Form **8879-EO** 

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019,	or fiscal year beginning	, 2019	and ending

Department of the Treasury

Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Internal Revenue Service		Go to www	v.irs.gov/Form8879EO for	the latest information.		
Name of exempt organization					Employer	identification number
DAVIS PHINNEY	FOUNDA'	rion			20-0	813566
Name and title of officer					20 0	013300
POLLY DAWKINS						
EXECUTIVE DIRE	ECTOR					
			mation (Whole Dollars Or			Assessment of the second of th
Check the box for the return	n for which yo	ou are using this F	orm 8879-EO and enter the	applicable amount, if any, from	m the retu	rn. If you check the box
on line <b>1a, 2a, 3a, 4a,</b> or <b>5a</b> whichever is applicable, bla than one line in Part I.	a, below, and t ank (do not en	the amount on that ter -0-). But, if you	at line for the return being fil I entered -0- on the return, th	led with this form was blank, then enter -0- on the applicable	nen leave l line below	ine 1b, 2b, 3b, 4b, or 5b
1a Form 990 check here	X	b Total revenue	, if any (Form 990, Part VIII,	column (A), line 12)	1b	2,896,586
2a Form 990-EZ check he	re 🕨	b Total reve	nue, if any (Form 990-EZ, lir	ne 9)	2b	
3a Form 1120-POL check	here >	b Total	tax (Form 1120-POL, line 22	2)	3b	
4a Form 990-PF check he	re 🕨	b Tax based	d on investment income (Fe	orm 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<b>•</b>	b Balance Due	(Form 8868, line 3c)		5b	
			rization of Officer	that I have examined a copy o		
(a) an acknowledgement of the date of any refund. If ap debit) entry to the financial return, and the financial ins 1-888-353-4537 no later tha processing of the electronic	f receipt or rea oplicable, I auti institution accutitution to deb an 2 business of c payment of tr personal ident lectronic funds	ison for rejection of horize the U.S. Treducted in the entry to this days prior to the paxes to receive contification number	of the transmission, (b) the reasury and its designated F the tax preparation softwares account. To revoke a paymonayment (settlement) date. I confidential information necessity.	the organization's return to the reason for any delay in processinancial Agent to initiate an elee for payment of the organization, I must contact the U.S. Talso authorize the financial insecure to answer inquiries and reorganization's electronic returns.	sing the re ectronic fu ion's feder reasury Fil stitutions in resolve issu	eturn or refund, and (c) ands withdrawal (direct ral taxes owed on this nancial Agent at nvolved in the
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11 Tauthonze Ditt	CIL AND	COMPANI,	ERO firm name		o enter my	Enter five numbers, b
			ENO III II II IIII			do not enter all zeros
as my signature o is being filed with enter my PIN on t	ı a state agenc	cy(ies) regulating o	charities as part of the IRS F	n. If I have indicated within this ed/State program, I also autho	return tha	at a copy of the return forementioned ERO to
indicated within the program, I will en	his return that	a copy of the retu	PIN as my signature on the ourn is being filed with a state osure consent screen.	organization's tax year 2019 ele e agency(ies) regulating chariti	es as part	y filed return. If I have of the IRS Fed/State
Officer's signature	مالاه			Date ▶	0/2	<b>D</b>
Part III Certificat	ion and Au	thentication		•	-	
ERO's EFIN/PIN. Enter you			fication	- manufic and the second secon		
number (EFIN) followed by y	4574	1256 30 500 501		84433280501 Do not enter all zeros		
I certify that the above nume confirm that I am submitting e-file Providers for Business	g this return in Returns.	accordance with	the requirements of Pub. 4	ctronically filed return for the o .163, Modernized e-File (MeF)	rganizatior Information	n indicated above. I n for Authorized IRS
	K	Levin Lie	lum			_
ERO's signature 🕨		1		Date $ ightharpoonup 4/$	02/2020	)
	The state of the s	ERO Must	Retain This Form - Se	ee Instructions		

# (Rev. January 2020) Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Open to Public

▶ 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. Inspection A For the 2019 calendar year, or tax year beginning and ending

