**Return of Private Foundation** 

2949104405214 OMB NO 1545-0047

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. Department of the Treasury Internal Revenue Service Open to Public Inspection ► Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2019 or tax year beginning , 2019, and ending

Ī	lame o	f foundation						A Employer identifi	cation number		
	HAR	ARRIS H. AND AMANDA P. SIMMONS FOUNDATION						84-1411937			
		and street (or P O box nur					Room/suite	B Telephone numb			
						-			•		
	475	EAST OAK FORES	ST ROAD								
		own, state or province, coul		n postal code				<del>                                       </del>	<del></del>		
	•	. ,	.,,					C If exemption applica	ition is		
	CAT	ייי אורי בידע נו	m 04100					pending, check here			
7	_	T LAKE CITY, U	T 84103 Initial return	-	Initial roturn	of a former p	ublic oboriti				
•	J CITE	ck all that apply	<del></del>		Amended re	=	ublic charity	S 1 1 Ordigit organizati	· · · · · · · · · · · · · · · · · · ·		
	Final return							2 Foreign organiza 85% test, check h			
-	1 Cha	al tura of arrangato	Address char	<u> </u>	Name chang				▶ ـ		
,		eck type of organization					04	E If private foundation	status was terminated		
		Section 4947(a)(1) none market value of al			Other taxable pr			-	)(1)(A), check here .		
) '							ruai		in a 60-month termination		
		of year (from Part II,			(specify)		<del></del>	under section 507(b)	(1)(B), check here . >		
14					n (d), must be on c	asn basis )			(d) Disbursements		
) \ <b> </b>	Part	Analysis of Revenutotal of amounts in col	le and Expenses lumns (b) (c) and (	(d) 19	a) Revenue and	(b) Net inve	stment	(c) Adjusted net	for charitable		
,		may not necessarily e	qual the amounts in	γ	expenses per books		ie	income	purposes		
-	T	column (a) (see instruc							(cash basis only)		
	1	Contributions, gifts, grants, etc	, received (attach schedundation is not require	ile) -	20,000				,		
	2	attach Sc	h B								
	3	Interest on savings and ter	mporary cash investme	ents.	173		173	REC			
	4	Dividends and interest	from securities	• • -	244,597	24	4,597	REC	EIVED		
	5a	Gross rents			·			9			
		Net rental income or (loss)			-			S MAY 0	8 2020   0		
	6a b	Net gain or (loss) from sal Gross sales price for all assets on line 6a	e of assets not on line	10	11		<u>.</u>		K		
È	7	Capital gain net income	e (from Part IV. line	2) .			0	OGDE	N, UT		
Ò	8	Net short-term capital of	•					0			
	9	Income modifications .									
	10 a	Gross sales less returns and allowances									
	b	Less Cost of goods sold .				,	· · · · · · · · · · · · · · · · · · ·				
	1	Gross profit or (loss) (at									
	11	Other income (attach s							,		
	12	Total. Add lines 1 throu			264,770	24	4,770	0			
-	13	Compensation of officers,			•						
9	14	Other employee salarie			•						
		Pension plans, employe	_								
2 2 2 1	16a	Legal fees (attach sche				-					
		Accounting fees (attacl									
	וט	Other professional fees			975				975		
Š	17	Interest	,						,		
COANNED	18	Taxes (attach schedule)		ſ: —:-	2,000			<del></del>			
) i	19	Depreciation (attach so									
Z	20	Occupancy	•								
Z ?	21	Travel, conferences, an									
Ü	21	Printing and publication	-								
	23	Other expenses (attach							-		
APR	23 24	Total operating and a									
~ ?	5	Add lines 13 through 2			2,975		0	0	975		
တင်	25	Contributions, gifts, gra		[	277,776				277,776		
	26	Total expenses and disbursen			280,751		0	0	278,751		
202 <b>1</b>	27	Subtract line 26 from li									
		Excess of revenue over ex		nents	(15,981)						
		Net investment income	-			2.4	4,770		1		
	1	Adjusted net income (						0	1		
JSA F	•	perwork Reduction Act				· · · · · ·		410	Form <b>990-PF</b> (2019)		

