Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ 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. and ending

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning

Open to Public Inspection

B c	heck if pplicable	C Name of organization	D Employer identifie	cation number									
	Addres change												
	cnange Name change			20-0	813566								
	Icriange Initial return		om/suite	E Telephone number									
	_ Final	357 S MCCASLIN BOULEVARD, SUITE 105	OIII/Suite	866-	358-0285								
	لreturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,634,449.								
	Amend return		l	H(a) Is this a group re	· · · · · · · · · · · · · · · · · · ·								
	Application												
	pendin	SAME AS C ABOVE		for subordinates H(b) Are all subordinates in									
I Tax-exempt status: X 501(c)(3) 501(c) ()													
	J Website: ► WWW. DAVISPHINNEYFOUNDATION.ORG H(c) Group exemption number												
	Form of organization: X Corporation Trust Association Other L Year of formation: 2004 M State of legal domicile: OH												
	ırt I	Summary	•	•									
0	1 [Briefly describe the organization's mission or most significant activities: ${ m THE}~~{ m DA}$	VIS	PHINNEY FOU	NDATION'S								
Activities & Governance]	MISSION IS TO HELP PEOPLE LIVE WELL WITH P	PARKI	NSON'S DISE	ASE. WHILE								
rne	2	neck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Š	8 1	Number of voting members of the governing body (Part VI, line 1a)		3	13								
S O	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	13								
es	5	Fotal number of individuals employed in calendar year 2018 (Part V, line 2a)			23								
ΞĘ		Fotal number of volunteers (estimate if necessary)			125								
Act		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.								
	l d	Net unrelated business taxable income from Form 990-T, line 38	······	7b	0.								
				Prior Year	Current Year								
ne	l	Contributions and grants (Part VIII, line 1h)		2,262,427.	2,582,907.								
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.								
Вè		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,885.	25,837.								
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-132,362. 2,132,950.	-83,959.								
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		83,610.	2,524,785.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		03,010.	0.								
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		829,053.	1,042,467.								
Expenses				025,055.	0.								
ben	loar	Professional fundraising fees (Part IX, column (A), line 11e)	····	•									
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		976,732.	1,115,951.								
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,889,395.	2,329,574.								
		Revenue less expenses. Subtract line 18 from line 12		243,555.	195,211.								
or				ginning of Current Year	End of Year								
Jet Assets und Baland	20	Fotal assets (Part X, line 16)		1,922,769.	2,216,699.								
ASS d Ba	l	Fotal liabilities (Part X, line 26)		553,931.	654,341.								
E.E	l	Net assets or fund balances. Subtract line 21 from line 20		1,368,838.	1,562,358.								
Pa		Signature Block											
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules an	nd stateme	ents, 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.									
		Observation of allians		Data									
Sign	ו ו	Signature of officer		Date									
Her	е	POLLY DAWKINS, EXECUTIVE DIRECTOR											
		Type or print name and title	In	ato L	PTIN								
THE D ACKEDMAN THE D ACKEDMAN DOLLAR DATE OF THE D													
Paid		LEE P. ACKERMAN LEE P. ACKERMAN	Įυ	4/15/19 self-employe									
		Firm's name BROCK AND COMPANY, CPAS, P.C.		Firm's EIN	84-0930288								
use	Only	Firm's address 900 S MAIN STREET, SUITE 200		20	2_776 2160								
		LONGMONT, CO 80501		Phone no. 30	3-776-2160								
May	the IP	S discuss this return with the preparer shown above? (see instructions)			X Yes No								

