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Form **990-PF**

Department of the Treasury

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-0052

| | _ | Variate Cartifornia | | e to use a copy of this returi | | equirements. | |
|---|----------------|--|-----------------------|---------------------------------------|---------------------------|---|---|
| For | caler | ıdar year 2009, or tax year beginnir | ng, | | and ending | | |
| G (| Check | all that apply: Initial reti | | Initial Return of a f | ormer public charity | Final return | ı |
| 110 | the | Name of foundation | 11010111 | | <u>gv</u> | A Employer identification | number |
| | : uie label | | | | | | |
| | erwi | DOTTE TOO DOTAIN | ATION | | | 64-6020136 | |
| | print | Number and street (or P O box num | ber if mail is not de | elivered to street address) | Room/suite | B Telephone number | |
| | r typ | # 10 1 DO21 1 1 1 1 | | | | (662) 328- | 5387 |
| | Spe | I GREV OF TOWER STATE, AND ZEE GOL | fe . | | | C If exemption application is p | ending, check here |
| INS | ructio | COLUMBUS, MS | 39703 | | | D 1 Foreign organizations | |
| H (| heck | type of organization: X Sect | ion 501(c)(3) ex | cempt private foundation | | Foreign organizations me check here and attach co | eting the 85% test, mputation |
| |] Se | ction 4947(a)(1) nonexempt charitat | ble trust 🔲 | Other taxable private founda | ition | E If private foundation sta | |
| I Fa | ir ma | arket value of all assets at end of year | r J Accounti | ng method: X Cash | Accrual | under section 507(b)(1) | |
| (fi | om i | Part II, col. (c), line 16) | Ot | her (specify) | | F If the foundation is in a l | 60-month termination |
| | -\$ | | | mn (d) must be on cash l | basis.) | under section 507(b)(1) | |
| Pa | ırt l | Analysis of Revenue and Expense (The total of amounts in columns (b), (c), necessarily equal the amounts in column | and (d) may not | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., rec | ceived | | | | |
| | 2 | Check If the foundation is not require | | | | | |
| | 3 | Interest on savings and temporary cash investments | - | 67,388. | 67,388. | 67,388. | STATEMENT 1 |
| | 4 | Dividends and interest from securiti | ies | 42,434. | 42,434. | 42,434. | STATEMENT 2 |
| | 5a | Gross rents | | | | | |
| | Ь | Net rental income or (loss) | | | | | |
| a) | 6a | Net gain or (loss) from sale of assets not o | on line 10 | -14,826. | | | |
| Ž | Ь | Gross sales price for all assets on line 6a 1,17 | 0,519. | | | | |
| Revenue | 7 | Capital gain net income (from Part IV, line | 2) | | 0. | | |
| Œ | 8 | Net short-term capital gain | | | | 101. | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | b | Less Cost of goods sold | | | | | |
| | C | Gross profit or (loss) | | | | | |
| | 11 | Other income | | | | | |
| | 12 | Total. Add lines 1 through 11 | | 94,996. | 109,822. | 109,923. | |
| | 13 | Compensation of officers, directors, truste | es, etc | 0. | 0. | 0. | 0. |
| | 14 | Other employee salaries and wages | | 12,000. | 0. | 0. | 12,000. |
| " | 15 | Pension plans, employee benefits | | | | | |
| ses | 16a | | TMT 3 | 101. | 0. | 0. | 0. |
| Expense | | | TMT 4 | 5,276. | 0. | 0. | 0. |
| X | , | Other professional fees S | TMT 5 | 17,822. | 0. | 0. | 0. |
| Ķ | 17 | Interest | _ | | | | |
| tra | 18 | • | TMT 6 | 917. | 0. | 0. | 0. |
| SE | 19 | Depreciation and depletion | | | | | |
| Ę | 20 | Occupancy | | 1,080. | 0. | 0. | 1,080. |
| ŽΨ | 21 | Printing and publications | | 720. | 0. | 0. | 0. |
| ने हैं | 22 | Printing and publications (Q) | | 2 006 | | | |
| ing S | 243 | | TMT 7 | 2,096. | 0. | 0. | 0. |
| a te | 246 | Aptal prelitting and administrative | Ŷ. | 40 010 | • | | 12 222 |
| SCAMMED WITH Operating and Administrative | \ \ \ \ \ | corpenses. Add lines 13 through 23 | · | 40,012. | 0. | 0. | 13,080. |
| Ñ) | 25 | Contributions of sylvanish and | ٠. | 129,278. | | | 129,278. |
| | 26 | Total expenses and disbursements | S . | 1.00 000 | ^ | _ | 140 250 |
| | _ | Add lines 24 and 25 | · | 169,290. | 0. | 0. | 142,358. |
| | | Subtract line 26 from line 12: | ; | 74 204 | | | |
| | 1 | Excess of revenue over expenses and dist | | 74,294. | 100 000 | | |
| | | Net investment income (if negative, e | | | 109,822. | 100 000 | |
| 0225 | | Adjusted net income (if negative, ente | ≆ -0-) | li | | 109,923. | |

