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Form 99	0-T	E	Exempt Organization Bu				Tax Re	turn	L	OMB No	1545-0047
Car year		F	(and proxy tax use lender year 2019 or other tax year beginning APR				ND 31	202	۱ ۸	21	019
	r.	For cal	Go to www irs.gov/Form990T to					202	<u>-</u>	2	פוט
Department of Internal Reve	of the Treasury nue Service	>	Do not enter SSN numbers on this form as it n)1(c)(3)	5	pen to Pu 01(c)(3) Or	blic Inspection for ganizations Only
	neck box if dress changed		Name of organization (D Employ (Employ	yees' trus	cation number
B Exempt	under section	Print	JOSEPH DROWN FOUNDATI	9 5	5-60	93178					
	(c 0 3_)	or	Number, street, and room or suite no. If a P.O. box, see instructions.								ss activity code
408((e) 220(e)	Type	Type 1999 AVENUE OF THE STARS, NO. 2330								,
408/ 529(City or town, state or province, country, and ZII LOS ANGELES, CA 9006		gn postal c	ode					
C Book value	e of all assets		F Group exemption number (See instructions.)								
	5,140,4	69.	G Check organization type ► X 501(c) (n 🗌	501(c) trust		401(a)	trust		Other trust
H Enter the	number of the c	organiza	tion's unrelated trades or businesses. 🕨			Describe	e the only (or	first) uni	related		
trade or t	business here 🕨					If only one	, complete P	arts I-V I	If more	than one	,
describe	the first in the bl	ank spa	ce at the end of the previous sentence, complete	Parts I a	nd II, comp	olete a Schedul	e M for each	additiona	al trade (or	
	, then complete f										1
_			oration a subsidiary in an affiliated group or a pa	arent-sub:	sidiary con	trolled group?		▶ L	Yes	; L] No
			ifying number of the parent corporation.			Talont	none number	▶ (3101	277.	-4488
Part I			le or Business Income) Income	T	xpenses	<u> </u>		C) Net
1a Gross	receipts or sale:				 	,	(-,-			'	1
	returns and allow		c Balance	▶ 1c					٦	•	- }
_	of goods sold (Se			2	1					-	_ 1
	profit Subtract		•	3				٠.	-		
4a Capita	al gain net incom	e (attacl	h Schedule D)	4a	ļ						
b Net ga	aın (loss) (Form	4797, Pa	art II, line 17) (attach Form 4797)	4b				<u> </u>			
c Capita	al loss deduction	for trus	its	4c	ļ						
1			hip or an S corporation (attach statement)	5				•			
3	income (Schedul	•		6	ļ		ļ				
	ated debt-finance		,	7	<u> </u>		<u> </u>				
•			nd rents from a controlled organization (Schedule in 501(c)(7), (9), or (17) organization (Schedule		╁╌╌╌╌		 		_		
	ited exempt activ			10	<u> </u>				+		
· ·	tising income (S	-	· •	11							
			s, attach schedule)	12	1		_			-	
13 Total	I. Combine lines	3 throug	gh 12	13		0.					
Part II	Deduction	ns No	t Taken Elsewhere (See instructions	for limit	ations on	deductions)	•				
	(Deductions	must b	e directly connected with the unrelated bu				_	· `			
	•	cers, dır	ectors, and trustees (Schedule K)	_ <u>rn</u>	CUE	IVED	TO		14		
	ries and wages			251		- daa-	RS-OSC	ł	15		
•	ars and maintena debts	ance			AUG 2	5 2 020	8		16 17		
	est (attach sched	lule) (se	e instructions)				<u> </u>	ŀ	18		
	s and licenses	idic) (30	o msu ocuons)	C	GDE	N, UT	Ì		19		
	eciation (attach F	orm 45	62)			20		ľ			
•	depreciation clai	med on	Schedule A and elsewhere on return			21a			21b		
22 Deple	etion								22		
23 Conti	ributions to defei	rred con	npensation plans						23		
24 Empl	loyee benefit pro	grams						[24		
	ss exempt expen		•]	25		
	ss readership co	•	•					-	26		
	r deductions (atta		•					}	27		
	deductions. Ad		•	ant line O	O from l	. 10		-	28		0.
			come before net operating loss deduction. Subtr			: 13		ŀ	29		
	iction for het ope instructions)	rauny 10	oss arising in tax years beginning on or after Jan	iuai y 1, 21	טוכ				30		0.
