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# EXTENDED TO NOVEMBER 16, 2015 Return of Private Foundation

Form **990-PF** 

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasu Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For	cale	ndar year 2014 or tax year beginning DEC	26, 2014	, and ending	DEC 31, 201	4
Na	me c	f foundation			A Employer identification	n number
		SIDY AND CARIN PHILLIPS			47-667269	1
		and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
		MARSHALL STREET		300	318-227-3	
		town, state or province, country, and ZIP or foreign p EEVEPORT, LA 71101	ostal code		C If exemption application is	pending, check here
		k all that apply: X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	ns, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations mechanisms and attach of the control of	eeting the 85% test, computation
Н	Chec	k type of organization: X Section 501(c)(3) ex	kempt private foundation		E If private foundation st	
[_	⊒ s		Other taxable private founds	ation	under section 507(b)(1	
ΙF	aır m	arket value of all assets at end of year   J Account	ng method: X Cash	Accrual	  F   If the foundation is in a	60-month termination_
		Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1	
	<b>▶</b> \$	994,530 • (Part I, colu	mn (d) must be on cash	basis)		
P	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	( <b>b</b> ) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,000,000.		N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	4,199.	4,199.		STATEMENT 1
	5	a Gross rents		· <del>-</del>		<del>-</del>
	١.	Net rental income or (loss)	Г 100			
e	68	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 106,550.	5,128.			<del> </del>
Revenue	,	Capital gain net income (from Part IV, line 2)		5,128.		<del> </del>
Be Be	l 'a	Net short-term capital gain		3,120.		<del></del>
	9	income modifications			<u> </u>	<del>                                     </del>
	1 -	Gross sales less returns and allowances				
	t	Less Cost of goods sold				
	0	Gross profit or (loss)				
	11		1 000 207	0 207		
	12		1,009,327.	9,327.		0.
m	13	Compensation of officers, directors, trustees, etc  Other employee salaries and wages	- 0.	0.		0.
න ලා > ග		Pension plans, employee benefits				<del> </del>
		Legal fees	'\	<u> </u>		<del>                                     </del>
ens	l	Accounting fees				<del>                                     </del>
GENNY Expense	۱ ,	Other professional fees	^\			
و ر	17	Interest	/ \			
6 どじ ひゴS Administrative	18	Taxes STMT 2	257.	257.		0.
rist C	19	Depreciation and depletion				
S Minis	20			·		
2106 and Ad	21	Travel, conferences, and meetings				
Sy U	22	Printing and publications \				<del> </del>
ing	23	Other expenses				
Operating	24	Total operating and administrative	257.	257.		0.
ŏ	0.5	expenses. Add lines 13 through 23	0.	457.		0.
_		Contributions, gifts, grants paid  Total expenses and disbursements.	0.			<del>                                     </del>
	20	Add lines 24 and 25	257.	257.		0.
	27	Subtract line 26 from line 12:		107		<del>                                     </del>
	1	Excess of revenue over expenses and disbursements	1,009,070.			
	1	Net investment income (if negative, enter -0-)		9,070.		
	1	Adjusted net income (if pegetive, enter -0-)			N/A	<u> </u>

Page 2

Part II Balance Sheets Attached schedules and amounts in the description column should be for and of wear amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of		
ட	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing		421,100.	421,100.	
	2	Savings and temporary cash investments			<del></del> -	
		Accounts receivable ►				
	•	Less; allowance for doubtful accounts				
	1	Pledges receivable				
	"	Less: allowance for doubtful accounts				
	_ ا		+			
	1	Grants receivable	<del></del>		<del></del>	
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable				
	1	Less: allowance for doubtful accounts				
ţ	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
⋖	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock				
	C	Investments - corporate bonds			_	
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	1	Investments - other STMT 3	0.	573,430.	573,430.	
	1	Land, buildings, and equipment basis				
	''					
	15	Less accumulated depreciation			<del></del>	
		Other assets (describe )				
	16	Total assets (to be completed by all filers - see the	0.	994,530.	994,530.	
	<del> </del>	instructions. Also, see page 1, item I)	U •	334,330.	334,330.	
		Accounts payable and accrued expenses				
	18	Grants payable _				
es	19	Deferred revenue _				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
iab	21	Mortgages and other notes payable				
_	22	Other liabilities (describe )				
	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here				
	ł	and complete lines 24 through 26 and lines 30 and 31.				
es	24	Unrestricted				
anc	25	Temporarily restricted	···			
39		Permanently restricted				
Net Assets or Fund Balanc	~~	Foundations that do not follow SFAS 117, check here	-			
ᆵ		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds	0.	0.		
ets	ı		0.	0.		
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	994,530.		
χ¥	29	Retained earnings, accumulated income, endowment, or other funds	0.			
ž	30	Total net assets or fund balances	0.	994,530.		
				004 530		
	31	Total liabilities and net assets/fund balances	0.	994,530.		
P	art	III Analysis of Changes in Net Assets or Fund Ba	lances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	0			
		st agree with end-of-year figure reported on prior year's return)		1	0.	
	•	r amount from Part I, line 27a		2	1,009,070.	
		r increases not included in line 2 (itemize)		3	0.	
		lines 1, 2, and 3		4	1,009,070.	
		eases not included in line 2 (itemize)   UNREALIZED GAIN	/LOSS ON ASSE	t	14,540.	
_		• • • • • • • • • • • • • • • • • • • •				