Form **990-PF** (2009)

| | 1990-PF (2009) PHILLIPS FOUNDATION | | <u>6020</u> | | | Page 4 |
|--------|--|-------|-------------|-------|----------|---------------|
| | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4 | 948 - | see II | nstru | ctio | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter: $11/06/91$ (attach copy of letter if necessary-see instructions) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | 1 | | N/ | A | |
| | of Part I, line 27b | | | | | |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 2 | | | | |
| 3 | Addition 1 and 0 | 3 | | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | |
| - | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | | 0. |
| о С | Credits/Payments: | | | | | |
| 0 | 2009 estimated tax payments and 2008 overpayment credited to 2009 | | | | | |
| | 2000 doillinated tax payments and account of the payments | | | | | |
| | CANTIPATOTOGIST OF GALLETING | | | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c 6d | 1 1 | ı | | | |
| đ | Backup withholding erroneously withheld 6d 6d | . | ı | | | ^ |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | - | | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | | 0. |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | |
| | Enter the amount of line 10 to be: Credited to 2010 estimated tax | 11 | | | | |
| | rt VII-A Statements Regarding Activities | | | | 1.0 | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene | - IN | | | Yes | No |
| | any political campaign? | | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | - | - | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | d or | | | | 1 |
| | distributed by the foundation in connection with the activities. | | | | | 1 |
| c | Did the foundation file Form 1120-POL for this year? | | | 1c | | X |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| _ | (1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0. | | | | | ŀ |
| ۵ | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | , | | | | 1 |
| · | managers. > \$O. | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | х |
| 2 | If "Yes," attach a detailed description of the activities | | • | | | - |
| • | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, | ١r | | | | |
| 3 | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | " | | 3 | | х |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | 4a | | X |
| | | ХT | /A | 4b | | 1 |
| | of "Yes," has it filed a tax return on Form 990-T for this year? | TÁ | / A | | | X |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | 5 | | <u> </u> |
| | If "Yes," attach the statement required by General Instruction T | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| | By language in the governing instrument, or | | | | | |
| | • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | ; law | | | | 1 |
| | remain in the governing instrument? | | | 6 | <u>X</u> | ļ |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | 7 | <u>X</u> | ļ |
| | If "Yes," complete Part II, col. (c), and Part XV. | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | | 1 |
| | MS | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | | | 1 |
| | of each state as required by General Instruction G? If "No," attach explanation | | | 8b | X | <u> </u> |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calc | endar | | | | |
| 3 | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV | | | 9 | Х | 1 |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | • | • | 10 | | Х |
| _10_ | Or any personal designation of the second se | | For | m 990 | -PF | |

