

Form 990-PF

Department of the Treasury
Internal Revenue ServiceEXTENDED TO NOVEMBER 15, 2018
Return of Private Foundation

OMB No. 1545-0052

- Do not enter social security numbers on this form as it may be made public
► Go to www.irs.gov/Form990PF for instructions and the latest information

1712

2017

Open to Public Inspection

For calendar year 2017 or tax year beginning _____, and ending _____

Name of foundation

PHILLIPS FAMILY FOUNDATION, INC.

Number and street for P O box number 1 mail is not delivered to street address)

1790 BONANZA DRIVE

Room/suite

201

City or town, state or province, country, and ZIP or foreign postal code

PARK CITY, UT 84060

G Check all that apply

- Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change

H Check type of organization: Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

I Fair market value of all assets at end of year

J Accounting method: Cash Accrual

(from Part II, col. (c), line 16)

 Other (Specify) _____

► \$ 1,600,000. (Part I, column (d) must be on cash basis)

A Employer identification number

47-2611358

B Telephone number

513-595-8800

C If corporation application is pending, check here ► D 1 Foreign organizations, check here ►

2 Foreign organizations meeting the 85% test, check here and attach computation

E If private foundation status was terminated under section 507(b)(1)(A), check here ► F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ►

Part II 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) Net investment income* | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|------------------------------------|----------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received | 1,600,000. | | N/A | |
| 2 Check ► <input type="checkbox"/> If the foundation is not required to attach Sch B | | | | |
| Interest on savings and temporary cash investments | | | | |
| 4 Dividends and interest from securities | | | | |
| 5a Gross rents | | | | |
| b Net rental income or (loss) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| b Gross sales price for all assets on line 6a | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | 0. | | |
| 8 Net short-term capital gain | | | | |
| 9 Income modifications | | | | |
| 10a and allowances | | | | |
| b Less Cost of goods sold | | | | |
| c Gross profit or (loss) | | | | |
| 11 Other income | | | | |
| 12 Total Add lines 1 through 11 | 1,600,000. | 0. | | |
| 13 Compensation of officers, directors, trustees etc | 0. | 0. | | 0. |
| 14 Other employee salaries and wages | | | | |
| 15 Pension plans, employee benefits | | | | |
| 16a Legal fees | | | | |
| b Accounting fees | | | | |
| c Other professional fees | | | | |
| 17 Interest | | | | |
| 18 Taxes | | | | |
| 19 Depreciation and depletion | | | | |
| 20 Occupancy | | | | |
| 21 Travel, conferences, and meetings | | | | |
| 22 Printing and publications | | | | |
| 23 Other expenses | | | | |
| 24 Total operating and administrative expenses Add lines 13 through 23 | 0. | 0. | | 0. |
| 25 Contributions, gifts, grants paid | 0. | | | 0. |
| 26 Total expenses and disbursements Add lines 24 and 25 | 0. | 0. | | 0. |
| 27 Subtract line 2b from line 12 | | | | |
| a Excess of revenue over expenses and disbursements | 1,600,000. | | | |
| b Net investment income (if negative, enter -0-) | | 0. | | |
| c Adjusted net income (if negative, enter -0-) | | | N/A | |

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03/04/2021

| | | | | |
|--|------------|----|-----|----|
| Operating and Administrative Expenses | | | | |
| 13 Compensation of officers, directors, trustees etc | 0. | 0. | | 0. |
| 14 Other employee salaries and wages | | | | |
| 15 Pension plans, employee benefits | | | | |
| 16a Legal fees | | | | |
| b Accounting fees | | | | |
| c Other professional fees | | | | |
| 17 Interest | | | | |
| 18 Taxes | | | | |
| 19 Depreciation and depletion | | | | |
| 20 Occupancy | | | | |
| 21 Travel, conferences, and meetings | | | | |
| 22 Printing and publications | | | | |
| 23 Other expenses | | | | |
| 24 Total operating and administrative expenses Add lines 13 through 23 | 0. | 0. | | 0. |
| 25 Contributions, gifts, grants paid | 0. | | | 0. |
| 26 Total expenses and disbursements Add lines 24 and 25 | 0. | 0. | | 0. |
| 27 Subtract line 2b from line 12 | | | | |
| a Excess of revenue over expenses and disbursements | 1,600,000. | | | |
| b Net investment income (if negative, enter -0-) | | 0. | | |
| c Adjusted net income (if negative, enter -0-) | | | N/A | |