Form	990 (2018) DAVIS PHINNEY FOUNDATION	20-0813566	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE DAVIS PHINNEY FOUNDATION'S MISSION IS TO HELP PEOP		
	WITH PARKINSON'S DISEASE. WHILE IT IS CRITICAL TO FIND		
	PARKINSON'S, WE FEEL STRONGLY THAT PEOPLE LIVING WITH ALSO NEED INFORMATION AND TOOLS TO LIVE WELL TODAY. TH		WA C
		E FOUNDATION	WAS
2	Did the organization undertake any significant program services during the year which were not listed on the	Voc	X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	L res	I ZZ INO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	2 Ves	X No
	If "Yes," describe these changes on Schedule O.	٠:	140
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expense	s.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or		
	revenue, if any, for each program service reported.	,	
4a	(Code:) (Expenses \$ 736,816 • including grants of \$) (Rev	renue \$	595.)
	THE VICTORY SUMMIT (R) SYMPOSIA SERIES PROVIDES PEOPLE	WITH PARKINS	SON'S
	AND THEIR FAMILIES WITH INFORMATION AND TOOLS NEEDED T		
	QUALITY OF THEIR LIVES TODAY. FEATURING CLINICIANS, RE		
	THERAPISTS SPECIALIZING IN THE FIELD OF MOVEMENT DISOR	=	CTORY
	SUMMIT SYMPOSIUM COVERS TOPICS SUCH AS QUALITY OF LIFE		
	ADVANCES, THERAPY TREATMENT OPTIONS, LIFESTYLE MODIFIC		
	RESOURCES THAT ATTENDEES CAN USE TO LIVE WELL TODAY. T		
	UPBEAT, INTERACTIVE AND CONTENT IS TAILORED TO THE LOCA		
	EXPRESSED NEEDS. THE VICTORY SUMMIT SYMPOSIA PROVIDE T		
	FOR ATTENDEES TO CONNECT WITH OTHERS WHO SHARE SIMILAR SUCCESSES. THE EVENTS ARE FREE OF CHARGE.	CHALLENGES F	מאד
	DUCCESSES. THE EVENTS ARE FREE OF CHARGE.		
4b	(Code:) (Expenses \$ 223,740 • including grants of \$ 137,083 •) (Rev	venue \$	1
	THE DAVIS PHINNEY FOUNDATION IS COMMITTED TO PROVIDING		THE
	MOST PROMISING RESEARCH AIMED AT DISCOVERY OF THERAPEU	TICS AND	
	LIFESTYLE CHOICES THAT PROMOTE LIVING WELL TODAY WITH	PARKINSON'S.	
	ANNUALLY, A PERCENTAGE OF OUR BUDGET IS ALLOCATED TO F		7E
	RESEARCH DESIGNED TO IMPROVE THE QUALITY OF LIFE. WE H		
	GRANTS FOR PARKINSON'S STUDIES ACROSS A RANGE OF DIMEN		
	EXERCISE, DEPRESSION, DEEP BRAIN STIMULATION, TELEMEDI		
	ALL OF WHICH CAN HAVE AN IMMEDIATE IMPACT ON THE LIVES	OF PEOPLE WI	TH
	PARKINSON'S.		
4c	(Code:) (Expenses \$ 377, 121 • including grants of \$) (Rev	renue \$	1
	EVERY VICTORY COUNTS (R) SELF-CARE MANUAL PROVIDES A C		
	ROADMAP FOR PERSONALIZED CARE STRATEGIES FOR PEOPLE LI	VING WITH	
	PARKINSON'S. WRITTEN IN COLLABORATION WITH MOVEMENT DI	SORDER	
	SPECIALISTS, THE MANUAL HELPS THE READER UNDERSTAND TH		
	PARKINSON'S WHILE PARTICIPATING IN DEVELOPING THEIR OW		CARE
	PLAN. UNIQUE IN THE WORLD OF PARKINSON'S RESOURCES, TH		
	GUIDE PRESENTS TIMELY, ACCURATE CLINICAL DISCUSSIONS A		
	FROM PEOPLE WITH PARKINSON'S THAT LEND CONTEXT, RELEVA		
	INSIGHT TO TOPICS COVERED. THE EVERY VICTORY COUNTS MA		
	RESOURCE AVAILABLE IN PRINT OR FOR DOWNLOAD TO A COMPU	TER OR MOBILE	5
	DEVICE.		
4 -			
4d	Other program services (Describe in Schedule O.)	· ·	
10	(Expenses \$ 463,747 • including grants of \$ 34,074 •) (Revenue \$ Total program service expenses ► 1,801,424 •)	
40	TOTAL PROGRAM SELVICE EXPERISES ▼ 1,001, 124 = •		

4e Total program service expenses ▶

Form 990 (2018) DAVIS PHINNEY FOUNDATION 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)?	_	v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
4	public office? If "Yes," complete Schedule C, Part I	3		Λ
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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ū	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			3,7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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			
Ü	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		Х
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		X
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,			
u	Part VI	11a	Х	
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		Х
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		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	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	40h		х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	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			
	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	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,"	40		X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

Checklist of Required Schedules (continued

			Yes	No
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		X
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
24 a	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	04-		X
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	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		Х
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		Х
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			v
	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):	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	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		Х
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			X
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
b	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?	555		
33	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		Х
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	Х	
Pa	rt 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			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 25 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Effect the flumber of Forms w 2d included in line 1a. Effect of inflot applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.		X
	(gambling) winnings to prize winners?	1c	L	1 42

DAVIS PHINNEY FOUNDATION Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
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 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
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 Advanced in the Financi				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			,,
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	· ·			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	7-		Х
	to file Form 8282?	ı	7c		-22
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		X
g h	If the organization received a contribution of qualified intellectual property, did the organization rife in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes, air		79 7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		,···		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	•	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	D. I		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I			
		13b			
		13c			77
14a			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				X
	excess parachute payment(s) during the year?		15		Δ
16	If "Yes," see instructions and file Form 4720, Schedule N.	t income?	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of the section 4968 excise tax on the section 4968 excise tax of the section 4968 excise tax on the section 4968 excise tax of tax of tax of	LINCOME?	16		$\stackrel{\wedge}{\vdash}$
	If "Yes," complete Form 4720, Schedule O.				