| | 1 990-PF (2009) PHILLIPS FOUNDATION 64-60 art VII-A Statements Regarding Activities (continued) | 20136 | Page 5 |
|----|--|--------|--------------|
| | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | 7, |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | |
| | August 17, 2008? | 12 | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х |
| | Website address ► N/A | | |
| 14 | The books are in care of \triangleright T.E. LOTT, JR. Telephone no. \triangleright (662) | | <u>-5387</u> |
| | Located at ► 221 NORTH 7TH STREET, COLUMBUS, MS ZIP+4 ► | 39701 | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | ightharpoons |
| | and enter the amount of tax-exempt interest received or accrued during the year | N/ | 'A |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | 1 | res No |
| 1a | During the year did the foundation (either directly or indirectly): | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1 1 | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | |
| | a disqualified person? | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1 1 | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | |
| | for the benefit or use of a disqualified person)? | 1 1 | |
| | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | 1 1 | ľ |
| | if the foundation agreed to make a grant to or to employ the official for a period after | | |
| | termination of government service, if terminating within 90 days.) | | |
| þ | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A | 1b | |
| | Organizations relying on a current notice regarding disaster assistance check here | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | 1 |
| | before the first day of the tax year beginning in 2009? | 1c | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | |
| | before 2009? Yes X No | | |
| | If "Yes," list the years ▶, | 1] | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | |
| _ | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | 1 |
| | statement - see instructions.) | 2b | |
| | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 20 | |
| · | Ti the provisions of section 4342(a)(2) are being applied to any or the years used in 2a, list the years not a | | |
| 2- | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | |
| Ja | | | |
| | during the year? | | |
| D | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after | | |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2009.) | 3b | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | |
| | had not been removed from jeonardy before the first day of the tay year beginning in 20002 | 1 45 1 | l v |

| orm 990-PF (2009) PHILLIPS FOUNDATION | | | <u>64-60201</u> | 36 Page 6 |
|---|---|------------------|--|----------------------------|
| Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be I | Required (contin | nued) | |
| 5a During the year did the foundation pay or incur any amount to: | | | 1 | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 4945(e))? | | es X No | 1 1 |
| (2) Influence the outcome of any specific public election (see section 4955); o | r to carry on, directly or ındir | | | |
| any voter registration drive? | | • | es X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Y | es X No | 1 1 |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio | n described in section | | J |]] |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | es X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or | for | | |
| the prevention of cruelty to children or animals? | | Y | es X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit | der the exceptions described | | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | J | N/A | 5b |
| Organizations relying on a current notice regarding disaster assistance check h | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi | | | | |
| expenditure responsibility for the grant? | | 7/A □₩ | es No | |
| If "Yes," attach the statement required by Regulations section 53.494 | •• | ســــ بــــ | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | · · | | 1 | |
| a personal benefit contract? | pay premiums on | | as X No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | arcanal hanafd contract? | — — ш | t t | 56 X |
| , | erzonar benefit contract: | • | · · ' | 5b X |
| If "Yes" to 6b, file Form 8870. | holtor transpotion? | | s X No | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | — 189 | <u></u> | , |
| b If yes, did the foundation receive any proceeds or have any net income attribute. Book VIII Information About Officers, Directors, Trust | | nagara Highl | | 7b |
| Part VIII Paid Employees, and Contractors | ees, Foundation Ma | mayers, nigni | y | |
| List all officers, directors, trustees, foundation managers and their | compensation | | | |
| and the officers, durenters, a decision, realization managers and alone | | (c) Compensation | (d) Contributions to | (a) Eynense |
| (a) Name and address | (b) Title, and average hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other |
| | to position | enter -0-) | compensation | allowances |
| | | | | |
| IDE CONTRACTOR 10 | | , | | • |
| SEE STATEMENT 12 | | 0. | 0. | <u> </u> |
| | | | | |
| | | | } | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | J | <u> </u> | | |
| Compensation of five highest-paid employees (other than those inc | | enter "NONE." | I 7 N = | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans | (e) Expense account, other |
| (a) Name and address of each employee paid more than \$50,000 | devoted to position | (C) Compensation | and deferred compensation | allowances |
| NONE | | | | |
| | | | , | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | 1 | |
| 250.000 | | <u> </u> | L | |
| otal number of other employees paid over \$50,000 | · | | _ | 0 |
| | | | Form 9 | 90-PF (2009) |