Part I	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1.5	Cash - non-interest-bear	nng			
2		cash investments		1,221	1,221
3		<u> </u>			
		ibtful accounts ▶		0	2 Section of the sect
4					THE DESCRIPTION OF THE PARTY OF THE PARTY.
		ibtful accounts >	- CONTRACTOR OF THE PROPERTY O	. 0	THE PERSON NAMED OF THE PERSON NAMED IN COLUMN
					,
٠ ۽		officers, directors, trustees, and other			
"		tach schedule) (see instructions)	•		
7		receivable (attach schedule) <b>5</b> 673,480			
'		btful accounts ▶		1 672 400	1 672 490
σ,			1	1,673,480	1,673,480
ssets e &		se	1		
% 9 <b>€</b> 10a		leferred charges		· · · · · · · · · · · · · · · · · · ·	•
1 .		te government obligations (attach schedule).		000 004	1 0 60 0 10
þ		e stock (attach schedule)		980,884	4,267,949
11	Investments - corporate Investments - land, buildings	e bonds (attach schedule)	CHARLE BERNESSER STATE TO THE STREET		
1	and equipment basis				
	Less accumulated deprecia (attach schedule)	111011		0	· ·
12	Investments - mortgage	loans:		•	
13		ach schedule)	**************************************	W. W	
14	Land, buildings, and equipment basis	<u> </u>			
	Less accumulated deprecia (attach schedule)	ation	·	. 0	*
15	Other assets (describe	<b>-</b> )		•	. , .
16		completed by all filers - see the			
	instructions Also, see p	page 1, item l)	2,671,566	2,655,585	5,942,650
17	Accounts payable and a	accrued expenses		•	
18					
නු 19				• •	
<u></u> 20 `		ors, trustees, and other disqualified persons		-	
Ciabilities		otes payable (attach schedule) *			
تا 22 تا		e ► DEFERRED GAIN )		210.313	
		)	210/313	210/313	
23	Total liabilities (add line	es 17 through 22)	210,313	210 313	
${\overline{}}$	· · · · · · · · · · · · · · · · · · ·	w FASB ASC 958, check here	210,313	210,313	
ances	and complete lines 24,		* * * * * * * * * * * * * * * * * * * *	•	
ر اھ	•	· · · · · · · · · · · · · · · · · · ·			
ਲ <sup>2</sup> ੋ	Net assets without done			· · · · · · · · · · · · · · · · · · ·	**************************************
25 D		estrictions · · · · · · · · · · · · · · · · · · ·		,	
5	and complete lines 26 thre	follow FASB ASC 958, check here		· •	
		-			
D 26	•	cipal, or current funds	-		
27 28 28		r land, bldg, and equipment fund	0.464.050	0 445 000	ACTION OF THE STATE OF THE STAT
ဖ္ဟု 28		ulated income, endowment, or other funds	2,461,253	2,445,272	SHORE STORESS SHOULD SH
29		d balances (see instructions)	2,461,253	2,445,272	
30		net assets/fund balances (see			
		· · · · · · · · · · · · · · · · · · ·	2,671,566	2,655,585	
		nges in Net Assets or Fund Bala			T
		palances at beginning of year - Part			
		ed on prior year's return)			2,461,253
2 Ent	ter amount from Part I,	, line 27a		<u>2</u>	(15,981)
		ded in line 2 (itemize) ▶		3_	,
				<u>4</u>	2,445,272
5 De	creases not included in	n line 2 (itemize) ▶		5	
		palances at end of year (line 4 minus	s line 5) - Part II, column (	(b), line 29 6	2,445,272
<u>6, √Tot</u>	tal net assets or fund b	palances at end of year (line 4 minus	s line 5) - Part II, column (	(b), line 29   - 6	2,445,