994,530. Form **990-PF** (2014)

6

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Page 3

(a) List and desc	ribe the kin	d(s) of property sold (e.g r common stock, 200 shs	., real estate,		( <b>b</b> )	How are - Purc - Don	cquired ( chase ation	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a HC CAPITAL TRU	ST IN	TERMEDIATE	TERM (	HCIMX)	<u> </u>			2/26/14	12/31/14
b									
<u>c</u>					<u> </u>				
<u>d</u>					┼				
(a) O	(f) De	epreciation allowed	(a) Co	est or other basis	┸			(h) Gain or (loss	<u> </u>
(e) Gross sales price		(or allowable)		expense of sale				(e) plus (f) minus	(g)
a 106,550.				101,42	22.				5,128.
<u>b</u>	<del></del>		ļ						
d d								<del></del>	
e			<del>-</del>	<del></del>	$\dashv$			<del></del>	
Complete only for assets showin	g gain in co	olumn (h) and owned by	the foundatio	n on 12/31/69	_		(1)	Gains (Col. (h) gain	minus
(i) F.M.V. as of 12/31/69		Adjusted basis as of 12/31/69		xcess of col. (ı) r col. (ı), ıf any			col. (	k), but not less tha Losses (from col.	n -0-) <b>or</b>
a		- <u></u>							5,128.
b									
C		· · · · · · · · · · · · · · · · · · ·	<u> </u>						
<u>d</u>								<del></del>	
e			L		<del>-</del>				
2 Capital gain net income or (net ca	pıtal loss)	$\begin{cases} \text{ If gain, also enter} \\ \text{ If (loss), enter -0-} \end{cases}$	r in Part I, line - in Part I, line	e 7 e 7	}	2_			5,128.
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8			ıd (6):		}	3		N/A	
	nder Se	ection 4940(e) for	Reduce	d Tax on Net	Inv	estn	nent Inco		<del></del>
(For optional use by domestic private	foundation	is subject to the section 4	1940(a) tax o	n net investment in	ncome	:.)			N/A
If section 4940(d)(2) applies, leave the	us nart hlar	nk							
Was the foundation liable for the section of the se				•	rioay				Yes No
1 Enter the appropriate amount in 6					ntries				
(a) Base period years Calendar year (or tax year beginnii		(b) Adjusted qualifying dis		Net value of no	(c)		use assets	Distril (col. (b) div	(d) oution ratio yided by col. (c))
2013	19 111)		<del></del>					(300 (27 20	
2012		<del></del>	<del></del>						
2011									
2010								ļ	
2009								<del>                                     </del>	
2 Total of line 1, column (d)								2	
3 Average distribution ratio for the 5	5-vear base	period - divide the total of	on line 2 by 5	or by the number	of ve	ars		<del>-</del>	
the foundation has been in exister			= <b>,</b>	, ,				3	
		•							
4 Enter the net value of noncharitab	le-use asse	ts for 2014 from Part X, I	line 5					4	
5 Multiply line 4 by line 3					5				
6 Enter 1% of net investment incom	ne (1% of P	art I, line 27b)						6	
7 Add lines 5 and 6								7	
Enter qualifying distributions from	Dort VII 1	no 4						8	
8 Enter qualifying distributions from			1h and	nlata that ac-t	a a 40	/ +	-ata		
If line 8 is equal to or greater than See the Part VI instructions	mie 7, crie	ar the box in Part VI, ime	ib, and com	piete tilat part usm	ya 17	o lax (	ait.		

