFICERS,	
OF	
LIST OF	
VIII	
PART	
990PF,	
FORM	

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	.0	.0	.0	.0	.0	0.
CON TO COMPENSATION BEN	·	·	·	·	·	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIR, TREAS 1.00	DIR, SEC 1.00	DIR 1.00	DIR, PRES 1.00	DIR, VP 1.00	GRAND TOTALS
NAME AND ADDRESS	DAVID MCCOLLUM FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	JEFFREY MCCOLLUM FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	MICHAEL MCCOLLUM FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	ROBERT MCCOLLUM FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	SUSAN MCCOLLUM FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	

ATTACHMENT 6

## FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

ROBERT MCCOLLUM SUSAN MCCOLLUM