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PHILLIPS FAMILY FOUNDATION, INC.

47-2611358

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| | | Beginning of year | End of year | |
|------------------------------------|--|---|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Part II | Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year amounts only | | |
| Assets | | | | |
| | 1 Cash - non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | | 1,150,000. | 1,150,000. |
| | 3 Accounts receivable ► | | | |
| | Less: allowance for doubtful accounts ► | | | |
| | 4 Pledges receivable ► | | | |
| | Less: allowance for doubtful accounts ► | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 Other notes and loans receivable ► | | | |
| | Less: allowance for doubtful accounts ► | | | |
| | 8 Inventories for sale or use | | | |
| | 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, less accumulated depreciation ► | 450,000. | | |
| | Less accumulated depreciation ► | | 450,000. | 450,000. |
| | 12 Investments - mortgage loans | | | |
| | 13 Investments - other | | | |
| | 14 Land, buildings, and equipment, basis less accumulated depreciation ► | | | |
| | 15 Other assets (describe ►) | | | |
| | 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1) | | 0. | 1,600,000. |
| Liabilities | | | | |
| | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe ►) | | | |
| | 23 Total Liabilities (add lines 17 through 22) | | 0. | 0. |
| Net Assets or Fund Balances | | | | |
| | Foundations that follow SFAS 117, check here ► <input type="checkbox"/> | | | |
| | and complete lines 24 through 26, and lines 30 and 31 | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> | | | |
| | and complete lines 27 through 31 | | | |
| | 27 Capital stock, trust principal, or current funds | | 0. | 1,600,000. |
| | 28 Paid-in or capital surplus, or land, bldg., and equipment fund | | 0. | 0. |
| | 29 Retained earnings, accumulated income, endowment, or other funds | | 0. | 0. |
| | 30 Total net assets or fund balances | | 0. | 1,600,000. |
| | 31 Total Liabilities and net assets/fund balances | | 0. | 1,600,000. |

Part III: Analysis of Changes in Net Assets or Fund Balances

| | | |
|---|---|------------|
| 1 - Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 0. |
| 2 Enter amount from Part I, line 27a | 2 | 1,600,000. |
| 3 Other increases not included in line 2 (itemize) ► | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 1,600,000. |
| 5 Decreases not included in line 2 (itemize) ► | 5 | 0. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 1,600,000. |

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2017.05000 PHILLIPS FAMILY FOUNDATION 110676_1
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Part IV Capital Gains and Losses for Tax on Investment Income

| | | | | |
|---|--|--|---|--------------------------------|
| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.) | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo, day, yr) | (d) Date sold (mo, day, yr) |
| 1a | | | | |
| b | NONE | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) (e) plus (f) minus (g) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. | | | (i) Gains (Col (h) gain minus col. (k), but not less than -0-) or Losses (from col (h)) | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col (j), if any | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss) enter -0- in Part I, line 7 } | | 2 | |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 | | | 3 | |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

N/A

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

 Yes No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col (b) divided by col (c)) |
|--|--|--|---|
| 2016 | | | |
| 2015 | | | |
| 2014 | | | |
| 2013 | | | |
| 2012 | | | |

2 Total of line 1, column (d)

2

3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 50, or by the number of years the foundation has been in existence if less than 5 years