В	Check if	C Name of organization	D Employer identif	ication number					
_	Addre								
F	chane		20-08135	66					
H	chang Initial return								
F	Final	357 G MCCAGITN BOILTEVARD GILTE 105	866-358-						
_	⊥returr termii ated		G Gross receipts \$	4,784,512.					
Г	Amer		H(a) Is this a group r						
Ē	Appli	F Name and address of principal officer: POLLY DAWKINS		for subordinates? Yes X No					
	pendi	SAME AS C ABOVE		H(b) Are all subordinates included? Yes No					
Ι.	Tax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or		a list. (see instructions)					
		te: ► WWW.DAVISPHINNEYFOUNDATION.ORG	H(c) Group exemption						
K_	Form o		Year of formation: 2004	M State of legal domicile; OH					
Pa	art I	Summary							
Ф	1	Briefly describe the organization's mission or most significant activities: THE DAVI							
Activities & Governance		MISSION IS TO HELP PEOPLE LIVE WELL WITH PARK							
ern	2	Check this box  if the organization discontinued its operations or disposed of n							
Š	3	• • • • • • • • • • • • • • • • • • • •	3	14					
જ	4	Number of independent voting members of the governing body (Part VI, line 1b)		32					
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		145					
ŧ	6	Total number of volunteers (estimate if necessary)							
Ą	/ a	Total unrelated business revenue from Part VIII, column (C), line 12							
	B	Net unrelated business taxable income from Form 990-T, line 39	Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)	2,582,907.	1,674,695.					
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	1,292,484.					
ver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,837.	39,177.					
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-83,959.	-109,770.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,524,785.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	171,156.	102,820.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
ņ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,042,467.	1,196,946.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
x	. b	Total fundraising expenses (Part IX, column (D), line 25)   511,417.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,115,951.	1,263,137.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,329,574.						
	_	Revenue less expenses. Subtract line 18 from line 12	195,211.	333,683.					
Net Assets or	g =		Beginning of Current Year	End of Year					
Sset	20	Total assets (Part X, line 16)	2,216,699.	2,224,441.					
etA	21	Total liabilities (Part X, line 26)	654,341.	325,857.					
Z:	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20  Signature Block	1,562,358.	1,898,584.					
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	ataments and to the hest of m	v knowledge and helief it is					
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer		y knowledge and belief, it is					
LI GO	, 00110	and complete social action of property (chief than officer) to second on an information of which prop	l l l l l l l l l l l l l l l l l l l						
Sig	n	Signature of officer	Date						
Hei		▶ POLLY DAWKINS, EXECUTIVE DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date Check	PTIN					
Pai	d	KEVIN RICKMAN	self-emplo						
Pre	parer	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							
		LONGMONT, CO 80501	Phone no. 3 C	3-776-2160					
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					

Part III	Statement of Program Service Accomplishments

THE DAVIS PHINNEY FOUNDATION'S MISSION IS TO HELP PEOPLE LIVE WELL WITH PARKINSON'S DISEASE. WHILE IT IS CRITICAL TO FIND A CURE FOR PARKINSON'S, WE PELL STRONGLY THAT PROPLE LIVING WITH THIS DISEASE ALSO NEED INFORMATION AND TOOLS TO LIVE WELL TODAY. THE FOUNDATION WAS  DISTORTING TO THE POWN THE PROPERTY OF THE POWN THE FOUNDATION WAS  DISTORTING THE POWN TH		Check if Schedule O contains a response or note to any line in this Part III	X
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ALSO NEED INFORMATION AND TOOLS TO LIVE WELL TODAY. THE FOUNDATION WAS  Did the organization undertake any significant program services during the year which were not listed on the prior Form 1990 or 1900 £27?  If "Yes," describe these new services on Schedule 0.  By the organization ceases conducting, or make significant changes in how it conducts, any program services?  If Yes, "describe these changes on Schedule 0.  By the organization organization services accomplishments for each of its three largest program services, as measured by expenses.  Section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program service reported.  Clock			
2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27			
prior Form 190 or 1905 CE7  If Yes, "describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes 【No  If Yes, "describe these new services conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  Section 501(c)(c) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if may, for each program service reported.  1, 235,017. **including agrants**  1, 235,017. **including agrants**  1, 235,017. **including agrants**  1, 1235,017. **including agrants**  1, 1235,017. **including agrants**  1, 1245,017. **including agrants**			
If "Yes," describe these new services on Schedule O.  Did the organization cases conducting, or make significant changes in how it conducts, any program services?	2		٦
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses.  4 Describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  5 Section 501(c)(S) and 501(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses.  5 Section 501(c)(S) and 501(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses.  4 Section 501(c)(S) and 501(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service services, as measured by expenses.  5 Section 501(c)(S) and 501(c)(s) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for the services, and the services organization organization and services, and the services organization and services.  6 Section 501(c)(S) and 501(c)(s) organization are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for all the services are required to report the services, and make the services organization and services.  7 THE TUTCHY SUMMIT SYMPOSIA SERCHERS, AND THERAPISTS  8 SPECIALIZING IN THE FIELD OF MOVEMENT DISORDERS, THE VICTORY SUMMIT SYMPOSIA PROVIDE AND THE EVENTS ARE THE VICTORY SUMMIT SYMPOSIA PROVIDE THE OCCAL COMMUNITIES'  8 EXPRESSED NEEDS. THE VICTORY SUMMIT SYMPOSIA PROVIDE THE OPPORTUNITY  9 FOR ATTENDEES TO CONNECT WITH OTHERS WHO SHARE SIMILAR CHALLENGES AND SUCCESSES. THE EVENTS ARE FREE OF CHARGE.  40 (Code			_ No
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4d Other program services (Describe on Schedule O.) (Expenses \$ 349,007. including grants of \$ ) (Revenue \$ 264,769.)  4e Total program service expenses ▶ 1,932,302.			
(Expenses \$ 349,007. including grants of \$ ) (Revenue \$ 264,769.)         4e Total program service expenses ▶ 1,932,302.			
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4e Total program service expenses ► 1,932,302.	4d		
		1 000 000	
	4e		/o.o.:::

Form 990 (2019) 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)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		<del></del>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		١		x
10	If "Yes," complete Schedule D, Part IV	9		<del>  ^</del>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,	l	37	
_	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			1 37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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			
	Schedule D, Parts XI and XII	12a	X	
b	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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,			
	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	X	
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
				-

Form 990 (2019) DAVIS PHINNEY FOUNDATION
Part IV 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			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<b>2</b> 5a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		T
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			. v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u></u> -
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 29			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-	Х	
	(gambling) winnings to prize winners?	1c	000	<u> </u>