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|--|-----------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, H Paid Employees, and Contractors (continued) | ighly |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of | of service (c) Compensation |
| NONE | |
| | |
| | |
| | |
| | |
| | |
| Total number of others receiving over \$50,000 for professional services | • |
| Part IX-A Summary of Direct Charitable Activities | 0 |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | ne Expenses |
| 1 PAID MEDICAL, SURGICAL, PHARMACEUTICAL AND HOSPITAL EXPI | ENSES |
| FOR INDIGENT INDIVIDUALS | |
| 2 HOME DELIVERY OF MEALS FOR INDIGENT INDIVIDUALS | 0. |
| | |
| 3 | 0. |
| | |
| 4 | |
| | |
| Part IX-B Summary of Program-Related Investments | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
| 1 N/A | |
| 2 | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |

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0.

Total. Add lines 1 through 3

| Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign for | oundations, | see instructions) |
|---|-------------|--------------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | T | |
| a Average monthly fair market value of securities | 1a | 4,442,347. |
| b Average of monthly cash balances | 1b | 50,939. |
| c Fair market value of all other assets | 1c | |
| d Total (add lines 1a, b, and c) | 1d | 4,493,286 |
| e Reduction claimed for blockage or other factors reported on lines 1a and | | |
| 1c (attach detailed explanation) 1e 0 |). | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d | 3 | 4,493,286. |
| 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 67,399. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 4,425,887. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 221,294. |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here X and do not complete this part.) | and certain | |
| 1 Minimum investment return from Part X, line 6 | 1 | |
| 2a Tax on investment income for 2009 from Part VI, line 5 | | |
| b Income tax for 2009. (This does not include the tax from Part VI.) | 7 | |
| c Add lines 2a and 2b | 2c | |
| 3 Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | |
| 6 Deduction from distributable amount (see instructions) | 6 | |
| 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | |
| Part XII Qualifying Distributions (see instructions) | | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | \top | |
| a Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 142,358. |
| b Program-related investments - total from Part IX-B | 1b | 0. |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the: | | |
| a Suitability test (prior IRS approval required) | 3a | |
| b Cash distribution test (attach the required schedule) | 3b | |
| 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 142,358. |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| income. Enter 1% of Part I, line 27b | 5 | 0. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 142,358. |
| Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | | |
| 4940(e) reduction of tax in those years. | | |

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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|--|---------------|----------------------------|-------------|-----------------|
| 1 Distributable amount for 2009 from Part XI, line 7 | | | | 0. |
| 2 Undistributed income, if any, as of the end of 2009 | | | | |
| a Enter amount for 2008 only | | | 0. | |
| b Total for prior years: | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2009: | | | | |
| a From 2004 | | | | |
| b From 2005 | | | | |
| c From 2006 | | | | |
| d From 2007 | | | | |
| e From 2008 | _ | | • | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2009 from | | | | |
| Part XII, line 4: ► \$ N/A | į | | | |
| a Applied to 2008, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | _ | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2009 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 0. | <u> </u> | | |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e. Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2008. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2009. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2010 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2004 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2010 | , | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2005 | | | | |
| b Excess from 2006 | | | | |
| c Excess from 2007 | | | | |
| d Excess from 2008 | | | | |
| e Excess from 2009 | | | <u> </u> | F 000 DE (2000) |

