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EXTENDED TO NOVEMBER 15, 2019

Form 990-T

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

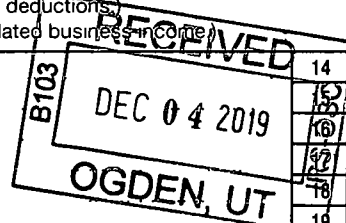
A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number (Employees' trust, see instructions)	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type CARY BROWN FAMILY FOUNDATION		30-0298993	
		Number, street, and room or suite no. If a P.O. box, see instructions. 10807 NEW ALLEGIANCE DRIVE		E Unrelated business activity code (See instructions)	
		City or town, state or province, country, and ZIP or foreign postal code COLORADO SPRINGS, CO 80921		211110	
C Book value of all assets at end of year 17,528,897.		F Group exemption number (See instructions.) ▶			
		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			
H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ SEE STATEMENT 1 . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.					

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **CHRISTIAN COMMUNITY FOUNDATION** Telephone number ▶ **719-447-4620**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)	71,389.	STMT-2	71,389.
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	71,389.		71,389.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		
14	Compensation of officers, directors, and trustees (Schedule K)	
15	Salaries and wages	
16	Repairs and maintenance	
17	Bad debts	
18	Interest (attach schedule) (see instructions)	
19	Taxes and licenses	
20	Charitable contributions (See instructions for limitation rules) STATEMENT 4	SEE STATEMENT 3
21	Depreciation (attach Form 4562)	
22	Less depreciation claimed on Schedule A and elsewhere on return	
23	Depletion	
24	Contributions to deferred compensation plans	
25	Employee benefit programs	
26	Excess exempt expenses (Schedule I)	
27	Excess readership costs (Schedule J)	
28	Other deductions (attach schedule)	
29	Total deductions. Add lines 14 through 28	7,039.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	64,350.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	
32	Unrelated business taxable income. Subtract line 31 from line 30	64,350.



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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	64,350.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	64,350.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	63,350.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	13,304.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	13,304.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	13,304.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	13,304.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	14,000.
d	Foreign organizations. Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total ▶	50g	
51	Total payments. Add lines 50a through 50g	51	14,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	560.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	136.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 136. Refunded	55	0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer 

Date 11/13/19

TREASURER

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

KYLE FRITCH, CPA

KYLE FRITCH, CPA

11/06/19

P01313374

Firm's name ▶ EIDE BAILLY LLP

Firm's EIN ▶ 45-0250958

7001 E. BELLEVIEW AVE., STE. 700

Firm's address ▶ DENVER, CO 80237

Phone no. 303-770-5700

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions.

Enter here and on page 1, Part I, line 6, column (B)

0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0.	0.
Total dividends-received deductions included in column 8				0.

Form 990-T (2018)

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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OWNERSHIP INTEREST IN LIMITED PARTNERSHIPS WHICH REPORT UBI
TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
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DESCRIPTION	NET INCOME OR (LOSS)
ENERGY TRANSFER, LP - ORDINARY BUSINESS INCOME (LOSS)	-899.
ENTERPRISE PRODUCTS PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	-510.
MAGELLAN MIDSTREAM PARTNERS LP - ORDINARY BUSINESS INCOME (LOSS)	-518.
ENERGY TRANSFER OPERATING LP - ORDINARY BUSINESS INCOME (LOSS)	136.
STELLAR TECHNOLOGY SOLUTIONS, LLC - ORDINARY BUSINESS INCOME (LOSS)	73,180.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	71,389.

FORM 990-T	CONTRIBUTIONS	STATEMENT	3
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PASSTHROUGH PARTNERSHIP ACTIVITY	N/A	1.
ABILENE CHRISTIAN UNIVERSITY	N/A	108,333.
ADAPTIVE SPORTS CENTER	N/A	1,000.
ANTIOCH CENTER FOR TRAINING AND SENDING	N/A	6,000.
ANTIOCH MINISTRIES INTERNATIONAL	N/A	300.
CASA DE AMIGOS OF MIDLAND TEXAS INCORPORATED	N/A	10,000.
ELAM MINISTRIES	N/A	10,000.
EPICENTRE CHURCH	N/A	200.
FAMILY PROMISE OF MIDLAND	N/A	2,000.
FELLOWSHIP OF CHRISTIAN UNIVERSITY STUDENTS (FOCUS)	N/A	12,250.
FIRST CHRISTIAN CHURCH	N/A	200.
FIRST LIBERTY	N/A	25,000.
FIRST PRIORITY OF AMERICA, INC.	N/A	148,250.

CARY BROWN FAMILY FOUNDATION

30-0298993

FIRST PRIORITY PERMIAN BASIN	N/A	20,000.
FOCUS ON THE FAMILY	N/A	10,000.
FOUNDATION FOR PRADER-WILLI	N/A	
RESEARCH		2,500.
FREE THE OPPRESSED	N/A	10,000.
GOLF COURSE ROAD CHURCH OF	N/A	
CHRIST		20,000.
HELPING HANDS OF MIDLAND	N/A	10,000.
HIGH SKY CHILDREN'S RANCH	N/A	10,000.
HILLCREST SCHOOL	N/A	2,000.
HOSPICE MIDLAND	N/A	2,000.
KALEIDOSCOPE MINISTRIES	N/A	2,000.
K-LIFE MINISTRIES	N/A	25,000.
KWO MINISTRIES	N/A	107,300.
LIFE CENTER	N/A	25,000.
MARBLE FALLS CHURCH OF CHRIST	N/A	25,000.
MIDLAND CHILDREN'S	N/A	
REHABILITATION CENTER		5,000.
MIDLAND CHRISTIAN SCHOOL	N/A	123,400.
MIDLAND FAIR HAVENS	N/A	30,000.
MISSION MESSIAH	N/A	5,000.
MORIAH FOUNDATION	N/A	212,868.
OKLAHOMA CHRISTIAN UNIVERSITY	N/A	60,000.
PRADER WILLI SYNDROME	N/A	
ASSOCIATION		2,500.
QUICK REACTION FUND	N/A	10,000.
RELIANT MISSION	N/A	9,000.
TEEN CHALLENGE OF THE PERMIAN	N/A	
BASIN		5,000.
TEEN F.L.O.W. MINISTRIES	N/A	5,000.
THE PRO2G MISSION	N/A	200.
UNITED WAY OF MIDLAND	N/A	10,000.
UNLOCK MINISTRIES	N/A	25,200.
YOUNG LIFE INTERNATIONAL	N/A	
MINISTRIES		1,000.

TOTAL TO FORM 990-T, PAGE 1, LINE 20

1,098,502.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016

FOR TAX YEAR 2017

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

1,098,502

TOTAL CONTRIBUTIONS AVAILABLE

1,098,502

TAXABLE INCOME LIMITATION AS ADJUSTED

7,039

EXCESS 10% CONTRIBUTIONS

1,091,463

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

1,091,463

ALLOWABLE CONTRIBUTIONS DEDUCTION

7,039

TOTAL CONTRIBUTION DEDUCTION

7,039