Pa		and Losses for Tax on Inve				
	• •	scribe the kind(s) of property sold (for e	• • •	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1 a				_		
b	<u> </u>					
c						<u> </u>
d		<del></del>		<u> </u>		
<u>e</u>	· · · · · · · · · · · · · · · · · · ·			ļ		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a						0
b						0
<u>c</u>						0
<u>d</u>				_		0
<u> </u>						0
	Complete only for assets s	howing gain in column (h) and owned	<del></del>		Gains (Col (h) ga	
	(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	col	(k), but not less t Losses (from co	
a			0			0
b	, <u>, , , , , , , , , , , , , , , , , , </u>		0			0
<u>c</u>			0			0
d			0			0
e			0			0
2	Capital gain net income	or (net capital loss)	ain, also enter in Part I, line 7			
	, •	, , , , , , , , , , , , , , , , , , ,	oss), enter -0- in Part I, line 7	2		0
3	-	ain or (loss) as defined in sections				
		art I, line 8, column (c) See inst				
Da	rt V Qualification U	Jnder Section 4940(e) for Red	tugget Tay on Not Investment I	3	<del></del>	
Was		the section 4942 tax on the distrib		ase period	3? <u> </u>	Yes X No
1		n't qualify under section 4940(e) D mount in each column for each yea	<u> </u>	ng any en	trios	
<u>-</u>	(a)			ing arry err	(d)	<del> </del>
Cal	Base penod years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))
	2018	213,523				0.0365
	2017	139,950				0.0261
	2016	219,643			-	0.0664
	2015	81,425				0.0252
	2014	84,775	3,324,746			0.0255
_	Takal aklaar 4 aalaan /	-0				
2	Total of line 1, column (	d)		2		0.1797_
3	-	o for the 5-year base period - divide		,		0 0050
	the number of years the	foundation has been in existence in	riess than 5 years	3		0.0359
4	Enter the net value of no	oncharitable-use assets for 2019 fr	rom Part X, line 5	4	ţ	5,465,952
5	Multiply line 4 by line 3.			5		196,228
6	Enter 1% of net investm	ent income (1% of Part I, line 27b).		6		2,448
7	Add lines 5 and 6			7		198,676
8	Enter qualifying distribut	ions from Part XII, line 4		8		278,751
	If line 8 is equal to or g	reater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% tax	rate See the



	t VI . Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru		age 4			
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		CHOIL	3)			
···	Date of ruling or determination letter			1			
ь	b Domestic foundations that meet the section 4940(e) requirements in Part V, check						
	here X and enter 1% of Part I, line 27b			448			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	*		1			
	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	Add lines 1 and 2		2	448			
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		2,	448			
6	Credits/Payments						
а	2019 estimated tax payments and 2018 overpayment credited to 2019   6a   2,116			1			
b	Exempt foreign organizations - tax withheld at source			- 1			
С	Tax paid with application for extension of time to file (Form 8868) 6c			1			
d	Backup withholding erroneously withheld						
7	Total credits and payments Add lines 6a through 6d		2,	116			
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached			<u></u>			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			332			
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 2020 estimated tax ▶ Refunded ▶ 11			0			
Par	t 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		Yes	No			
	participate or intervene in any political campaign?	1a		X			
b	<b>b</b> 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						
C	c Did the foundation file Form 1120-POL for this year?						
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			Ì			
	(1) On the foundation ▶ \$(2) On foundation managers ▶ \$			ļ			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
	on foundation managers  \$	2	*********				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-		<u> </u>			
3	If "Yes," attach a detailed description of the activities	'		ŀ			
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		I			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	_	X			
4a h	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N	A			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X			
J	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 remain in the governing instrument?	6	X				
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	X				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.						
	UTAH						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	<u> </u>					
	(or designate) of each state as required by General Instruction G <sup>2</sup> If "No," attach explanation	8b	X				
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 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"		"	- /			
	complete Part XIV	9		X			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses	10		Х			

Par	rt VII-A. Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► NONE			
14	The books are in care of ▶ HARRIS H. SIMMONS Telephone no ▶			
	Located at ► ADDRESS ON RETURN ZIP+4 ► 84103			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	· []
	and enter the amount of tax-exempt interest received or accrued during the year		,	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			L
Par	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required	_	V	N.
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			1,
	disqualified person?			,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			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)?			,
	(6) Agree to pay money or property to a government official? (Exception. Check "No" 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)			1
ь	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			1
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	N	A
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2019?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019? Yes X No			
	If "Yes," list the years   , , , , ,			
þ	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	١		2.77
	all years listed, answer "No" and attach statement - see instructions )	2b	N	A
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			!
•	Political formation held area there a 20% denotes a relative to the second and the second area.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			÷
	at any time during the year?			,
O	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			į
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			i i
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			·
	foundation had excess business holdings in 2019)	3b	N N	- A
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			<u> </u>
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		00	<u> </u>	