X

3b 4a

N/A

during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2014.)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

b If "Yes," did it have excess business holdings in 2014 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Total number of other employees paid over \$50,000

Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NO	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del></del>		
- · · · · · · · · · · · · · · · · ·		
Total number of others receiving over \$50,000 for professional services		<b>▶</b> C
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced	nformation such as the , etc.	Expenses
1 N/A		
2		
	<del></del>	
3		
3		
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	i aliu 2.	Amount
N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>-</b>	0.

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:  a Average monthly fair market value of securities  1a	
, , , , , , , , , , , , , , , , , , , ,	
<del></del>	573,430.
b Average of monthly cash balances 1b	421,100.
c Fair market value of all other assets	
d Total (add lines 1a, b, and c)	994,530.
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	0.
3 Subtract line 2 from line 1d	994,530.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	14,918.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	979,612.
6 Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD 6	805.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)	ain
1 Minimum investment return from Part X, line 6	805.
2a Tax on investment income for 2014 from Part VI, line 5	
b Income tax for 2014. (This does not include the tax from Part VI.)	ı
c Add lines 2a and 2b	181.
3 Distributable amount before adjustments. Subtract line 2c from line 1	624.
4 Recoveries of amounts treated as qualifying distributions	0.
5 Add lines 3 and 4	624.
6 Deduction from distributable amount (see instructions)	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7	624.
Part XII Qualifying Distributions (see instructions)	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	0.
b Program-related investments - total from Part IX-B	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	
3 Amounts set aside for specific charitable projects that satisfy the:	
a Suitability test (prior IRS approval required)	
b Cash distribution test (attach the required schedule)	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	0.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_
	0.
income. Enter 1% of Part I, line 27b  6 Adjusted qualifying distributions. Subtract line 5 from line 4	0.

4940(e) reduction of tax in those years.

Form 990-PF (2014) CASSIDY AND	CARIN PHILL	IPS FOUNDATION	<u> 47-</u>	6672691 Page 9
Part XIII Undistributed Income (see II	nstructions)			
		(b)	(c)	(d)
	(a) Corpus	Years prior to 2013	(c) 2013	2014
1 Distributable amount for 2014 from Part XI,	001740	100.0 p1.01 to 20 to		
line 7				624.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
<b>b</b> From 2010				
c From 2011				
dFrom 2012				
eFrom 2013	1			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$				
a Applied to 2013, 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 2014 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )				
6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			···
<b>b</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 2013. Subtract line	ĺ		ا م	
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				624
be distributed in 2015				624.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)				
8 Excess distributions carryover from 2009	0.			
not applied on line 5 or line 7	<u> </u>			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	0.			
Analysis of line 9:  a Excess from 2010				
b Excess from 2011				
c Excess from 2012		ļ		
d Excess from 2013				
= £,,0000 (10)		Į.		

e Excess from 2014

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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

Part AV Supplementary information				
3 Grants and Contributions Paid During the	Year or Approved for Future I	Payment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	<u> </u>	
a Paid during the year				
NONE				
	_	<del></del>		
<u> </u>				
	ļ			
	ļ			
Total			<b>▶</b> 3a	
<b>b</b> Approved for future payment				
NONE				
		!		
	]	J		
Total			<b>▶</b> 3b	

## Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)	
g	_ (a)	(b)	(C) Exclu-	(d)	Related or exempt	
1 Program service revenue:	Business code	Amount	sion	Amount	function income	
9				<del></del>		
b					<del> </del>	
C	<del>-</del>					
d	<del>   </del>		1- 1		<del></del>	
e	-					
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments						
4 Dividends and interest from securities			14	4,199.		
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				[		
than inventory			18	5,128.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory			_			
11 Other revenue:						
a	_					
b	_		_			
C	_					
d	_					
e	_		$\leftarrow$	0 207		
12 Subtotal. Add columns (b), (d), and (e)			).	9,327.	0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	9,327.	
See worksheet in line 13 instructions to verify calculations.)	)					

# Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.  ▼	the foundation's exempt purposes (other than by providing funds for such purposes).