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

SEE ATTACHMENT "B" - PURPOSES AS PROVIDED IN ORIGINAL TRUST DOCUMENT

NONE

c Any submission deadlines:

| 3 Grants and Contributions Paid During the | Year or Approved for Future | Payment | | |
|---|--|------------------------|---|----------|
| Recipient | If recipient is an individual, | Foundation | Purpose of grant or | |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | | | | |
| a Paid during the year VARIOUS INDIGENT INDIVIDUALS | NONE | N/A | DRUGS, MEALS, HOSPITAL CARE, MEDICAL SUPPLIES | 129,278 |
| | | | | |
| | | <u> </u> | | <u> </u> |
| Total | | Ţ | ▶ 3a | 129,278. |
| NONE Total | | | ▶ 3b | 0. |
| 101d1 | | | | 000 DE |

| Part XVI-A Analysis of Income-Produ | cing Activitie | es | | | |
|---|-------------------|----------------------|--|---------------------------|-----------------------------------|
| Enter gross amounts unless otherwise indicated. | | ousiness income | | section 512, 513, or 514 | (e) |
| | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | Aniodik | code | Amount | Tancion income |
| a | | | | | |
| b | - | | | - | |
| <u> </u> | | | | | - |
| d | | | | | - |
| e | | | | | |
| g Fees and contracts from government agencies | | | - | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 67,388. | |
| 4 Dividends and interest from securities | | | 14 | 42,434. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | ····· | | | |
| 8 Gain or (loss) from sales of assets other | | | | 14 006 | |
| than inventory | - | | 18 | -14,826. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | <u> </u> | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| D | | | | | |
| c | | | | | |
| d | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | | 0. | 94,996. | (|
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | |
| (See worksheet in line 13 instructions to verify calculations.) | - | | • | - | |
| Part XVI-B Relationship of Activities | to the Accom | nnlishment of | Exempt Pi | irnoses | |
| Part XVI-B Heladoliship of Activides | | | | | |
| Line No. Explain below how each activity for which inco | • | • • | | importantly to the accomp | lishment of |
| ▼ the foundation's exempt purposes (other than | by providing fund | s for such purposes) | <u> </u> | | |
| | | | ·· | | |
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923621 07-07-09

| | | | JIPS FOUNDA | | | 15.1 | 64-60 | | | ige 13 |
|------------|-------------------------------|--|-------------------------------|-----------------------|----------------------|------------------------|--------------------------------|----------------|----------------|--------------------|
| <u>P</u> | art X | VII Information R Exempt Organ | | ers To and T | Transactions : | and Relations | hips With Nonch | aritabl | | |
| 1 | | he organization directly or ind | | | | | ion 501(c) of | | Yes | No |
| | | ode (other than section 501(o | | | | inizations? | | | | |
| a | | sfers from the reporting found | lation to a noncharitable | e exempt organizat | tion of: | | | Ì | } | |
| | (1) | | | | | | | 1a(1) | | X |
| | | Other assets | | - • | - | • | | 1a(2) | | X |
| D | | r transactions: | ahla ayamat arganizatio | n | | | | 1440 | | v |
| | | Sales of assets to a noncharita Purchases of assets from a no | | | • | | | 1b(1) 1b(2) | | X |
| | • • | Rental of facilities, equipment, | | | | | | 1b(3) | | X |
| | | Reimbursement arrangements | | | • | | | 1b(4) | | X |
| | | oans or loan guarantees | | | | | | 1b(5) | | X |
| | | Performance of services or mo | embership or fundraisin | g solicitations | | | | 1b(6) | | Х |
| c | Shari | ng of facilities, equipment, ma | ailing lists, other assets, | , or paid employee | s | | | 1c | | Х |
| d | If the | answer to any of the above is | Yes," complete the following | lowing schedule. C | Column (b) should a | lways show the fair r | narket value of the goods | , other as | sets, | |
| | | rvices given by the reporting t | | | than fair market val | lue in any transactior | or sharing arrangement | , show in | | |
| _ | | nn (d) the value of the goods, | ·, | | | | | | | - · <u>-</u> · · - |
| <u>(a)</u> | Line no | (b) Amount involved | (c) Name of no | oncharitable exem | pt organization | (d) Description | of transfers, transactions, an | d sharing ar | rangeme | nts |
| | | | | N/A | | | | | | |
| | | | | | | | | | | |
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| _ | | (| At a ff Trade double for sale | | | | | | | - |
| 2a | | foundation directly or indirectly or indirectly or indirectly | | | | iizations described | 1 | | (T | 1 |
| | | ction 501(c) of the Code (othe s," complete the following sch | |)) or an section 32. | / : | | 1 | Yes | X |) NO |
| | 11 16 | s, complete the following sch (a) Name of org | | (b) T | ype of organization | | (c) Description of relation | ıshio | | |
| | | N/A | <u> </u> | | · · · | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| - | | enalties of perjury, I declare that I in the inplete Declaration of preparer (other | | | | | my knowledge and belief, it i | s true, corre | ct | |
| - 1 | and con | The section of property of the section of the secti | a martaxpaya a nooday | y is bused on an imon | . , , | | 1677 | | | |
| | - | · Can | | | 2/19/P | - Dresid | lu purle | | | |
| Sign Here | Sı | gnature of officer or trusted | | | Date | Title | anti of To | | | |
| E G | ر د م | Preparer's | 5/5/1 | | 1 | Se | 1- | rer's identify | nng numi | Der |
| ιš | arer': Only | signature / 2 | 1 /5 OFF | OMDANIZ | |)2/03/10 em | ployed 🕨 💹 | | | |
| J | Paid Preparer' Use Only | | E. 5.OTT & C | OMPANY, | CPA S | | EIN > | | | |
| | ₹ ⊃ | | BOX'471 MBUS, MS 3 | 9703_047 | 1 | | Phone no. (662 |) \ 22 | <u>8 – 5 :</u> | 207 |
| 1 | | COHO | TIDOD, FIO J | 2,03 047 | | | | orm 990 | | |