Form 990 (2019) DAVIS PHINNEY FOUNDATION

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

				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 32								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X					
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	b If "Yes," enter the name of the foreign country ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X					
	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	e organization solicit			3,7					
			6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	_								
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	dana anno del ed da dha anno 0	_		v					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X					
b			7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 93933		70		x					
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d	7с		1					
u e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	•	7e							
f	f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
' '	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
	sponsoring organization have excess business holdings at any time during the year?									
9										
а	Did the agree value and a state of the state		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		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		12a							
	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							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
b	<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the									
_	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c	14a		Х					
	14a Did the organization receive any payments for indoor tanning services during the tax year?									
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b		$\vdash$					
15			15		x					
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.		10		<u> </u>					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х					
10	If "Yes," complete Form 4720, Schedule O.		.0							
	. , ,									

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 on 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 14									
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent									
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, 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										
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	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	(The social 2 logistic moments as as policies to require a principal returns to the		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	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	X							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	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									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
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	X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		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									
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, CT, DC, FL, GA, HI	,IA,	IL,	KS						
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))									
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •								
	X Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	THE ORGANIZATION - 866-358-0285									
	357 S MCCASLIN BOULEVARD, SUITE 105, LOUISVILLE, CO 80027									

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)	Jiga		((	C)		iour	(D)	(E)	(F)
Name and title	Average hours per		Position (do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	Estimated amount of			
	week	offic	officer and a direct		a director/trustee)			from	from related	other
	(list any	rector						the	organizations	compensation from the
	hours for related	Individual trustee or director	stee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	truste	nal tru		oyee	om pe		(** = *********************************		and related
	below	ividua	Institutional trustee	Officer	Key employee	hest c	Former			organizations
(1) CONNIE CARPENTER PHINNEY	line) 8 • 0 0	lnd	lus	#0	Ke)	iğ e	For			
BOARD CHAIR	0.00	Х		Х				0.	0.	0.
(2) DAVIS PHINNEY	5.00			22				•	•	<b>.</b>
BOARD VICE CHAIR	3100	Х		х				0.	0.	0.
(3) STEPHEN CHASE	4.00								<u> </u>	
TREASURER		Х		Х				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	1								_
DIRECTOR		Х						0.	0.	0.
(7) GLEN SIBLEY	2.00								•	•
DIRECTOR	2 00	Х						0.	0.	0.
(8) ERICA BORENSTEIN DIRECTOR	2.00	Х						0.	0.	0.
(9) KEVIN KWOK	2.00	Λ						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(10) HELEN BRONTE-STEWART	2.00	-25						•	•	•
DIRECTOR		Х						0.	0.	0.
(11) PETER SCHMIDT	2.00								-	-
DIRECTOR		Х						0.	0.	0.
(12) EVAN SIDDALL	2.00									
DIRECTOR		Х						0.	0.	0.
(13) BRANDON HALCOTT	2.00									
DIRECTOR		Х						0.	0.	0.
(14) JEFF PARR	2.00	1								_
DIRECTOR	1	Х						0.	0.	0.
(15) POLLY DAWKINS	40.00	-						107 100	•	0 140
EXECUTIVE DIRECTOR				Х	_			107,122.	0.	2,142.
		}								
		1								
		I			<u> </u>		<u> </u>	<u> </u>	l	000

932007 01-20-20 Form **990** (2019)

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	anc	<u> Hig</u>	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable		Es	timate	ed
		hours per	box	, unle	ss per	rson i	is botl	h an	compensation	compensation	วท	an	nount (	of
		week	<b>—</b>	cer ar	nd a d	irecto	or/trus	itee)	from	from related			other	
		(list any	rector						the	organization			pensa	
		hours for related	or di	ee			ated		organization	(W-2/1099-MI	SC)		om the	
		organizations	ustee	trust		9	Suedi		(W-2/1099-MISC)				anizati d relate	
		below	ual tr	tional		ploye	t col	_					ınizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	ııızaıı	5113
			=	<del>  =</del>	0		1 0	Т.			-			
			1											
				$\vdash$							-			
			1											
				$\vdash$							-			
			1											
				$\vdash$							-			
			1											
				$\vdash$							-			
			1											
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			1											
				$\vdash$							-			
			1											
				$\vdash$							-			
			1											
				$\vdash$							-			
			1											
1h	Subtotal	1	I				_		107,122.		0.		2,14	42.
	Total from continuation sheets to Part VI								0.		0.		_ , _	0.
	Total (add lines 1b and 1c)								107,122.		0.		2,14	
2	Total number of individuals (including but n							o re	•	000 of reportable			_ ,	
2	compensation from the organization	or illilited to th	1036	11310	u al	JOVE	<i>5)</i> WI	10 16	scerved more than \$100,	ooo or reportable	5			1
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer.	director trust	ا مم	COV C	mnl	OVA	a or	hia	sheet compensated emp	lovee on	1			
J	line 1a? If "Yes," complete Schedule J for s	•		•	•	•		_		•		3		Х
4	For any individual listed on line 1a, is the su											3		
4	and related organizations greater than \$150	•							•	Ü		4		Х
5	Did any person listed on line 1a receive or a	•		•								4		
3												5		Х
Sec	rendered to the organization? If "Yes." control B. Independent Contractors	ipiete Scheaul	ејт	or si	ıcn <u>i</u>	oers	son					3		
1	Complete this table for your five highest co	mneneated inc	lana	nde	nt co	ntr	acto	re th	nat received more than \$	100 000 of com	nenea <sup>i</sup>	tion fro	ım.	
•	the organization. Report compensation for										Julisai		,,,,	
	(A)	tric calcridar y	cai c	JIIGII	ig w	1111	OI WI		(B)	car.		(C	٠,	
	Name and business	address	N	INC	7				Description of s	ervices	С	omper		n
												•		
								$\neg$						
								$\neg$						
								$\neg$						
								$\dashv$						
2	Total number of independent contractors (i	ncluding but p	ot lir	nita	d to	thos	se lie	ted	above) who received me	ore than				
_	\$100,000 of compensation from the organi		J. III			(	) )	,.cu	above, who received inc	J. G. G. IGIT				
	ψ του,σου οι compensation from the organi	ZaliUli -											000	