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 1a 13			
	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 13			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
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	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
·	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
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	and the second s	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		
·	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	
	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).	.5.0		
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		Х
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	10.5		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	_ Jy)	a ranc	.~.0
	X Own website X 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	finan	cial	
	statements available to the public during the tax year.	α.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 866-358-0285			
	357 S MCCASITN BOILEVARD SILTER 105 LOUISVILLE CO 80027			

Page 7

Form 990 (2018) 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 (Ď), (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 (A)	(B)	Γ		((C)			(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	ox, unless person is both an ifficer and a director/trustee)			is bot	h an	compensation	compensation	amount of	
	week	_	l a			1	100,	from the	from related organizations	other	
	(list any hours for	Individual trustee or director				p		organization	(W-2/1099-MISC)	compensation from the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	(** = * * * * * * * * * * * * * * * * *	organization	
	organizations	ıl trus	nal tru		loyee	dwo				and related	
	below	lividua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
/1) CONTINUE CARRENTED DUTABLE	line) 8 • 0 0	트	ıı	#5	ē.	ijî ili	휸				
(1) CONNIE CARPENTER-PHINNEY BOARD CHAIR	8.00	x		x				0.	0.	0.	
(2) DAVIS PHINNEY	5.00	^		^		\vdash		0.	0.	0 .	
BOARD VICE CHAIR	3.00	X		X				0.	0.	0.	
(3) STEPHEN CHASE	4.00	123				\vdash			•		
TREASURER	1111	x		x				0.	0.	0 .	
(4) DAVID LEVENTHAL	2.00	 									
SECRETARY		Х		х				0.	0.	0 .	
(5) KARA BEASLEY	2.00										
DIRECTOR		Х						0.	0.	0 .	
(6) SOANIA MATHUR	2.00										
DIRECTOR		Х						0.	0.	0 .	
(7) GLEN SIBLEY	2.00							_	_	_	
DIRECTOR		Х						0.	0.	0	
(8) ERICA BORENSTEIN	2.00	ļ									
DIRECTOR		Х						0.	0.	0	
(9) KEVIN KWOK	2.00	۱.,							0		
DIRECTOR	2.00	Х				-		0.	0.	0	
(10) HELEN BRONTE-STEWART	2.00	x						0.	0.	0	
DIRECTOR (11) PETER SCHMIDT	2.00	^				┢		0.	0.	0 .	
DIRECTOR	2.00	X						0.	0.	0	
(12) EVAN SIDDALL	2.00	123				\vdash			•	-	
DIRECTOR		X						0.	0.	0	
(13) MIKE RILEY	2.00					t		-		-	
DIRECTOR		X						0.	0.	0 .	
(14) POLLY DAWKINS	40.00										
EXECUTIVE DIRECTOR				Х				108,293.	0.	0 .	
						\vdash					
		-									
						_					

Form 990 (2018) 832007 12-31-18

Part VII Section A. O	Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A	()	(B)			(C				(D)	(E)			(F)	
Name a	and title	Average	(do		Posi heck		1 than	one	Reportable	Reportable	,	Es	timate	:d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			ount o	of
		week (list any	⊢	CCI ai	10 0 0	l	Ji/ ti do	100)	from	from related			other	4.5
		hours for	lirecto				L		the organization	organization (W-2/1099-MI			pensa om the	
		related	3e or 0	stee			ısatec		(W-2/1099-MISC)	(***27 1099*10110	30)		anizati	
		organizations	trust	al tru		yee	educ		,			_	d relate	
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Former			ļ	orga	nizatio	วทร
		line)	lndi	Inst	Officer	Key	High	R				<u> </u>		
			_											
			-											
1b Sub-total		<u>I</u>					<u> </u>		108,293.		0.			0.
	uation sheets to Part VI							•	0.		0.			0.
	and 1c)								108,293.		0.			0.
2 Total number of inc	dividuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportab	le			
compensation from	n the organization											T	Yes	No
3 Did the organization	n list any former officer,	director, or tru	uste	e, ke	ey en	nplo	oyee	, or	highest compensated e	mployee on	ļ			110
_	omplete Schedule J for s				-		-		-			3		Х
4 For any individual li	isted on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d oth	her compensation from					
•	zations greater than \$150											4	_	X
• •	ed on line 1a receive or a	· · · · · · · · · · · · · · · · · · ·				-					;	_		v
Section B. Independen	ganization? If "Yes," com t Contractors	piete Scheaui	e J ī	or si	ucn _l	pers	son .					5		X
	e for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	eport compensation for													
	(A)				_				(B)			(C		
	Name and business	address	N	INC	<u> </u>			\dashv	Description of s	services		Comper	nsation	1
								\dashv						
2 Total number of inc	dependent contractors (i	ncludina but n	ot li	mite	d to	tho	se li	sted	d above) who received n	nore than				
	ensation from the organi		- ***			(0		,					