Form **990-PF** (2014)

016011T1

Form 99			DY AND CA						672691		ge <b>13</b>
Part	XVII			sfers To	and Trans	sactions	and Relation	nships With Nor	charitable	•	
	1.0	Exempt Organ							<del></del> ;	Yes	No
		rganization directly or indi			-			ection 50 I(c) of		162	140
		(other than section 501(c from the reporting found				pomicai orgai	nizations?		1 1		
	) Cash		alion to a nonchana	adie exempt oi	yanızanını oı.				1a(1)		Х
		r assets							1a(1)		X
-		rsactions:							14(2)		
		s of assets to a noncharita	ible exempt organiza	ation					1b(1)		х
		hases of assets from a no							1b(2)		X
•	•	al of facilities, equipment,	•						1b(3)		X
		bursement arrangements							1b(4)		Х
		s or loan guarantees							1b(5)		X
(6	) Perfo	ormance of services or me	embership or fundra	ising solicitation	ons				1b(6)		X
c St	arıng o	of facilities, equipment, ma	uling lists, other ass	ets, or paid em	ıployees				1c		X
d If	the ans	wer to any of the above is	"Yes," complete the	following sche	edule. Column	(b) should al	ways show the far	r market value of the go	ods, other ass	ets,	_
or	service	es given by the reporting f	oundation. If the fou	ındatıon receiv	ed less than fa	aır market valı	ue ın any transactı	on or sharing arrangen	nent, show in		
		d) the value of the goods,									
(a)Line	no	(b) Amount involved	(c) Name o	f noncharitable	e exempt orga	nization	(d) Descript	tion of transfers, transaction	s, and sharing arr	angeme	nts
				N/A							
								·			
								<del></del>			
	- -	<del></del>						· — · · · · · ·			
		<del>_</del>		<del></del> _			<del></del>				
			<del></del>					<u> </u>	<del></del>		
	-						<del>- </del>	<del> </del>	<del></del>		
								<del></del>			
		<del></del>	<del> </del>								
	_										
	_						<del> </del>	<del></del>		-	
	$\neg$				·		<u> </u>	<del></del>			
		<del></del> _									
	7			<del></del>							
2a Is	the fou	ndation directly or indirect	tly affiliated with, or	related to, one	or more tax-e	exempt organi	zations described				
ın	section	501(c) of the Code (other	r than section 501(c	(3)) or in sec	tion 527?				Yes	X	No
_b lf'	Yes," co	omplete the following sch									
		(a) Name of org	janization		(b) Type of	organization		(c) Description of rela	ationship		
		N/A			ļ					_	
		_ <del></del>			ļ		<del> </del>	<del></del>			
	Under	penalties of perjury, I declare	that I have examined th	ıs return, ıncludir	ng accompanying	schedules and	statements, and to t	he best of my knowledge			
Sign	1	elief, it is true, correct, and con							May the IRS of return with the	prepare	er
Here			7)		12.	19.K	TRUST	ree	shown below (	see inst	No
	Sign	iature of officer or trustee			Date	<u> </u>	Title				
		Print/Type preparer's na		Preparer's s			Date	Check If [	PTIN		
				1 /1.	1.		1	self- employed			
Paid		JOHN C. SC	HMIDT	you	u C. Hel	سن	08/07/15	5	P00170		
Prep	arer	Firm's name ► HEA	RD MCELRO	Y & VE	STAL,	L.L.C.		Firm's EIN ► 72	-03984	70	

Phone no. 318-429-1525

**Use Only** 

Firm's address > 333 TEXAS STREET, SUITE 1525 SHREVEPORT, LA 71101

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.lrs.gov/form990">www.lrs.gov/form990</a>.

CASSIDY AND CARIN PHILLIPS FOUNDATION

OMB No 1545-0047

2014

Name of the organization

**Employer identification number** 

47-6672691

Organization type (check one):							
Filers o	f:	Section:					
Form 99	90 or 990-EZ	501(c)( ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	90-PF	X 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
but it <b>m</b> i	ust answer "No" on	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

### CASSIDY AND CARIN PHILLIPS FOUNDATION

47-6672691

Part I	Contributors (see instructions). Use duplicate copies of Part 1 if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PETER L. CASSIDY PHILLIPS  6607 CANON WREN DRIVE  AUSTIN, TX 78746	\$314,550.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PETER L. CASSIDY PHILLIPS  6607 CANON WREN DRIVE  AUSTIN, TX 78746	s685,450.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Moncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