20-0813566

		Check if Schedule O c	ontains a	a response o	or note to any line	e in this Part VIII			
		CHOCK II COHOGGIO C C	or itali io c	2100001100	si iloto to uriy iiri	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
									Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns							
ira our	b	Membership dues		1b					
S, G	С	Fundraising events		1c	1,008,917.				
iji.		Related organizations		1d					
nig.		Government grants (contril		1e					
Sir		All other contributions, gifts, g							
uti je	•				665,778.				
ë₽		similar amounts not included			9,779.				
ont	_	Noncash contributions included in li		1g  \$	9,119.	1 674 605			
O g	h	Total. Add lines 1a-1f				1,674,695.			
					Business Code				
ė	2 a	SPONSORSHIPS			541900	1,292,484.	1,292,484.		
Σĕ	b								
Se	С								
an See	d								
gra	_								
Program Service Revenue	•	All other program considers							
_		All other program service r				1 202 494			
-	g					1,292,484.			
	3	Investment income (includi							
		other similar amounts)			🕨	36,027.			36,027.
	4	Income from investment of	f tax-exer	mpt bond p	roceeds 🕨				
	5	Royalties			<b></b>				
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		` , ,							
		Net rental income or (loss)		Securities	(ii) Othor				
	/ a	Gross amount from sales of			(ii) Other				
		assets other than inventory	7a 1,	,748,531.					
	b	Less: cost or other basis							
ne		and sales expenses	7b 1,	,745,381.					
Revenue	С	Gain or (loss)	7c	3,150.					
Be		Net gain or (loss)				3,150.			3,150.
her		Gross income from fundraisin							
용	-		08,917	I .					
		contributions reported on I		_					
		•	•		32,775.				
		Part IV, line 18		I					
		Less: direct expenses			142,545.	100 550			100 770
		Net income or (loss) from f			<b>&gt;</b>	-109,770.			-109,770.
	9 a	Gross income from gaming	_	I .					
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from g	gaming a	ctivities					
		Gross sales of inventory, le							
		and allowances		I					
	h			I					
		Less: cost of goods sold							
$\overline{}$	С	Net income or (loss) from s	sales of ir	nventory					
<u>o</u>					Business Code				
Miscellaneous Revenue	11 a				ļ				
ans	b								
e e	С								
Aisc B	d	All other revenue							
2		Total. Add lines 11a-11d							
	12	Total revenue. See instruction				2,896,586.	1,292,484.	0.	-70,593.

# Form 990 (2019) DAVIS PHINNEY FOUNDATION 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 response or note to any line in this Part IX

Check if Schedule O contains a response or note to any line in this Part IX  (A)  (B)  (C)  (D)							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	102,820.	102,820.				
2	Grants and other assistance to domestic						
	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,	107 100	60 727	7 177	20 200		
•	trustees, and key employees	107,122.	69,737.	7,177.	30,208.		
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	936,139.	609,893.	62,772.	263,474.		
8	Pension plan accruals and contributions (include	J J J J T T J J T	305,055	VA, 112 •	200,114		
3	section 401(k) and 403(b) employer contributions)	17,516.	10,826.	1,220.	5,470.		
9	Other employee benefits	55,161.	10,826. 31,142.	1,220. 16,141.	5,470. 7,878.		
10	Payroll taxes	81,008.	52,572.	5,276.	23,160.		
11	Fees for services (nonemployees):	,	, -	,	,		
а	Management						
b	Legal	20.		20.			
С	Accounting	12,864.	9,648.	643.	2,573.		
d	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	<b>-</b> 4 006		40.450		
	column (A) amount, list line 11g expenses on Sch O.)	71,573.	54,986.	3,414.	13,173.		
12	Advertising and promotion	23,905.	22,039.	166.	1,700.		
13	Office expenses	4,502. 119,829.	3,564. 91,574.	219. 5,675.	719. 22,580.		
14	Information technology	119,049.	91,574.	5,075.	22,300.		
15	Royalties	82,934.	62,201.	4,146.	16,587.		
16 17	Occupancy Travel	181,173.	173,606.	488.	7,079.		
18	Payments of travel or entertainment expenses	101,175.	175,000.	400.	7,075.		
10	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization	5,672.	4,254.	284.	1,134.		
23	Insurance	8,015.	6,030.	397.	1,588.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)						
	amount, list line 24e expenses on Schedule 0.)						
а	PROGRAM AND OTHER EVENT	506,416.	448,088.	20.	58,308.		
b	PRINTING	95,756.	64,946.	320.	30,490.		
С	POSTAGE AND SHIPPING	39,369.	30,383.	473.	8,513.		
d	MULTIMEDIA EXPENSE	24,091.	24,044.	10.	37.		
	All other expenses Add lines 1 through 94s	87,018. 2,562,903.	59,949. 1,932,302.	10,323. 119,184.	16,746. 511,417.		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4,304,303.	1,334,304.	117,104.	J11,41/•		
26	<b>Joint costs</b> . 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)						
	11 Tollowing COT 30-2 (NOC 300-720)			<u> </u>	5 000 (2242)		