	-	xable in	come. Subtract line 30 from line 29					ŀ	31		0.
			vork Reduction Act Notice, see instructions				-			Form \$	990-T (2019)

Form 99	0-T (2019) JOSEPH DROWN FOUNDA	TION			95-	-6093178 Page 2
Part	ţ III	Total Unrelated Business Taxa	ble Income		_		_
·	Total o	of unrelated business taxable income computed	from all unrelated trades or businesses ((see instructions		32	0.
33		nts paid for disallowed fringes			•	33	·
34	Charita	able contributions (see instructions for limitation	on rules)			34	0.
35		unrelated business taxable income before pre 2	sum of lines 32 and 33	35			
36		tion for net operating loss arising in tax years l		36			
37		of unrelated business taxable income before sp	37				
38		ic deduction (Generally \$1,000, but see line 38	38	1,000.			
39		ated business taxable income Subtract line 3	"				
00		the smaller of zero or line 37	o nonvinio or in mio oo io greater than in			39	0.
Part		Tax Computation				1 03 1	
40		izations Taxable as Corporations. Multiply lin	ue 30 hv 21% (0.21)			40	0.
41		Taxable at Trust Rates. See instructions for t		nt on line 30 fro	-	1 40	
41		Tax rate schedule or Schedule D (Forn	•	iii dii iine 33 ii d	···	41	
40		 '	11041)			41	
42	-	tax See instructions			•	42	
43		ative minimum tax (trusts only)				43	
44		Noncompliant Facility Income. See instructi				44	
45		Add lines 42, 43, and 44 to line 40 or 41, whice Tax and Payments	never applies			45	0.
Part						$\overline{}$	
		n tax credit (corporations attach Form 1118; tri	usts attach Form 1116)	46a		-	
b		credits (see instructions)		46b		⊣ i	
C		al business credit Attach Form 3800		46c		⊣ ∣	
		for prior year minimum tax (attach Form 8801	or 8827)	46d			
е	Total o	redits. Add lines 46a through 46d				46e	<u>.</u>
47	Subtra	ct line 46e from line 45				47	0.
48	Other t	taxes Check if from: Form 4255	Form 8611 Form 8697 Form	m 8866 L C	ther (attach schedule) 48	
49		ax. Add lines 47 and 48 (see instructions)				49	0.
50	2019 n	iet 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, column (k), line 3			50	0.
51 a	Payme	ints A 2018 overpayment credited to 2019		51a	1,430	<u>.</u>	
b	2019 e	stimated tax payments		51b	2,800	<u>.</u>	
C	Tax de	posited with Form 8868		51c			
d	Foreign	n organizations. Tax paid or withheld at source	(see instructions)	51d			
е	Backup	o withholding (see instructions)		51e		7	
f	Credit	for small employer health insurance premiums	(attach Form 8941)	51f		7	
a	Other o	credits, adjustments, and payments	orm 2439			7	
·	_		ther Total	▶ 51g			
52	Total p	payments. Add lines 51a through 51g				52	4,230.
53	•	ted tax penalty (see instructions). Check if Fori	m 2220 is attached 🕨 🗍			53	•
		e. If line 52 is less than the total of lines 49, 50	· · · · · · · · · · · · · · · · · · ·		•	54	
55		syment If line 52 is larger than the total of line	· · · · · · · · · · · · · · · · · · ·		•	55	4,230.
56	•	he amount of line 55 you want. Credited to 20	, , ,		Refunded •	- 56	4,230.