| Part IV Capital Gains and Los | sses for Tax on Investment Income | | | | |
|--|--|---|--|--|----------------------------------|
| (a) List and 2-story br | describe the kind(s) of property so ick warehouse; or common stock, 2 | ld, e.g., real estate, 200 shs. MLC Co. | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| a 5050.505 FEDER | ATED GOVT ULTRAS | SHORT FD | P | 04/29/09 | 09/28/0 |
| 100000 FHLMC N' | | | P | 03/18/08 | |
| : 150000 FNMA NT | 3.5% | | P | 04/30/08 | |
| d 715.884 DODGE | | NAL FD | P | 12/11/07 | |
| e 300000 FEDERAL | | 711111111111111111111111111111111111111 | P | 07/16/08 | |
| f 250000 FNMA 4. | | | P | 01/14/08 | |
| g 300000 FNMA 4. | <u> </u> | | P | | |
| | OTUTDENDO | | <u></u> - | 12/19/07 | 03/30/0 |
| CAPITAL GAINS | 21 A I DEMD2 | | | - | |
| <u> </u> | | | | 1 | |
| ! | | | | | |
| <u>(</u> | | | | - | |
| l | | · · · · · · · · · · · · · · · · · · · | | | |
| n | | | | | |
| n | | | | ļ | |
| <u> </u> | | TT | | 1 | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | |) Gain or (loss) plus (f) minus (g) | |
| 50,000. | | 49,899. | | | 101 |
| 100,000. | | 100,000. | | | 0 |
| 150,000. | | 150,000. | | | 0 |
| 16,000. | | 35,458. | | | -19,458 |
| 300,000. | | 300,000. | | | 0 |
| 250,000. | | 249,988. | | | 12 |
| 300,000. | | 300,000. | | | 0 |
| 4,519. | | | | | 4,519 |
| | | | | | |
| | | | | | <u> </u> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Complete only for assets showin | g gain in column (h) and owned by | the foundation on 12/31/69 | (I) Los | sses (from col. (h)) | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | of col. (h) gain over not less than "-0-") | coL (k), |
| | | | ** | | 101 |
| | | | ** | | 0 |
| | | | ** | | 0 |
| | | | | | -19,458 |
| | | | | | 0 |
| | | | | | 12 |
| | | | | | 0 |
| | · · · · · · · · · · · · · · · · · · · | | | | 4,519 |
| | | | | | |
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| | | | | | |
| | | | | | |
| Capital gain net income or (net cap | pital loss) { If gain, also enter | r in Part I, line 7 0-° in Part I, line 7 | 2 | | -14,826 |
| • | | , I | | | |
| Net short-term capital gain or (los: If gain, also enter in Part I, line 8, (| s) as defined in sections 1222(5) ar | iu (o). | | | |
| If (loss), enter "-0-" in Part I, line 8 | | , | 3 | | 101 |
| ii (ioss), enter -u- in Parti, line 8 | · | | 3 | · · · · · · · · · · · · · · · · · · · | 101 |