Form 990 (2019)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			750,160.	1	508,334.
	2	Savings and temporary cash investments  Pledges and grants receivable, net			1,261,811.	2	1,578,120.
	3				9,028.	3	2,028.
	4	Accounts receivable, net			82,571.	4	55,288.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial (	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,088.	8	34,678.
As	9	B			80,672.	9	16,555.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	48,533.			
	b			30,188.	19,793.	10c	18,345.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			11,576.	15	11,093.
	16	Total assets. Add lines 1 through 15 (must ed	qual line (	33)	2,216,699.	16	2,224,441.
	17	Accounts payable and accrued expenses		169,500.	17	152,876.	
	18	Grants payable			94,765.	18	95,648.
	19	Deferred revenue			390,076.	19	77,333.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub	stantial (	contributor, or 35%			
iab		controlled entity or family member of any of the	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24	. Complete Part X			
		of Schedule D			654 241	25	205 055
	26	Total liabilities. Add lines 17 through 25		. [**]	654,341.	26	325,857.
w		Organizations that follow FASB ASC 958, c	heck her	e ▶ X			
če		and complete lines 27, 28, 32, and 33.			1 544 501		1 000 707
<u>a</u>	27			·····	1,544,501.	27	1,880,727.
Ä	28	Net assets with donor restrictions			17,857.	28	17,857.
Ĕ		Organizations that do not follow FASB ASC	958, ch	eck here  L			
F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Ä	31	Retained earnings, endowment, accumulated			1 560 250	31	1 000 504
ž	32	Total net assets or fund balances			1,562,358.	32	1,898,584.
	33	Total liabilities and net assets/fund balances			2,216,699.	33	2,224,441.

Form **990** (2019)

Pai	t 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)		2,89		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,56		
3	Revenue less expenses. Subtract line 2 from line 1	3	33	3,6	83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,56	2,3	<u>58.</u>
5	Net unrealized gains (losses) on investments	5		2,5	<u>43.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,89	8,5	84.
Pai	t 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	O.			
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 reviewed	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 separate	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	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 on Sche	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 Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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

2019

Open to Public Inspection

Name of the organization

DAVIS PHINNEY FOUNDATION

DAVIS Charity Status (All organizations must complete this part.) See instructions.

<u>. u</u>		Ticascii ioi i abiio (	onarity otatao (	All Organizations must co	ilibiere rii	is part.) Se	e iristructioris.		
he	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 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).							
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C			·	, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	一	An organization that norma	-				· ·	oublic described in	
•		section 170(b)(1)(A)(vi). (C	•	That part of its support if	om a gove	on in the state of	arm or norm the general p	Jubilo described in	
8		A community trust describe		1VAVvi) (Complete Par	+ II \				
9	H	An agricultural research org				nd in conju	nction with a land grant	collogo	
9	ш	-				-	_	-	
		or university or a non-land-g	rant college of agrici	ulture (see iristructions).	Enter the i	name, city	, and state of the college	; OI	
40	X	university:	Illy reasings (1) mars	than 22 1/20/ of its supp	a aut fram a	ontributio	as mambarahin fasa an	d avana vanninta fram	
10	_2\_	An organization that norma							
		activities related to its exem	•	· · · · · · · · · · · · · · · · · · ·			* *	-	
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	ed by the organization a	mer June 30, 1975.	
		See section 509(a)(2). (Cor	•				201 1141		
11	H	An organization organized a	•	•	•				
12	Ш	An organization organized a	•	- ·	-		•		
		more publicly supported org	-					check the box in	
		lines 12a through 12d that							
а			•		•	-			
		the supported organization		• • • •	majority o	of the direc	tors or trustees of the su	ıpporting	
	_	organization. You must o	-						
b			anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported	
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С			<b>grated.</b> A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,	
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d			integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness	
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	٧.		
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			. (i) In the area				
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	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						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
Ŭ	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,						
6							
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2012	(a) 2010	(f) Total
	Amounts from line 4	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gross income from interest,						
0	,						
	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.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	· ·	, ,	, ,	•	( )( )	
عم	organization, check this box and stop ction C. Computation of Public	here Der	centage				<b>P</b>
	·			-1 (0)			
	Public support percentage for 2019 (li					14	<u>%</u>
	Public support percentage from 2018					15	<u>%</u>
Ioa	33 1/3% support test - 2019. If the o						<b>.</b> —
<b>L</b>	<b>stop here.</b> The organization qualifies a <b>33 1/3% support test - 2018.</b> If the o		-			or more, check thi	
b							
17^	and <b>stop here.</b> The organization quali <b>10%</b> -facts-and-circumstances test						
11 d	and if the organization meets the "fact	ū					•
	meets the "facts-and-circumstances" t			=	· · · · · · · · · · · · · · · · · · ·	-	
<b>L</b>							
O	10% -facts-and-circumstances test	_					
	more, and if the organization meets the						, 
10	organization meets the "facts-and-circ		-	·			
10	Private foundation. If the organization	r did flot Check a	DOX OF HIRE TO, TO	a, 100, 17a, 01 171	u, un <del>c</del> un inis bux a	na see matructions	