Part		Statements Regarding Certain		ation (see in	structions)	1 00 1	
57		time during the 2019 calendar year, did the org	 _	<u>`</u>			Yes No
		financial account (bank, securities, or other) in	-		•		103 110
		Form 114, Report of Foreign Bank and Finance					,
	here	L	ial Accounts in Tes, enter the hame of the	ic foreign count	' y		x
58		the tax year, did the organization receive a dis	tribution from or was it the granter of or	transferor to a	forman truct?		$-\frac{x}{x}$
	-	" see instructions for other forms the organizat	· · · · · · · · · · · · · · · · · · ·	transferor to, a	ioreigii trustr		<u> </u>
		he amount of tax-exempt interest received or a					
		nder penalties of perjury, I declare that I have examined		nd statements and	to the best of my know	dodge and be	liaf it is true
Sign	C	orrect, and complete Declaration of preparer (other than	taxpayer) is based on all information of which pre	eparer has any know	vledge	ieoge and bei	
Here		All medulibohtal	10/6/2020 DDEGT	ъпыт		•	discuss this return with
		Signature of officer	Date PRESI	DENT			shown below (see
		T	T	r		7	X Yes No
		Print/Type preparer's name	Preparer's signature Deglially signed by Lirbeth	Date	Check	if PTIN	
Paid			Nevarez Reason I attest to the accuracy and integrity of this document		self- employe		400000
Prep	arer	LIZBETH G. NEVAREZ	Date 2020 08 12 13.59:07-07007				1399868
Use	Only	Firm's name ► GREEN HASSON			Firm's EIN	<u>▶ 95</u>	<u>-1777440</u>
	-		HIRE BLVD., 16TH F	LOOR			
		Firm's address LOS ANGELE	S, CA 90024-3929		Phone no.		873-1600
923711 (1-27-20						Form 990-T (2019)

2 Purchases 3 Cost of labor 3 Additional section 263A costs (attach schedule) 4 a Additional section 263A costs (attach schedule) 5 Other costs of section 263A (with respect to property produced or acquired for resale) apply to the organization? Checdule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) Decomption of property 1) 2) 3) 4) 2 Rent received or accused (a) From peasant property with the precention and the property produced or acquired for resale) apply to the organization? Cast of gender acquired for resale) apply to the organization? Decomption of property 1) 2) 3) 4) 2 Rent received or accused (a) From peasant property if the precention and the property of the precent property seckeds 50% or if the rent is based on profit or receiving 1) Total income, Add totals of columns 2(a) and 2(b). Enter rer and on page 1, Part 1, line 6, column (A) Checkedule E - Unrelated Debt-Financed Income 1. Description of debt-invariced property 1) 2) 3) 4) 4) 5 Awards adjusted by the property profit or property profit or property 1. Description of debt-invariced property 1. Description of debt-invariced property 2 Coss income 6 or or absorbed to debt-invariced property 1. Description of debt-invariced property 1. Description of debt-invariced property 2 Coss income 6 or or absorbed to debt-invariced property 1. Description of debt-invariced property 3. Description of debt-invariced property 1. Description of debt-invariced property 3. Description of debt-invariced property 4. Amount of average acquisitions and property profit or received with or allocation or absorbed to debt-invariced property 2 Coss income 6 or or absorbed to debt-invariced property 3. Description of debt-invariced property 4. Amount of average acquisitions and property profit or received with or allocation or absorbed to the debt-invariced property 2 Coss income 6 or or absorbed to debt-invariced property 3. Description of debt-invariced property 4. Amount of avera	orm 990-T (2019) JOSEPH DR					95-60931	178	Page
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Inne 2 Inne 2 To the cross class (attach schedule) 4a	2 Purchases	2		7 Cost of goods sold. Si	ubtract	line 6		
(attach schedule) b Other costs (attach schedule) b Other costs (attach schedule) 5 Total. Add insist through 4b 7 Rent received or sectured (a) From personal property Leased With Real Property) (a) From personal property (if the personal pro	3 Cost of labor	3		from line 5 Enter here	and in	Part I,		
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Conception of property Description of property 2	b Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to	<u></u>	
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4) 4) 2 Rent received or accrued (a) From personal property (if the								
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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.		7		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 26
Totals, Part II (lines 1-5)	▶	0.	0.		•	. 4	0.

Schedule K	 Compensation of 	Officers, Directo	ors, and Trustees	(see instructions)
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1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	-
(2)		%,	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		▼	0.

Form 990-T (2019)