	Statements Regarding Activities	TOT WHITCH FORTH	4720 Way be Rec	<u>junea</u> (com	illueu)			
5a	During the year, did the foundation pay or incur any amount	ount to					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	on 4945(e))?	. Yes	X No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No							
	(4) Provide a grant to an organization other than a	charitable, etc., org	ganization described i	n		ľ		
	section 4945(d)(4)(A)? See instructions			. Yes	X No			,
	(5) Provide for any purpose other than religious, cl		•					
	purposes, or for the prevention of cruelty to children				X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the					_		_
	Regulations section 53 4945 or in a current notice regar				_	5b	N	A
	Organizations relying on a current notice regarding disa	ster assistance, check	here		▶∟	_		
C	If the answer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the t	ax				
	because it maintained expenditure responsibility for the			. Yes	No			
	If "Yes," attach the statement required by Regulations s	• •						
6a	Did the foundation, during the year, receive any fur							
_	on a personal benefit contract?				X No	-	-	
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	act?	• • • • •	6b		<u>X</u>
<b>-</b> -	If "Yes" to 6b, file Form 8870		-1		٦			
7a b	At any time during the tax year, was the foundation a p	• •	•	•	X No	l		_
8	If "Yes," did the foundation receive any proceeds or hards the foundation subject to the section 4960 tax on particular to the section 4960 tax on particular to the section 4960 tax on particular tax of the section 4960 tax of tax of the section 4960 tax of tax	•		ion /		7b	N	A
•	remuneration or excess parachute payment(s) during the	, , ,		. Yes	X No			,
Par	t VIII Information About Officers, Directo	rs. Trustees. For	Indation Manager	s. Highly Pa		ovees.		
	and Contractors	•	•	, ,	•			
	List all officers, directors, trustees, and foundat	(b) Title, and average	(c) Compensation	. See Instruc		(-) (		
	(a) Name and address						e accou	ınt,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee bene and deferred cor		other all	owance	s
HA.	RRIS H. SIMMONS	devoted to position  TRUSTEE	(If not paid, enter -0-)				owance	
		devoted to position	(If not paid, enter -0-)				owance	es
	RRIS H. SIMMONS	TRUSTEE	(If not paid, enter -0-)				owance	es
	RRIS H. SIMMONS	TRUSTEE	(If not paid, enter -0-)				owance	es
	RRIS H. SIMMONS	TRUSTEE	(If not paid, enter -0-)				owance	
	RRIS H. SIMMONS	TRUSTEE	(If not paid, enter -0-)				owance	
	RRIS H. SIMMONS	TRUSTEE	(If not paid, enter -0-)				owance	
	RRIS H. SIMMONS SOUTH MAIN STREET, SLC, UT 84133	TRUSTEE 1 HR/WK <	enter -0-)	and deferred con	npensation	other all		
	RRIS H. SIMMONS SOUTH MAIN STREET, SLC, UT 84133  Compensation of five highest-paid employees	TRUSTEE 1 HR/WK <	enter -0-)	and deferred con	npensation	other all		
	RRIS H. SIMMONS SOUTH MAIN STREET, SLC, UT 84133	TRUSTEE 1 HR/WK <	enter -0-)	e 1 - see i	nstruction took took took took took took took to	other all	one, (	enter
ONE 2	RRIS H. SIMMONS SOUTH MAIN STREET, SLC, UT 84133  Compensation of five highest-paid employees	devoted to position  TRUSTEE  1 HR/WK <  (other than those that the second control of th	enter -0-)	e 1 - see i  (d) Contribu employee t plans and d	Instruction tions to benefit eferred	other all	one, de accou	enter
ONE 2	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1 HR/WK <  (other than those)	se included on lin	e 1 - see i	Instruction tions to benefit eferred	ns). If no	one, de accou	enter
ONE 2	RRIS H. SIMMONS SOUTH MAIN STREET, SLC, UT 84133  Compensation of five highest-paid employees "NONE."	devoted to position  TRUSTEE  1 HR/WK <  (other than those that the second control of th	se included on lin	e 1 - see i  (d) Contribu employee t plans and d	Instruction tions to benefit eferred	ns). If no	one, de accou	enter
ONE 2	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1 HR/WK <  (other than those that the second control of th	se included on lin	e 1 - see i  (d) Contribu employee t plans and d	Instruction tions to benefit eferred	ns). If no	one, de accou	enter
ONE 2	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1 HR/WK <  (other than those that the second control of th	se included on lin	e 1 - see i  (d) Contribu employee t plans and d	Instruction tions to benefit eferred	ns). If no	one, de accou	enter
ONE 2	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1 HR/WK <  (other than those that the second control of th	se included on lin	e 1 - see i  (d) Contribu employee t plans and d	Instruction tions to benefit eferred	ns). If no	one, de accou	enter
ONE 2	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1 HR/WK <  (other than those that the second control of th	se included on lin	e 1 - see i  (d) Contribu employee t plans and d	Instruction tions to benefit eferred	ns). If no	one, de accou	enter
ONE 2	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1 HR/WK <  (other than those that the second control of th	se included on lin	e 1 - see i  (d) Contribu employee t plans and d	Instruction tions to benefit eferred	ns). If no	one, de accou	enter
ONE 2	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1 HR/WK <  (other than those that the second course per week)	se included on lin	e 1 - see i  (d) Contribu employee t plans and d	Instruction tions to benefit eferred	ns). If no	one, de accou	enter
ONE 2	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1 HR/WK <  (other than those that the second course per week)	se included on lin	e 1 - see i  (d) Contribu employee t plans and d	Instruction tions to benefit eferred	ns). If no	one, de accou	enter
ONE 2	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	devoted to position  TRUSTEE  1 HR/WK <  (other than those that the second course per week)	se included on lin	e 1 - see i  (d) Contribu employee t plans and d	Instruction tions to benefit eferred	ns). If no	one, de accou	enter
2 (a)	Compensation of five highest-paid employees "NONE."  Name and address of each employee paid more than \$50,000	TRUSTEE  1 HR/WK <  (other than those the content of the content o	se included on lin	e 1 - see i  (d) Contribu employee t plans and d	Instruction tions to benefit eferred	ns). If no	one, de accou	enter