## 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	ciow, picase comp	1010 1 411 11.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1174450.	1961054.	2124255.	2582907.	1674695.	9517361.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	404,846.	8,110.		17,110.	1325259.	1755325.
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 organization'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	1695296.	1973548.	2130065.	2608612.	2999954.	11407475.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	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					818.457.	818,457.
,	Add lines 7a and 7b						818,457.
	Public support. (Subtract line 7c from line 6.)						10589018.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1695296.	1973548.	2130065.	2608612.	2999954.	11407475.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		1,217.	2,885.	25,837.	36,027.	65,966.
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b		1,217.	2,885.	25,837.	36,027.	65,966.
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.)	1695296.	1989090.	2132950.	2634449.	3035981.	
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ition,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						00 10
	Public support percentage for 2019 (li		•			15	92.18 %
	Public support percentage from 2018 ction D. Computation of Inves					16	99.55 %
	•			20 12 column (f)		17	.57 %
	Investment income percentage for 20 Investment income percentage from 2					18	.30 %
	33 1/3% support tests - 2019. If the						
.56	more than 33 1/3%, check this box ar						► V
k	33 1/3% support tests - 2018. If the	-	-	•	•		
	line 18 is not more than 33 1/3%, chec	· ·			•	•	
20	Private foundation. If the organizatio						

## 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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		
Sec	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 <b>Part VI</b> 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,			
		2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
000	tion of Type it oupporting organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
1				
	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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
300	tion b. All Type III Supporting Organizations		Vaa	N <sub>2</sub>
_	Did the consciention was ide to each of its supported conscientions by the least day of the fifth wealth of the		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		
Sec	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 year (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	tructions		
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		_
b	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		$\vdash$
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		$oxed{oxed}$
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on I	Nov. 20, 1970 (explain in I	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	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-functional	ly integrate	ed Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019 DAVIS PHINNEY	FOUNDATION	2	10-0813566 Page <b>7</b>
Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
_6	Other distributions (describe in Part VI). See instructions.			
_7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.			
_9_	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		1	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
_i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

edule A	(Form 990 or 990-EZ) 2019 DAVIS PHINNEY FOUNDATION	20-0813566 Pa
art VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; F Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part (See instructions.)	rt V, line 1; Part V, Section B, line 1e; Part V,
	(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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	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 wr	iting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's ex	cclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpose	e conferring
Part	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
	Number of conservation easements modified, transferred, relea		
	year <b>&gt;</b>		
4	Number of states where property subject to conservation ease	ment is located >	_
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		
Part	Organizations Maintaining Collections of A		ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in f	furtherance of public
	service, provide in Part XIII the text of the footnote to its financi	ial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furt	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB ASC	C 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		• \$

Par	rt III   Organizations Maint	taining Colle	ections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	Assets	(continu	ed)
3	Using the organization's acquisition	on, accession, a	and other record	s, check	any of the f	following that	t make sig	gnificant ι	use of its		
	collection items (check all that ap	ply):									
а	Public exhibition		c	i	Loan or exc	hange progra	am				
b	Scholarly research		e	• 🗌	Other						
С	Preservation for future gene	erations									
4	Provide a description of the organ	nization's collec	tions and explair	n how th	ey further th	ne organizatio	on's exem	pt purpo	se in Part	XIII.	
5	During the year, did the organizat	ion solicit or red	ceive donations o	of art, his	storical treas	sures, or othe	er similar a	assets			
	to be sold to raise funds rather th									Yes	No
Par	rt IV Escrow and Custodi			ete if the	organizatio	n answered	"Yes" on I	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Fo	rm 990, Part X,	line 21.								
1a	Is the organization an agent, trust									_	
	on Form 990, Part X?								L	Yes	No
b	If "Yes," explain the arrangement	in Part XIII and	complete the fol	llowing t	able:						
										Amount	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an ar	mount on Form	990, Part X, line	21, for 6	escrow or cu	ıstodial acco	unt liabilit	y?	L	Yes	No
	If "Yes," explain the arrangement										
Par	rt V Endowment Funds.	Complete if the	e organization an	swered	"Yes" on Fo	rm 990, Part	: IV, line 1	0.			
		(a	) Current year	(b) P	rior year	(c) Two yea	rs back (	<b>d)</b> Three y	ears back	(e) Four y	ears back_
	Beginning of year balance										
b	Contributions										
С	3,3										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	· · · · · · · · · · · · · · · · · · ·									
2	Provide the estimated percentage		-	e (line 1g	j, column (a)	) held as:					
а	3	ment 🕨		_%							
b			%								
С	Term endowment	%									
	The percentages on lines 2a, 2b,		•								
3a	Are there endowment funds not in	n the possessio	n of the organiza	ation tha	t are held ar	nd administer	red for the	organiza	ation		
	by:										es No
	(i) Unrelated organizations									3a(i)	<del></del>
	(ii) Related organizations									3a(ii)	<del></del>
	If "Yes" on line 3a(ii), are the relate									3b	
Dar	Describe in Part XIII the intended rt VI Land, Buildings, and			wment f	unds.						
ı aı				D-4 N	/ lima dda O	000	. D4 V I	10			
	Complete if the organization	on answered "Y								<b>/ 1\ D</b>	
	Description of property		(a) Cost or o basis (investr		. ,	or other (other)		cumulate reciation	ed	(d) Book	value 
1a	Land										
	Buildings										
С	Leasehold improvements										
d	Equipment				4	<u>8,533.</u>		30,1	88.	18	<u>,345.</u>
	Other										
Total	<b>il.</b> Add lines 1a through 1e. <i>(Columi</i>	n (d) must eaua	l Form 990. Part	X. colum	nn (B). line 1	0c.)			<b>&gt;</b>	18	,345.