Form 990 (2018) DAVIS P.
Part VIII Statement of Revenue

		Check if Schedule O cont	aine a reenonee	or note to any li	ne in this Part VIII			
		Officer if Schedule O cont	airis a response	or note to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
<u> </u>						revenue	revenue	512 - 514
nts	1 a	Federated campaigns	1a					
<u> </u>	b	Membership dues						
Am Am	С	Fundraising events	1c 1 ,	026,709.				
a jit	d	Related organizations	1d					
s, (Government grants (contribut						
ioi		All other contributions, gifts, gran						
the		similar amounts not included abo		556,198.				
Ę Ö	ď	Noncash contributions included in lines		•				
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines 1a-1f			2,582,907.			
<u> </u>		Total Add lines 12 11		Business Code				
	•			Business Code				
į į	2 a							
ne ne	b							
le n	С							
Re	d							
Program Service Revenue	е							
<u>-</u>		All other program service reve						
\rightarrow	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, interes	est, and	05 005			05 005
		other similar amounts)			25,837.			25,837.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	. <u></u>	<u></u>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	, .	assets other than inventory	(i) Goodinass	(ii) Guitoi				
	h	Less: cost or other basis			-			
	, i							
	_	and sales expenses			-			
		Gain or (loss)						
		Net gain or (loss)						
ne	8 a	Gross income from fundraisin						
Other Reven		including \$ 1,026,7						
Re		contributions reported on line	•	17 110				
ē		Part IV, line 18			-			
₹		Less: direct expenses		109,664.	00 554			00 554
		Net income or (loss) from fund		_	-92,554.			-92,554.
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam		<u></u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	8,595.				
	b	Less: cost of goods sold	b	0.				
	С	Net income or (loss) from sale	s of inventory		8,595.	8,595.		
Ī		Miscellaneous Revenu		Business Code				
Ī	11 a							
	b							
	С	;						
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue See instructions			2.524.785.	8.595.	0.	-66.717.

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).

	Check if Schedule O contains a respor				
Do	not include amounts reported on lines 6b,	(A)	(B)	(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	171,156.	171,156.		
2	Grants and other assistance to domestic	17171301	17171300		
2					
•	individuals. See Part IV, line 22				
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,	108,293.	68,658.	8,772.	30,863.
_	trustees, and key employees	100,293.	00,030.	0,112.	30,003.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	803,874.	500 202	65 252	220 120
7	Other salaries and wages	003,8/4.	509,392.	65,353.	229,129.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	E7 700	20 256	E 00C	12 560
9	Other employee benefits	57,702.	38,256.	5,886.	13,560.
10	Payroll taxes	72,598.	48,188.	7,333.	17,077.
11	Fees for services (non-employees):				
а	Management				
	Legal	0 400	4.54	0.040	
	Accounting	8,400.	151.	8,249.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4	2-	4 500	
	column (A) amount, list line 11g expenses on Sch O.)	1,755.	35.	1,720.	404
12	Advertising and promotion	13,421.	12,950.	67.	404.
13	Office expenses	8,004.	5,691.	693.	1,620.
14	Information technology	96,863.	70,723.	10,365.	15,775.
15	Royalties	45.000	24 222	2 252	
16	Occupancy	45,900.	34,380.	2,352.	9,168.
17	Travel	130,878.	126,379.	536.	3,963.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		2 2 2 2		4 4 4 4 4
22	Depreciation, depletion, and amortization	5,299.	3,974.	265.	1,060.
23	Insurance	4,177.	3,383.	159.	635.
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.)	0.65	0.1.0.0.5		4.0 0.75
а	PROGRAM EXPENSES	267,965.	248,985.	1.	18,979.
b	EVC MANUALS	191,649.	191,649.		
С	POSTAGE AND SHIPPING	112,850.	107,671.	68.	5,111.
d	CONSULTING	61,902.	47,940.	4,511.	9,451.
е	All other expenses	166,888.	111,863.	8,530.	46,495.
25	Total functional expenses . Add lines 1 through 24e	2,329,574.	1,801,424.	124,860.	403,290.
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)				
					C 000 (0040)