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five	highest-paid independent contractors for professional services. See instructions. If none, enter "NONI	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Total num	har of others recovers aver \$50,000 for restaurant to the same of	
Part IX-A	ber of others receiving over \$50,000 for professional services	
List the fo	oundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of one and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1		
2		
3		
4		
<del></del>		
Part IX-E		
1	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
2		
All other	program-related investments. See instructions	
3	orogram-elated investments. See instructions	
Total, Add	lines 1 through 3	

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ıgn four	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	3,863,999
	Average of monthly cash balances	1b	11,711
	Fair market value of all other assets (see instructions)	1c	1,673,480
d	Total (add lines 1a, b, and c)	1d	5,549,190
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	2	
3	Subtract line 2 from line 1d	3	5,549,190
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		0,013,130
•	instructions)	4	83,238
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	5,465,952
6	Minimum investment return. Enter 5% of line 5	6	273,298
	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	273,298
2a	Tax on investment income for 2019 from Part VI, line 5		
- b	Income tax for 2019 (This does not include the tax from Part VI) 2b		
	Add lines 2a and 2b	2c	2,448
3	Distributable amount before adjustments Subtract line 2c from line 1	3	270,850
4	Recoveries of amounts treated as qualifying distributions	-	
5	Add lines 3 and 4	5	270,850
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	270,850
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		278,751
	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		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u></u>
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	278,751
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 See instructions	5	<del></del>
6	Adjusted qualifying distributions. Subtract line 5 from line 4		278 <b>,</b> 751
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating	whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years		

Form **990-PF** (2019)

Рa	rt XIII Undistributed Income (see insti	ructions)			
1	Distributable amount for 2019 from Part XI,	(a) . Corpus	(b) Years prior to 2018	(c) · 2018	( <b>d</b> ) 2019
	line 7				270,850
2	Undistributed income, if any, as of the end of 2019			- 1	
_	Enter amount for 2018 only			270,501	
	Total for pnor years 20,20,20		AND COUNTY OF THE PARTY		
	Excess distributions carryover, if any, to 2019				
	From 2014				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	Total of lines 3a through e	O security and manufactured that the control of the	inframedicipals of the star and a recognitive section in	The article and the second	nt a dan minakata dana rapa a tanada . 17
1	Qualifying distributions for 2019 from Part XII,			Meridalistical Selection of the Control of the Selection of the Control of the Co	
•	line 4 ▶ \$ 278,751				
а	Applied to 2018, but not more than line 2a			270,501	
. р	Applied to undistributed income of prior years		ı		
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)	a)	parameter capacity problems of		
d	Applied to 2019 distributable amount				8,250
e	Remaining amount distributed out of corpus	1			
5	Excess distributions carryover applied to 2019.				*4 **
	(If an amount appears in column (d), the same amount must be shown in column (a) )				4
	Enter the net total of each column as indicated below:	3,			
•	Corpus Add lines 3f, 4c, and 4c Subtract line 5		teran manungan pungan panggan panggan	There are an experience of the contract of the	
	Prior years' undistributed income Subtract				
	line 4b from line 2b		· · · · · · · · · · · · · · · · · · ·		
С	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		,		
	Subtract line 6c from line 6b Taxable				
,	amount - see instructions		0		
е	Undistributed income for 2018 Subtract line				
	4a from line 2a Taxable amount - see instructions			. 0	
	· · · · · · · · · · · · · · · · · · ·				
´ †	*Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2020				262,600
7	Amounts treated as distributions out of corpus	1			
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be	, ,			
	required - see instructions)	1 -			
8	Excess distributions carryover from 2014 not				
Ĭ	applied on line 5 or line 7 (see instructions)				
.9	Excess distributions carryover to 2020.				
-	Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9				
	Excess from 2015				
	Excess from 2016				
c	Excess from 2017				
ď	Excess from 2018				
	Excess from 2019				