3

4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5

4

5 Multiply line 4 by line 3

5

6 Enter 1% of net investment income (1% of Part I, line 27b)

6

7 Add lines 5 and 6

7

8 Enter qualifying distributions from Part XII, line 4

8

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate
See the Part VI instructions

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

- 1a Exempt operating foundations described in section 4940(d)(2), check here ► and enter "N/A" on line 1.
 Date of ruling or determination letter. _____ (attach copy of letter if necessary-see instructions)
- 1b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► and enter 1% of Part I, line 27b
- 1c 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 494(a)(1) trusts and taxable foundations only, others, enter -0-)
- 3 Add lines 1 and 2
- 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)
- 5 Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-
- 6 Credits/Payments:
- 6a 2017 estimated tax payments and 2016 overpayment credited to 2017 0.
- 6b Exempt foreign organizations - tax withheld at source 0.
- 6c Tax paid with application for extension of time to file (Form 8868) 0.
- 6d Backup withholding erroneously withheld 0.
- 7 Total credits and payments Add lines 6a through 6d 0.
- 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 0.
- 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 0.
- 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 0.
- 11 Enter the amount of line 10 to be Credited to 2018 estimated tax ► Refunded ► 11

| | |
|----|----|
| 1 | 0. |
| 2 | 0. |
| 3 | 0. |
| 4 | 0. |
| 5 | 0. |
| 6a | 0. |
| 6b | 0. |
| 6c | 0. |
| 6d | 0. |
| 7 | 0. |
| 8 | 0. |
| 9 | 0. |
| 10 | 0. |
| 11 | 0. |

Part VII-A Statements Regarding Activities

- 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? Yes No
- 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 1a 1b 1c
- 1c Did the foundation file Form 1120-POL for this year?
- 1d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year
 (1) On the foundation ► \$ 0. (2) On foundation managers ► \$ 0.
- 1e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0. 2
- 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. 2
- 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes. 3
- 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? N/A
- 4b If "Yes," has it filed a tax return on Form 990-T for this year? 4a 4b
- 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T* 5
- 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 remain in the governing instrument? 6
- 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV 7
- 8a Enter the states to which the foundation reports or with which it is registered. See instructions. ► UT 8a
- 8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G*? If "No," attach explanation 8b 8c
- 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 9 10
- 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?
 Yes No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?
 Yes No
- (3) Provide a grant to an individual for travel, study, or other similar purposes?
 Yes No
- (4) Provide a grant to an organization other than a charitable, etc. organization described in section 4945(d)(4)(A)? See instructions
 Yes 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?
 Yes No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions

Organizations relying on a current notice regarding disaster assistance, check here

N/A

► c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?
 N/A Yes No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
 Yes Nob Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
 If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?
 N/A Yes No

N/A

7b

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 1 | | 0. | 0. | 0. |
| | | | | |
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2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
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| | | | | |

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

► 0

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PHILLIPS FAMILY FOUNDATION, INC.

47-2611358

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

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 service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
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Total number of others receiving over \$50,000 for professional services

0

Part IX-A Summary of Direct Charitable Activities

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

Expenses

| | |
|---|-----|
| 1 | N/A |
| 2 | |
| 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 | |
| 2 | | |
| 3 | All other program-related investments. See instructions | |
| | | |
| | | |
| | | |
| | | |

Total. Add lines 1 through 3

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)

- 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
- b Average of monthly cash balances
- c Fair market value of all other assets
- d Total (add lines 1a, b, and c)
- e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)
- 2 Acquisition indebtedness applicable to line 1 assets
- 3 Subtract line 2 from line 1d
- 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)
- 5 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4
- 6 Minimum investment return Enter 5% of line 5

| | |
|----|---------|
| 1a | 0. |
| 1b | 47,917. |
| 1c | |
| 1d | 47,917. |
| 1e | 0. |
| 2 | 0. |
| 3 | 47,917. |
| 4 | 719. |
| 5 | 47,198. |
| 6 | 2,360. |