	EY FOUNDATION	20	-0813566	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market v	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(E) (F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market v	/alue
(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" o		11d. See Form 990, Part X, line 15.		
	Description		(b) Book va	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
<u>(8)</u>				
(9)	4F \			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<i>[5.]</i>		I .	
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	<b>.</b>	
1. (a) Description of liability	Jiii 000, I ait IV, IIIIC		(b) Book va	alue
(1) Federal income taxes			, ,	
(2)				
(3)				
(4)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(6) (7) (8) (9)

20-0813566 Page 4 DAVIS PHINNEY FOUNDATION

ra	rt XI Reconciliation of Revenue per Audited Financial Stat				
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,915,169.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	2,543.		
b	Donated services and use of facilities	2b	16,040.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	18,583.
3	Subtract line 2e from line 1			3	2,896,586.
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			
h	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b	<u></u>		4c	0.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	2,896,586.
с 5				5	2,896,586.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	tements With		5	2,896,586. n.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Int XII Reconciliation of Expenses per Audited Financial Sta	itements With	Expenses per F	5	2,896,586.
с <u>5</u> Ра	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, line	itements With	Expenses per F	5 Return	2,896,586. n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IRL XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line  Total expenses and losses per audited financial statements	e 12a.	Expenses per F	5 Return	2,896,586. n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	e 12a.	Expenses per F	5 Return	2,896,586. n.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	e 12a.	Expenses per F	5 Return	2,896,586. n.
1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments	2a   2b   2c	Expenses per F	5 Return	2,896,586. n. 2,578,943.
1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses	2a   2b   2c   2d	Expenses per F	5 Return	2,896,586. n. 2,578,943. 16,040.
1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)	2a	16,040.	5 Return	2,896,586. n. 2,578,943.
1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  Int XII Reconciliation of Expenses per Audited Financial State  Complete if the organization answered "Yes" on Form 990, Part IV, line  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	2a	16,040.	5 Return	2,896,586. n. 2,578,943. 16,040.
1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  ITT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a	16,040.	5 Return	2,896,586. n. 2,578,943. 16,040.
1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	16,040.	5 Return	2,896,586. n. 2,578,943. 16,040.
1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  IT XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	2a	16,040.	5 Return	2,896,586.  2,578,943.  16,040. 2,562,903.
1 2 a b c d e 3 4 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Int XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIII.)	2a	16,040.	Seturn  1  2e 3	2,896,586.  2,578,943.  16,040. 2,562,903.

| 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.

# 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.

2019
Open to Public Inspection

Name of the organization

Employer identification number

Tvame of the organization					Employer identi	neation number
DAVIS PHINNEY FO	OUNDATIO	N			20-08135	56
			side the United States. Comple	te if the organ		
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its grar	nts and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the g	grants or assis	tance?	Yes No
	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistance out	side the
United States.	a della de la Dest	. I. Erra O talala	and the state of t	!! \		
3 Activities per Region. (The <b>(a)</b> Region	(b) Number of		an be duplicated if additional space is not discovered in the region		vity listed in (d)	(f) Total
(a) Negion	offices	employees,	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	employees, agents, and independent	gram services, investments, grants to		specific type	for and
	-	contractors in the region	recipients located in the region)	of service	(s) in the region	investments in the region
NORTH AMERICA -		in the region				1
CANADA AND MEXICO,			THE ORGANIZATION BENEFITED			
BUT NOT THE UNITED			FROM CANADIAN BIKE RIDE			
STATES	0	0	EVENT			1,503.
NORTH AMERICA -						1
CANADA AND MEXICO,			THE ORGANIZATION HELD A			
BUT NOT THE UNITED			VICTORY SUMMIT SYMPOSIA IN			
STATES	0	0	OTTAWA			44,426.
						+
						1
3 a Subtotal	0	0				45,929.
<b>b</b> Total from continuation						, ,
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				45,929.

recipient who rec	ceived more than \$5,0	500. Part II can be dupilo	cated if additional space is nee	eaea.	_			
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)
2 Enter total number of	reginient ergeniestiss	and linted above that are re	accoming to about the second	foreign country	recognized so to:			
	ch the grantee or cou	nsel has provided a sect	ecognized as charities by the find the solution 501(c)(3) equivalency letter					

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 ac	dditional space is needed	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

Part IV   Foreign Forms	Part IV	Foreign	Forms
-------------------------	---------	---------	-------

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) 2019

### **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

2019

Open to Public Inspection

Name of the organization

DAVIS PHINNEY FOUNDATION

Employer identification number 20-0813566

	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
required to complete this par								
1 Indicate whether the organization rais								
a Mail solicitations	e Solicitat	tion of	non-g	overnment grants				
b Internet and email solicitations f Solicitation of government grants								
c Phone solicitations g Special fundraising events								
d In-person solicitations								
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ina of	ficers, directors, trus	tees or			
key employees listed in Form 990, P.					Yes	No		
<b>b</b> If "Yes," list the 10 highest paid indiv								
compensated at least \$5,000 by the		unit to	agi cci	monto dildoi willon ti	no fariaraiser is to se	•		
Compensated at least \$5,000 by the	organization.							
		(iii)	Did		(v) Amount paid	(vi) Amount paid		
(i) Name and address of individual	(ii) Activity	fùndr have c	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)		
or entity (fundraiser)	(,	or con	trol of	from activity	fundraiser listed in col. (i)	organization		
		Yes	No					
		163	140	-				
Total  3 List all states in which the organizatio					   it in account from an	-:		
or licensing.	in is registered or licensed to solicit c	CHILLID	utions	or has been notilied	it is exempt from re	gistration		
or nocharig.								