Form 990 (2018)
Part X Balance Sheet

Pa	πλ	Balance Sneet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,002,890.	1	750,160.
	2	Savings and temporary cash investments			852,073.	2	1,261,811.
	3	Pledges and grants receivable, net			17,741.	3	9,028.
	4	Accounts receivable, net			2,500.	4	82,571.
	5	Loans and other receivables from current and for	ormer of	ficers, directors,			
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	sons (as defined under				
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
sts		employees' beneficiary organizations (see instr)		6			
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			7,251.	8	1,088.
	9	Prepaid expenses and deferred charges			24,401.	9	80,672.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		44,309.			10 -00
	b	Less: accumulated depreciation		24,516.	14,192.	10c	19,793.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		_		13	
	14	Intangible assets		1 501	14	11 556	
	15	Other assets. See Part IV, line 11		1,721.	15	11,576.	
	16	Total assets. Add lines 1 through 15 (must equ			1,922,769.	16	2,216,699.
	17	Accounts payable and accrued expenses		123,358.	17	169,500.	
	18	Grants payable			39,213.	18	94,765.
	19	Deferred revenue			391,360.	19	390,076.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee	•	· · ·			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines		·			
		Schedule D			553,931.	25	651 211
	26			. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	333,331.	26	654,341.
		Organizations that follow SFAS 117 (ASC 958		c nere ▶ 🔼 and			
ces	0.7	complete lines 27 through 29, and lines 33 ar			1,350,981.	07	1,544,501.
lan	27	Unrestricted net assets			17,857.	27	17,857.
Ва	28	Temporarily restricted net assets			17,037.	28	17,037.
Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (A		A shock here		29	
Ē			3C 930)	, check here			
s S	30	and complete lines 30 through 34.				20	
se	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed				30 31	
Net Assets or	31	Retained earnings, endowment, accumulated in		_		32	
Š	33	Total net assets or fund balances		—	1,368,838.	33	1,562,358.
	34	Total liabilities and net assets/fund balances			1,922,769.	34	2,216,699.
	UT	TOTAL HADIILIES AND HEL ASSELS/IUND DAIMICES			_,,,,,,,	UT	

Form **990** (2018)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,52		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,32		
3	Revenue less expenses. Subtract line 2 from line 1	3		5,2	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,36		
5	Net unrealized gains (losses) on investments	5	-	1,6	91.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,56	2,3	58.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization DAVIS PHINNEY FOUNDATION 20-0813566 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 X 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. 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 requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III 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))

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
3	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,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
			1,0045	() 0040	1 () 0047	() 0040	(0 T
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	Ü			,	()()	
<u> </u>	organization, check this box and stop	here					>
	ction C. Computation of Publi					11	
	Public support percentage for 2018 (li					14	<u>%</u>
	Public support percentage from 2017					15	%
16a	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2017. If the o						nis box
	and stop here. The organization qualit						▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact		•	-		•	
	meets the "facts-and-circumstances" t						
b	10% -facts-and-circumstances test	_				•	
	more, and if the organization meets th						
	organization meets the "facts-and-circ		-	•			>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	s

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	ciew, piedee cemp	noto i uit iii)				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and	, ,	·	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1392998.	1174450.	1961054.	2124255.	2582907.	9235664.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	29,866.	404,846.	8,110.	0.	17 110.	459,932.
2	• • • • • • • • • • • • • • • • • • • •	23,000.	101,010.	0,110.	0.	17,110.	133,332.
3	Gross receipts from activities that are not an unrelated trade or business under section 513		116,000.	4,384.	5,810.	8,595.	134,789.
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	1422864.	1695296.	1973548.	2130065.	2608612.	9830385.
	Amounts included on lines 1, 2, and				223000		
	3 received from disqualified persons						0.
k	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	362,593.	321,808.	392,596.	973,402.	816,194.	2866593.
(Add lines 7a and 7b	362,593.	321,808.	392,596.	973,402.	816,194.	2866593.
	Public support. (Subtract line 7c from line 6.)						6963792.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1422864.	1695296.	1973548.	2130065.	2608612.	9830385.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			1,217.	2,885.	25,837.	29,939.
Ŀ	Unrelated business taxable income			,	,	.,	, , , , , ,
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			1,217.	2,885.	25,837.	29,939.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			14,325.			14,325.
13	Total support. (Add lines 9, 10c, 11, and 12.)	1422864.	1695296.	1989090.	2132950.	2634449.	9874649.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	zation,
_	check this box and stop here						<u></u> ▶□
	ction C. Computation of Publ						
	Public support percentage for 2018 (I			column (f))		15	70.52 %
	Public support percentage from 2017					16	99.78 %
	ction D. Computation of Inves						20
17	Investment income percentage for 20					17	.30 %
	Investment income percentage from 2					18	
198	a 33 1/3% support tests - 2018. If the						l7 is not ►X
k	more than 33 1/3%, check this box at 33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	us box and see ins	structions	

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 (as 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.)

1		Yes	No
	1		
	2		
	3a		
	- Gu		
	01		
	3b		
	3с		
	4a		
	4b		
	15		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	-		
	7		
	8		
	9a		
	9b		
	00		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2018

Par	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		
	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
1	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		
2	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		
3	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.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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		
3	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.	3a		
	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.	3b		

Pa	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion 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	ion 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	1 b		
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	ion 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	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Pai	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	izations, in excess of income from activity			
3		nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets	5		
5		ied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		putions to attentive supported organizations to which the	ne organization is responsive	 e	
		de details in Part VI). See instructions.	J		
9		outable amount for 2018 from Section C, line 6			
10		amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distrib	outable amount for 2018 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2018 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2018			
а	From 2	2013			
b	From 2	2014			
С	From 2	2015			
d	From 2	2016			
е	From 2	2017			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2018 distributable amount			
i		over from 2013 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2018 from Section D,			
	line 7:	. *			
а		ed to underdistributions of prior years			
		ed to 2018 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2018, if			
		Subtract lines 3g and 4a from line 2. For result greater			
	,	zero, explain in Part VI. See instructions.			
6		ining underdistributions for 2018. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2019. Add lines 3			
•	and 4	- 1			
8		down of line 7:			
		us from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		s from 2018			
e	LAUUS	10 II (II			