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)

- 1 Minimum investment return from Part X, line 6
- 2a Tax on investment income for 2017 from Part VI, line 5
- b Income tax for 2017. (This does not include the tax from Part VI.)
- c Add lines 2a and 2b
- 3 Distributable amount before adjustments Subtract line 2c from line 1
- 4 Recoveries of amounts treated as qualifying distributions
- 5 Add lines 3 and 4
- 6 Deduction from distributable amount (see instructions)
- 7 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1

| | |
|----|--------|
| 1 | 2,360. |
| 2a | |
| 2b | |
| 2c | 0. |
| 3 | 2,360. |
| 4 | 0. |
| 5 | 2,360. |
| 6 | 0. |
| 7 | 2,360. |

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
 - b Program-related investments - total from Part IX-B
- 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
- 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
- 6 Adjusted qualifying distributions Subtract line 5 from line 4

| | |
|----|----|
| 1a | 0. |
| 1b | 0. |
| 2 | |
| 3a | |
| 3b | |
| 4 | 0. |
| 5 | 0. |
| 6 | 0. |

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2017 from Part XI, line 7 | | | | 2,360. |
| 2 Undistributed income, if any, as of the end of 2017 | | | 0. | |
| a Enter amount for 2016 only | | | | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2017 | | | | |
| a From 2012 | | | | |
| b From 2013 | | | | |
| c From 2014 | | | | |
| d From 2015 | | | | |
| e From 2016 | | | | |
| f Total of lines 3a through e | | 0. | | |
| 4 Qualifying distributions for 2017 from Part XII, line 4: ► \$ 0. | | | 0. | |
| a Applied to 2016, but not more than line 2a | | | | |
| 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 2017 distributable amount | | 0. | | 0. |
| e Remaining amount distributed out of corpus | | 0. | | |
| 5 Excess distributions carryover applied to 2017 (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: | | | | |
| a Corpus. Add lines 3c, and 4c. 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 2016. Subtract line 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 | | | | 2,360. |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | | | | |
| 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 | | 0. | | |
| 9 Excess distributions carryover to 2018 Subtract lines 7 and 8 from line 6a | | 0. | | |
| 10 Analysis of line 9. | | | | |
| a Excess from 2013 | | | | |
| b Excess from 2014 | | | | |
| c Excess from 2015 | | | | |
| d Excess from 2016 | | | | |
| e Excess from 2017 | | | | |

Form 990-PF (2017)

PHILLIPS FAMILY FOUNDATION, INC.

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Part XIV: Private Operating Foundations (see instructions and Part VII A, question 9)

N/A

Part XV. Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

SEE STATEMENT 2

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programmes

Check here ► if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number or email address of the person to whom applications should be addressed:

- 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

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Part XV **Supplementary Information** *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

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Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- | | Yes | No |
|---|-------|----|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: | | |
| (1) Cash | 1a(1) | X |
| (2) Other assets | 1a(2) | X |
| b Other transactions: | | |
| (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| (4) Reimbursement arrangements | 1b(4) | X |
| (5) Loans or loan guarantees | 1b(5) | X |
| (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | | |
| d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received | | |

- 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?

Yes No

- b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A | | |
| | | |
| | | |
| | | |

| | | | | | |
|---|---|------------|---|--|--|
| 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 | | | May the IRS discuss this return with the preparer shown below? See instructions. | |
|  | | 12/17/2020 |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Signature of officer or trustee | | Date | Title | | |

| | | | | | |
|------------------------------|---|--|-------------------------|--|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name MELANIE J. PREVOST, CPA | Preparer's signature MELANIE J. PREVOS | Date 11/08/18 | Check <input type="checkbox"/> if self-employed | PTIN P00544921 |
| | Firm's name ► PLANTE & MORAN, PLLC | | | Firm's LIN ► 38-1357951 | |
| | Firm's address ► 537 E. PETE ROSE WAY CINCINNATI, OH 45202 | | | Phone no. 513-595-8800 | |

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

OMB No. 1545-0047

2017

Name of the organization

PHILLIPS FAMILY FOUNDATION, INC.