| FORM 990-PF INTEREST ON SAV | INGS A | ND TEM | PORARY CA | ASH IN | IVESTMENTS | STATEMENT | 1 |
|---|--------|-----------------------|-----------------------------|--------|------------------------------|---------------------|------------|
| SOURCE | | | | | | TRUOMA | |
| CADENCE BANK CADENCE BANK TRUST & FINANCIA | AL MAN | IAGEMEN' | r | | | 67,2 | 45. 43. |
| TOTAL TO FORM 990-PF, PART I | , LINE | 3, CO | LUMN A | | | 67,3 | 88. |
| FORM 990-PF DIVIDENT | DS AND | INTER | EST FROM | SECUE | RITIES | STATEMENT | 2 |
| SOURCE | | GROSS | AMOUNT | | TAL GAINS | COLUMN (A AMOUNT |) |
| CADENCE BANK TRUST & FINANCIA MANAGEMENT - DIV ON SECURITI | | | 46,953. | | 4,519. | 42,4 | 34. |
| TOTAL TO FM 990-PF, PART I, | LN 4 | | 46,953. | | 4,519. | 42,4 | 34. |
| FORM 990-PF | | LEGAL | FEES | | | STATEMENT | 3 |
| DESCRIPTION | EXPE | (A) ENSES BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTED NET INCOM | | |
| LEGAL FEES | | 101. | | 0. | | 0. | 0. |
| TO FM 990-PF, PG 1, LN 16A | | 101. | | 0. | | 0. | 0. |
| FORM 990-PF | AC | CCOUNTI | NG FEES | | | STATEMENT | 4 |
| | | | | | 1 | | |
| DESCRIPTION | EXPE | (A) ENSES BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTED NET INCOM | | |
| DESCRIPTION ACCOUNTING FEES | EXPE | ENSES | NET INVE | | ADJUSTED | CHARITAI | |

| FORM 990-PF | OTHER PROFESSIONAL FEES | | STATEMENT 5 | | |
|--------------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| INVESTMENT ADVISORY LIABILITY INS | 16,072. 1,750. | | 0. | 0. | |
| TO FORM 990-PF, PG 1, LN 16C | 17,822. | 0. | 0. | 0. | |
| FORM 990-PF TAXES | | ES STATEMENT 6 | | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| PAYROLL TAXES | 917. | 0. | 0. | 0. | |
| TO FORM 990-PF, PG 1, LN 18 | 917. | 0. | 0. | 0. | |
| FORM 990-PF | OTHER E | XPENSES | នា | РАТЕМЕНТ 7 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| TELEPHONE OFFICE SUPPLIES | 1,729. 367. | 0. | 0. | 0. | |
| TO FORM 990-PF, PG 1, LN 23 | 2,096. | 0. | 0. | 0. | |