Schedule A (Form 990 or 990-EZ) 2018

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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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

DAVIS PHINNEY FOUNDATION

Employer identification number 20-0813566

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	Tt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
_	\$		0.0 \ (1.0 \ (2.0
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
Dai	conservation easements. † III Organizations Maintaining Collections or	f Art Historical Treasures or (Other Similar Assets
I a	Complete if the organization answered "Yes" on Form	-	other eliminar Assets.
12	If the organization elected, as permitted under SFAS 116 (AS		amont and halance shoot works of art
ıa	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri		ance of public service, provide, in Fart Alli,
h	If the organization elected, as permitted under SFAS 116 (AS		at and halance shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	ducation, or research in furtherance of pr	ublic service, provide the following amounts
	·		▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asures or other similar assets for financi	
~	the following amounts required to be reported under SFAS 1		ai gairi, provide
•	Revenue included on Form 990, Part VIII, line 1		> \$
a L	Assets included in Form 900 Part Y		

Pai	rt III Organizations Maintaining Col	lections of Ar	rt, Histo	orical Tr	easures, c	or Othe	r Simila	r Asse	ts (contir	nued)
3	Using the organization's acquisition, accession,	, and other record	ls, check	any of the	following tha	t are a si	gnificant u	se of its	collectio	n items
	(check all that apply):									
а	Public exhibition	d		oan or exc	hange progra	ams				
b	Scholarly research	е	\Box c	ther						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explain	n how the	ey further t	he organizatio	on's exer	npt purpos	se in Par	t XIII.	
5	During the year, did the organization solicit or re	eceive donations of	of art, his	torical trea	sures, or othe	er similar	assets		_	
	to be sold to raise funds rather than to be main	tained as part of t	he organ	ization's co	ollection?				Yes	☐ No
Pai	rt IV Escrow and Custodial Arrange	ements. Comple	ete if the	organizatio	n answered "	'Yes" on	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Part X	(, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermed	liary for c	ontribution	ns or other as	sets not	included		-	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fo	llowing ta	able:						
									Amoun	t
С	Beginning balance						. 1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. 1e			
f	Ending balance						. 1f			
	Did the organization include an amount on Forn						ty?	∟	Yes	├─ No
	If "Yes," explain the arrangement in Part XIII. Ch									
Pai	rt V Endowment Funds. Complete if the				·					
		a) Current year	(b) Pr	ior year	(c) Two year	s back (d) Three ye	ars back	(e) Four	years back
1a										
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	it year end balanc	e (line 1g	, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	· · · ———	%								
_	The percentages on lines 2a, 2b, and 2c should									
За	Are there endowment funds not in the possessi	ion of the organiza	ation that	are held a	ind administe	red for th	ne organiza	ation	г	
	by:								- m	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	\	-							3b	
Dai	Describe in Part XIII the intended uses of the or rt VI Land, Buildings, and Equipmen		wment tu	inas.						
rai			Dort IV	lina 11a C	Can Farm 000) Dort V	lina 10			
	Complete if the organization answered				1			.	(d) Deel	
	Description of property	(a) Cost or of basis (investn		. ,	or other (other)		cumulated reciation		(d) Bool	k value
1a	Land									
b										
С										
d	Equipment			4	4,309.		24,51	.6.	1	9,793.
	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must equa	al Form 990, Part	X, colum	n (B), line 1	'0c.)				1	9,793.

Part VII	Investments -	Other	Securities

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		uation: Cost or end-of-year market value
(1) Financial derivatives			-
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
	an Farma 000 Dart IV I	: 11- C Farm 000 D	art V. lina 40
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end-of-year market value
····	(b) Dook value	(c) Method of Val	dation. Cost of one of year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		ine 11d. See Form 990, P	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, I	ine 11e or 11f. See Form	990, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	Complete if the organization answered Tes of Form 930, Fart IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	2,524,785.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,524,785.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,524,785.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,331,265. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2a

a Donated services and use of facilities **b** Prior year adjustments 2b 2c c Other losses 1,691. d Other (Describe in Part XIII.)

1,691. 2e e Add lines 2a through 2d 2,329,574. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b 4a

b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF ASC 740, PERTAINING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE PRONOUNCEMENT REQUIRES THE USE OF A MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA BEFORE AND SEPARATE FROM THE MEASUREMENT OF A TAX POSITION. AN ENTITY SHALL INITIALLY RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS MORE-LIKELY-THAN-NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. WITH RESPECT TO THE ORGANIZATION, THIS WOULD PRIMARILY RELATE TO THE DETERMINATION OF UNRELATED BUSINESS TAXABLE INCOME AND TO THE MAINTENANCE OF ITS TAX EXEMPT STATUS.