### CASSIDY AND CARIN PHILLIPS FOUNDATION

47-6672691

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	VARIOUS SECURITIES		
		s685,450.	12/26/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
423453 11-05	5-14	\$Schedule B (Form 99	00, 990-EZ, or 990-PF) (2014

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Employer identification number Name of organization 47-6672691 CASSIDY AND CARIN PHILLIPS FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enterthis info once) Use duplicate copies of Part III if additional space is needed. (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part! (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM	SECUR	ITIES	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REV	A) ENUE BOOKS	(B) NET INVES MENT INCO		
DEUTSCHE ASSET & WEALTH MANAGEMENT	4,199	•	0.	4,199.	4,19	99.	
TO PART I, LINE 4	4,199	•	0.	4,199.	4,19	99.	
FORM 990-PF		TAX	ES			STATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		EST-	(C) ADJUSTEI NET INCOM		
FOREIGN TAX WITHHELI	D —	257.	·	257.			0.
TO FORM 990-PF, PG	1, LN 18 =	257.		257.			0.
FORM 990-PF		OTHER INV	ESTMENTS			STATEMENT	3
DESCRIPTION			LUATION ETHOD	В00	K VALUE	FAIR MARKE VALUE	T
SECURITIES		COST		573,430.		573,430.	
TOTAL TO FORM 990-PI	, LINE 13			573,430.	573,4	573,430.	

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).  Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or a previously filed Form 8868.  Enter filer's identifying number, so the filer or an Automatic 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need to be seemed or an Automatic) 3-Month Extension of Time. Only file the original (no copies need	see instructions on number (EIN) or 72691						
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.  If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).  Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies need Enter filer's identifying number, s  Type or Name of exempt organization or other filer, see instructions.  Employer identification or other filer, see instructions.	see instructions on number (EIN) or 72691						
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).  Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies need the filer's identifying number, some of exempt organization or other filer, see instructions.  Type or Name of exempt organization or other filer, see instructions.  Employer identification or other filer, see instructions.	see instructions on number (EIN) or 72691						
Type or Name of exempt organization or other filer, see instructions.  Employer identifying number, see instructions.  Employer identification  A7. CC	see instructions on number (EIN) or 72691						
Type or Name of exempt organization or other filer, see instructions.  Employer identification or other filer, see instructions.	on number (EIN) or 72691						
print OAGGERY AND GAREN DULL ING HOUNDARION	72691						
ORGANIA AND GRADEN DUTTET THE HOUSENESS.							
File by the CASSIDY AND CARIN PHILLIPS FOUNDATION   47-66							
	er (SSN)						
due date for Number, street, and room or suite no. If a P.O. box, see instructions.  Social security number							
return See 330 MARSHALL STREET, NO. 300							
City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
SHREVEPORT, LA 71101							
Enter the Return code for the return that this application is for (file a separate application for each return)	0 4						
Application Return Application	Return						
Is For Code Is For	Code						
Form 990 or Form 990-EZ 01							
Form 990-BL 02 Form 1041-A							
Form 4720 (individual)         03         Form 4720 (other than individual)           Form 990-PF         04         Form 5227	10						
Form 990-F	11						
Form 990-T (trust other than above) 06 Form 8870	12						
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 886							
Hephone No. ► 318-227-3500  The organization does not have an office or place of business in the United States, check this box  This is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  I request an additional 3-month extension of time until  For calendar year  To or other tax year beginning  The tax year entered in line 5 is for less than 12 months, check reason:  Change in accounting period  State in detail why you need the extension  ADDITIONAL TIME IS NEEDED TO GATHER DATA REQUIRED TO FILE A COMPLETE							
AND ACCURATE RETURN.							
90 If the employees of the Former 000 DL 000 DE 000 T 4700 are 0000 and a 450 to 100 t							
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	0.						
nonrefundable credits. See instructions.  8a \$  b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated							
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid							
previously with Form 8868.	0.						
C Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using							
EFTPS (Electronic Federal Tax Payment System). See instructions.	0.						
Signature and Verification must be completed for Part II only.	<del></del>						
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledg t is true, correct, and complete, and that I am authorized to prepare this form.	e and belief,						
Signature ► Date ►							
	868 (Rev. 1-2014)						