| FORM 990-PF U.S. AND STATE | CITY GOVERNMENT | OBLIGATIONS | STATEMENT 8 |
|------------------------------------|---------------------|---|----------------------|
| DESCRIPTION | U.S. OTHER GOV'T | BOOK VALUE | FAIR MARKET VALUE |
| CADENCE TRUST DIVISION | x | 524,789. | 553,391. |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | 524,789. 553,39 | | |
| TOTAL STATE AND MUNICIPAL GOVERNME | ENT OBLIGATIONS | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| TOTAL TO FORM 990-PF, PART II, LIN | NE 10A | 524,789. | 553,391. |
| FORM 990-PF CO | DRPORATE STOCK | | STATEMENT 9 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| CADENCE TRUST DIVISION | - | 200,000. | 209,200. |
| TOTAL TO FORM 990-PF, PART II, LIN | VE 10B | 200,000. | 209,200. |
| FORM 990-PF CC | DRPORATE BONDS | | STATEMENT 10 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| CADENCE TRUST DIVISION | - | 955,000. | 955,000. |
| TOTAL TO FORM 990-PF, PART II, LIN | JE 10C | 955,000. | 955,000. |
| FORM 990-PF OTE | HER INVESTMENTS | | STATEMENT 11 |
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| CADENCE TRUST DIVISION | COST | 2,710,078. | 2,428,443. |
| TOTAL TO FORM 990-PF, PART II, LIN | JE 13 | 2,710,078. | 2,428,443. |
| | = | | |

| | | LIST OF OFFICERS, DIRECTORS AND FOUNDATION MANAGERS | | |
|---|--------------------------|--|---------------------------------|--------------------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
| T.E. LOTT, JR. P.O. BOX 471 COLUMBUS, MS 39703 | PRESIDENT 1.00 | 0. | 0. | 0. |
| GEORGE S. HAZARD, JR. 106 COLLEGE STREET COLUMBUS, MS 39701 | SECRETARY 1.00 | 0. | 0. | 0. |
| CHEBIE BATEMAN 216 3RD AVE S. COLUMBUS, MS 39701 | TRUSTEE 1.00 | 0. | 0. | 0. |
| ALAN WILLIAMS 687 GREENBRIAR COLUMBUS, MS 39705 | TRUSTEE 1.00 | 0. | 0. | 0. |
| JAMES WOODARD 425 HOSPITAL DRIVE COLUMBUS, MS 39705 | TRUSTEE 1.00 | 0. | 0. | 0. |
| JOHN DAVIS 916 COLLEGE COLUMBUS, MS 39701 | TRUSTEE 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, P. | AGE 6, PART VIII | 0. | 0. | 0. |

PHILLIPS FOUNDATION

64-6020136

Form 990 Pl Part XY, eins 2 Attachment A"

116 STH STREET NORTH

| AGENCY: | · · | DATE: |
|-----------------------|---|----------------------------------|
| WORKER: | | • |
| NAME: | | AGE: |
| ADDRESS: | | • |
| DEPENDENTS: (AND A | CES) ' | |
| | | • |
| INCOME | • | OTHER ASSETS: |
| HEDICAID: | ·· | STATUS: |
| SOCIAL SECURITY: | | |
| | | REFERRAL AND FOR ACENCY TO SHARE |
| • | (Sign | sture) |
| REMARKS: | • | |
| · | | |
| | | |
| | | |
| FOR USE BY THILLIPS F | OUNDATION PERSONNEL | |
| Approved: | | position: |
| Date: | Date: | Date: |
| \mount: | Amount: | Amount: |

PHILLIPS FOUNDATION

EIN 64-6020136

Form 990-PF Part XV, 2d Attachment "B"

The purposes for which the Foundation are created are: first, for the investment of the capital by the said Board of Trustees, and second, for the collection of the income therefrom, and third, for the distribution of the income therefrom for charitable purposes, as follows, to wit:

For the benefit of the indigent sick, in payment of expenses for medical, surgical and hospital attention and services other than doctors' bills or surgical fees. The purpose is to pay for the medicine and hospitalization and medical and surgical supplies, and other needed necessary benefits for the indigent sick, and for their sustenance during the time of illness and treatment.

These benefits shall be distributed to worthy cases of the indigent sick who have no other sufficient course of relief and the benefits herein are primarily for citizens of Lowndes County, Mississippi.