Part XIII Supplemental Information (continued)
BEEN IMPLEMENTED TO PROVIDE ASSURANCE THAT INCOME IS PROPERLY
CHARACTERIZED AND ACTIVITIES THAT JEOPARDIZE ITS TAX EXEMPT STATUS ARE
WITHIN LIMITS ESTABLISHED UNDER EXISTING TAX CODE AND REGULATIONS.
MANAGEMENT HAS DETERMINED THE EFFECTS OF UNCERTAIN TAX POSITIONS ARE NOT
MATERIAL TO THE ORGANIZATION FOR RECOGNITION OR DISCLOSURE IN THE
ACCOMPANYING FINANCIAL STATEMENTS AND, ACCORDINGLY, NO INCOME TAX
LIABILITY HAS BEEN RECORDED FOR UNCERTAIN INCOME TAX POSITIONS IN THE
ACCOMPANYING FINANCIAL STATEMENTS.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
UNREALIZED LOSS ON INVESTMENTS 1,691.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

DA [·]	VIS PHINNEY F	OUNDATIO	N			20-08135	66
				tside the United States. Comple	te if the organ		
	Form 990, Part I\			·			
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	nts and other	assistance,	
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assi	stance?	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and of	ther assistance ou	tside the
	United States.						
3	Activities per Region. (T	he following Parl	I, line 3 table c	an be duplicated if additional space is n	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
				THE ORGANIZATION BENEFITED			
				FROM A CANADIAN BIKE RIDE			
				FUNDRAISING EVENT, THE			
NOR	TH AMERICA	0	0	GROWLING BEAVER BREVET			9,737.
				THE ORGANIZATION HELD A VICTORY SUMMIT SYMPOSIA IN			100.000
NOR	TH AMERICA	0	0	WINNIPEG			100,882.
3 a	Subtotal	0	0				110,619.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0	0				110,619.

recipient who red	ceived more than \$5,	000. Part II can be dupli	cated if additional space is ne	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			recognized as charities by the tion 501(c)(3) equivalency lett					•
3 Enter total number of								

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.												
Part III can be duplicated if a	dditional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)					

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

	oupplemental information						
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of							
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)						
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.						
	(

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 instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

DAVIS P	HINNEY FOUNDATION					20-0813	566
Part I Fundraising Activities required to complete this par	• Complete if the organization answe	ered "Y	'es" oı	n Form 990, Part IV,	line 1	7. Form 990-EZ	I filers are not
Indicate whether the organization rais a	sed funds through any of the following and solicitates and solicitates are solicitated and solicitates are solicitated and solicitated and solicitated are solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and sol	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	itroi of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.			utions	s or has been notified	d it is	exempt from re	egistration

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 GROWLING SUFFERLANDRI (add col. (a) through 5 BEAVER col. (c)) (event type) (event type) (total number) Revenue 290,047. 180,519. 573,253. 1,043,819. 1 Gross receipts 290,047 180,519. 556,143. 1,026,709. 2 Less: Contributions 17,110. 17,110. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 8,955. 9,737. 9 Other direct expenses 90,972. 109,664. 109,664 10 Direct expense summary. Add lines 4 through 9 in column (d) -92,554 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) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2018 DAVIS PHINNEY FOUNDATION 20-	0813	3566	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is 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
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \$\bigs\sum_{			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	daming manager compensation			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
47	Manualakan, diakiih, diana,			
	Mandatory distributions:			
d	Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	☐ No
h	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		103	
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III li	ines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	 ,		05, 105,
	, , , , , , , , , , , , , , , , , , ,			

Schedule 0	G (Form 990 or 990-EZ)	DAVIS P	HINNEY	FOUNDATION	20-08	313566 _F	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (contir	nued)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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 **2018**

Open to Public Inspection

Name of the organization

DAVIS PHINNEY FOUNDATION

Davis Phinney Foundation

Davis Phinney Foundation

Davis Phinney Foundation

20-0813566

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) THE CLEVELAND CLINIC FOUNDATION PO BOX 931517 34-0714585 0.FMV RESEARCH GRANT CLEVELAND, OH 44193 79,584 KENT STATE UNIVERSITY FOUNDATION PO BOX 5190 34-6576307 RESERACH GRANT KENT, OH 44242 49,999 0.FMV PEDALING FOR PARKINSON'S 75 SOLETHER LANE CHAGRIN FALLS, OH 44022 43-2035176 20,442 0.FMV RESEARCH GRANT STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO CA 94304 94-1156365 7 500 0.FMV RESEARCH GRANT PARKINSON'S ASSOCIATION OF THE ROCKIES - 1325 S COLORADO SUPPORT OF COMMUNITY BOULEVARD, SUITE 204B - DENVER, CO WELLNESS PROGRAMS IN 80222 74-2212593 0.FMV DURANGO COLORADO 6 132 NEW ORLEANS BALLET ASSOCIATION 935 GRAVIER STREET, SUITE 800 NEW ORLEANS, LA 70112 23-7122403 5,000 0.FMV RESEARCH GRANT