Employer identification number

47-2611358

Organization type (check one)

Filers of:

Section:

Form 990 or 990 EZ

 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990 PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990 EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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, or (ii) Form 990 EZ, 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) filing 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990 EZ, or 990 PF), but it **must** answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF).

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) (2017)

Name of organization

Employer identification number

PHILLIPS FAMILY FOUNDATION, INC.

47-2611358

Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|------------------------------|---|
| 1 | <u>MICHAEL C. PHILLIPS</u> <u>2612 MORNING SKY COURT</u> <u>PARK CITY, UT 84060</u> | \$ <u>1,000,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 2 | <u>ALEXANDRA HUDSON</u> <u>P.O. BOX 2550</u> <u>PARK CITY, UT 84060</u> | \$ <u>50,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 3 | <u>CHRISTOPHER PHILLIPS</u> <u>P.O. BOX 805</u> <u>PARK CITY, UT 84060</u> | \$ <u>50,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 4 | <u>SARA BRENNAN</u> <u>7924 GAMBLER DRIVE</u> <u>PARK CITY, UT 84098</u> | \$ <u>50,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| 5 | <u>MICHAEL C. PHILLIPS</u> <u>2612 MORNING SKY COURT</u> <u>PARK CITY, UT 84060</u> | \$ <u>450,000.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions) |
| | | \$ <u> </u> | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |

Name of organization

PHILLIPS FAMILY FOUNDATION, INC.

Employer identification number

47-2611358

Part II Noncash Property (see instructions) Use duplicate copies of Part 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 |
|------------------------------|--|---|----------------------|
| 5 | LOT RW-6, TUHAYE RIDGEWAY-A | \$ 450,000. | 12/31/17 |
| | | \$ | |
| | | \$ | |
| | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

723453 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

PHILLIPS FAMILY FOUNDATION, INC.

47-2611358

Part III 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 completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year. (Enter this info once) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | | | | (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 |
| | | | | | | |
| | | | | | | |
| | | | | (e) Transfer of gift | | |
| | | | | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | | | | |
| | | | | | | |
| | | | | (e) Transfer of gift | | |
| | | | | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | | | | |
| | | | | | | |
| | | | | (e) Transfer of gift | | |
| | | | | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | | | | |
| | | | | | | |

PHILLIPS FAMILY FOUNDATION, INC.

47-2611358

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 1

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|--------------------------|-------------------|---------------------------------|--------------------|
| MICHAEL C. PHILLIPS 2612 MORNING SKY COURT PARK CITY, UT 84060 | PRESIDENT 1.00 | 0. | 0. | 0. |
| BARBARA L. PHILLIPS 2612 MORNING SKY COURT PARK CITY, UT 84060 | VICE PRESIDENT 1.00 | 0. | 0. | 0. |
| SARA BRENNAN 7924 GAMBEL DRIVE PARK CITY, UT 84098 | SECRETARY 1.00 | 0. | 0. | 0. |
| CHRISTOPHER PHILLIPS P.O. BOX 805 PARK CITY, UT 84060 | CO-TREASURER 1.00 | 0. | 0. | 0. |
| ALEXANDRA HUDSON P.O. BOX 2550 PARK CITY, UT 84060 | CO-TREASURER 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | 0. | 0. | 0. |

FORM 990-PF

PART XV - LINE 1A
LIST OF FOUNDATION MANAGERS

STATEMENT 2

NAME OF MANAGER

MICHAEL C. PHILLIPS
 BARBARA L. PHILLIPS
 SARA BRENNAN
 CHRISTOPHER PHILLIPS
 ALEXANDRA HUDSON