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 BEAVER 11 col. (c)) (event type) (event type) (total number) 170,995. 200,183. 670,514. 1,041,692. Gross receipts 170,995. 200,183. 637,739. 1,008,917. 2 Less: Contributions 32,775. 32,775. **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 10,749. 2,612. 129,184. 142,545. 9 Other direct expenses 142,545. **10** Direct expense summary. Add lines 4 through 9 in column (d) ..... -109,770. 11 Net income summary. Subtract line 10 from line 3, column (d) 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 Noncash prizes Rent/facility costs 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? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2019 DAVIS PHINNEY FOUNDATION 20-	0813	566	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No 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 ▶Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆	Yes	☐ No
	o If "Yes," enter the amount of gaming revenue received by the organization   and the amount of gaming revenue retained by the third party			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
a	Director/officer Employee Independent contractor  Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	🗆	Yes	□ No
I.	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$			
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III. lin	es 9. 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,,		.,,
	. , , , , , , , , , , , , , , , , , , ,			

Schedule G	G (Form 990 or 990-EZ)	DAVIS	PHINNEY	FOUNDATION	20-0813566	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Info</b>	rmation <sub>(co</sub>	ntinued)			

### SCHEDULE I (Form 990)

# **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.

2019 Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

DAVIS PHINNEY FOUNDATION

Employer identification number 20-0813566

DAVID IIII	111111 1 0 0 11	DATION					20 0013300
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis	tance?						No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I	Domestic Organia	zations and Domestic	Governments. C	omplete if the org	anization answered "\	∕es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	55,000. Part II can	be duplicated if additi	onal space is need	ed.	(0) 14-411	T	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PEDALING FOR PARKINSON'S							
75 SOLETHER LANE							
CHAGRIN FALLS, OH 44022	43-2035176	501(C)(3)	29,985.	0.			RESEARCH GRANT
STANFORD UNIVERSITY 3145 PORTER DRIVE PALO ALTO, CA 94304	94-1156365		7,500.	0.			RESEARCH GRANT
PARKINSON'S ASSOCIATION OF THE ROCKIES - 1325 S COLORADO BOULEVARD, SUITE 204B - DENVER, CO 80222	74-2212593	501(C)(3)	11,312.	0.			SUPPORT OF COMMUNITY WELLNESS PROGRAMS
KANSAS STATE UNIVERSITY 1601 VATTIER STREET MANHATTAN, KS 66506	48-0771751		40,000.	0.			RESEARCH GRANT
UNIVERSITY OF COLORADO - DENVER P.O. BOX 9102389 DENVER, CO 80291	84-6000555		10,000.	0.			RESEARCH GRANT
2 Enter total number of section 501(c)(3) ar	nd government or	panizations listed in th	e line 1 table				<b>▶</b> 2.
3 Enter total number of other organizations	•	3	Cilità i table				3.

Part III can be duplicated if additional space is needed.	(In) Nivershave of	(a) A a	(al) A a a f	(-) Made ad af calcating	(f) Description of noncept activities
(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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
COPIES OF APPROVED GRANTS ARE MAIN	LAINED IN	SEPARATE	FILES. INT	ERIM AND	
FINAL REPORT FINDINGS AND OUTCOMES	ARE REQU	IRED FROM	GRANTORS.	GRANT	
PAYMENTS ARE DISBURSED UPON REVIEW	OF PROGR	ESS UPDATE	S AND APPR	OVAL BY	
DPF'S SCIENCE ADVISORY BOARD CHAIR	•				

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# 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.

► Attach to Form 990 or 990-EZ.

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

LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FORM 990, PART I,

DAVIS PHINNEY FOUNDATION

Employer identification number 20-0813566

Schedule O (Form 990 or 990-EZ) (2019)

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

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

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization **Employer identification number** 20-0813566 DAVIS PHINNEY FOUNDATION WITH PARKINSON'S. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: THE FOUNDATION ALSO HAS SERVERAL SMALLER PROGRAMS INCLUDING EVERY VICTORY COUNTS SELF CARE MANUALS, SIDEKICKS, COMMUNITY PARTNERSHIPS AND DEVELOPMENT OF ONLINE EDUCATIONAL CONTENT. EXPENSES \$ 349,007. INCLUDING GRANTS OF \$ 0. REVENUE \$ 264,769. 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CO, CT, DC, FL, GA, HI, IA, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NY, OH

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Name of the organization DAVIS PHINNEY FOUNDATION	Employer identification number 20-0813566
FORM 990, PART VI, SECTION C, LINE 19:	
ALL ORGANIZATIONAL DOCUMENTS ARE AVAILABLE UPON REQUEST.	