2	Enter total number	of section	501(c)(3) and	aovernment	organizations	listed in the	e line 1	table
---	--------------------	------------	---------------	------------	---------------	---------------	----------	-------

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(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
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
COPIES OF APPROVED GRANTS ARE MAIN	TAINED I	N SEPARATE	FILES. IN	TERIM AND	
FINAL REPORT FINDINGS AND OUTCOMES	ARE REQ	UIRED FROM	GRANTORS.	GRANT	
PAYMENTS ARE DISBURSED UPON REVIEW	OF PROG	RESS UPDAT	ES AND APP	ROVAL BY	
DPF'S SCIENCE ADVISORY BOARD CHAIR	L.				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DAVIS PHINNEY FOUNDATION

Employer identification number 20-0813566

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IT IS CRITICAL TO FIND A CURE FOR PARKINSON'S, WE FEEL STRONGLY THAT

PEOPLE LIVING WITH THIS DISEASE ALSO NEED INFORMATION AND TOOLS TO LIVE

WELL TODAY. THE FOUNDATION WAS FOUNDED IN 2004 BY OLYMPIC MEDAL-WINNER

AND CYCLING GREAT DAVIS PHINNEY, WHO WAS DIAGNOSED WITH PARKINSON'S IN

2000, AT THE AGE OF 40. TODAY, DAVIS IS BOTH A ROLE MODEL IN THE

CYCLING COMMUNITY AND AN INSPIRATION TO THE ESTIMATED 1 MILLION

AMERICANS LIVING WITH THIS CHRONIC DISEASE. WE ARE COMMITTED TO

SUPPORTING PROGRAMS AND RESEARCH THAT DELIVER INSPIRATION, INFORMATION

AND TOOLS THAT WILL ENABLE PEOPLE LIVING WITH PARKINSON'S TO TAKE MORE

CONTROL IN MANAGING THEIR DISEASE. THE FOUNDATION PROVIDES ESSENTIAL

INFORMATION, PRACTICAL TOOLS AND INSPIRATION TO PEOPLE LIVING WITH

PARKINSON'S AND FUNDS REASEARCH CLOSELY ALIGNED WITH OUR MISSION
IMPROVING THE LIVES OF PEOPLE LIVING WITH PARKINSON'S.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDED IN 2004 BY OLYMPIC MEDAL-WINNER AND CYCLING GREAT DAVIS

PHINNEY, WHO WAS DIAGNOSED WITH PARKINSON'S IN 2000, AT THE AGE OF 40.

TODAY, DAVIS IS BOTH A ROLE MODEL IN THE CYCLING COMMUNITY AND AN

INSPIRATION TO THE ESTIMATED 1 MILLION AMERICANS LIVING WITH THIS

CHRONIC DISEASE. WE ARE COMMITTED TO SUPPORTING PROGRAMS AND RESEARCH

THAT DELIVER INSPIRATION, INFORMATION AND TOOLS THAT WILL ENABLE PEOPLE

LIVING WITH PARKINSON'S TO TAKE MORE CONTROL IN MANAGING THEIR DISEASE.

THE FOUNDATION PROVIDES ESSENTIAL INFORMATION, PRACTICAL TOOLS AND

INSPIRATION TO PEOPLE LIVING WITH PARKINSON'S AND FUNDS REASEARCH

CLOSELY ALIGNED WITH OUR MISSION - IMPROVING THE LIVES OF PEOPLE LIVING

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization **Employer identification number** DAVIS PHINNEY FOUNDATION 20-0813566 WITH PARKINSON'S. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE FOUNDATION ALSO HAS SERVERAL SMALLER PROGRAMS INCLUDING SIDEKICKS, AMBASSADORS, COMMUNITY PARTNERSHIPS AND DEVELOPMENT OF ONLINE EDUCATIONAL CONTENT. INCLUDING GRANTS OF \$ 34,074. REVENUE \$ 0. EXPENSES \$ 463,747. FORM 990, PART VI, SECTION A, LINE 2: DAVIS PHINNEY, BOARD VICE CHAIR, AND CONNIE CARPENTER PHINNEY, BOARD MEMBER, ARE SPOUSES. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 DRAFT IS FORWARDED TO THE ENTIRE BOARD FOR THEIR REVIEW, AND EACH DIRECTOR MUST COMMENT OR APPROVE PRIOR TO THE DEADLINE. FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES AND BOARD MEMBERS ARE REQUIRED ANNUALLY TO SIGN A CONFLICTS OF INTEREST QUESTIONNAIRE AND STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS FORM 990'S OF SIMILARLY SIZED NONPROFITS AS WELL AS COMPARES SALARY RANGES OF OTHER NONPROFITS AND COMPANIES IN THE DENVER/BOULDER, COLORADO AREA AND NATIONALLY.

FORM 990, PART VI, SECTION C, LINE 19:

ALL ORGANIZATIONAL DOCUMENTS ARE AVAILABLE UPON REQUEST.