Pa	rt XIV . Private Op	erating Foundations	s (see instructions ar	<u>nd Part VII-A, questic</u>	on 9)	
1 a	If the foundation has	•			ting	
	foundation, and the ruling		=		.▶	
	Check box to indicate v		is a private operating f		section 4942(j)(	3) or 4942(J)(5)
2 a	Enter the lesser of the ad- justed net income from Part	Tax year	41,004	Prior 3 years		(e) Total
	I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	return from Part X for each					•
	year listed					0
	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part XII, line 4, for each year listed .					0
d	Amounts included in line 2c not					
	used directly for active conduct			/ /		0
e	of exempt activities			/		
Ī	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the					
а	"Assets" alternative test - enter		],	/		
	(1) Value of all assets					0
	(2) Value of assets qualifying			-"		
	under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					0
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents, payments on securities	/	ĺ			
	loans (section 512(a)(5)).					_
	or royalties)					0_
	public and 5 or more					
	exempt organizations as provided in section 4942		•			•
	(j)(3)(B)(III)	<del>/ /</del>			+	0
	port from an exempt	/				0
	organization					0
Pa		ntary Information (	Complete this part	only if the foundate	tion had \$5,000 or	
	any time d	uring the year - see	instructions.)	•	. ,	
1	Information Regarding					
а	List any managers of					d by the foundation
	before the close of any	tax year (but only if tr	ney nave contributed m	ore than \$5,000) (Se	e section 507(d)(2))	
	ONE					·
b	List any managers of ownership of a partner					large portion of the
	Ownership of a partite	Ship of other entity) of	which the loungation	nas a 10% of greater i	illerest	
	ONE Information Regarding	a Contribution Grant	Gift Loan Scholarshi	n etc. Programe:		
•		-		• • • •	-bl	
	Check here ► X if t unsolicited requests for	ne roundation only or funds. If the found	makes contributions i ation makes difts, drai	to preselected charit hts etc. to individuals	able organizations ar s or organizations und	id does not accep ler other conditions
	complete items 2a, b,			into, oto, to marriada.	or organizations and	ici other conditions
a	The name, address, a			e person to whom appl	ications should be addre	essed
N	/7					50004
b	The form in which app	lications should be sul	omitted and information	n and materials they s	hould include	
	FF					
	/A					
	Any submission deadli	nes			· <u> </u>	
N,	/A					
d	Any restrictions or li	mitations on awards	, such as by geogra	phical areas, charitat	ole fields, kinds of in	nstitutions, or other
	factors					

Part XV Supplementary Information (d	continued)		F (	
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	Ing the Year or App	roved for	Future Payment	
Recipient	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
SEE SCHEDULE ATTACHED				277,776
			V.	
		:		
		ļ		
			<u> </u>	
Total		<u></u>	▶ 3a	277,776
<b>b</b> Approved for future payment				
				1
		ļ		
	•			
Total		-	▶ 3b	0

Part XVI	-A Analysis of Income-Prod	ucing Act	ivities			
	amounts unless otherwise indicated	T	ated business income	Excluded b	y section 512, 513, or 514	(e)
-		(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income
•	n service revenue					(See instructions)
				<del>                                     </del>		
-				<del> </del>		
c	<del> </del>			_		<del></del> _
d						
e				_		
f	<u> </u>					
g Fees	and contracts from government agencies					
2 Member	rship dues and assessments					
	on savings and temporary cash investments •			14	173	
	ds and interest from securities			14	244,597	·
	tal income or (loss) from real estate	',	-			
	t-financed property		-			
	debt-financed property	1				
	al income or (loss) from personal property		-			
	nvestment income					
	(loss) from sales of assets other than inventory					
	ome or (loss) from special events · · ·					
	profit or (loss) from sales of inventory					
	evenue a			-		<u>,                                     </u>
e	<del></del>					
	Add columns (b), (d), and (e)		0		244,770	0_
13 Total. A	dd line 12, columns (b), (d), and (e)		• • • • • • • • • • • • •		13	244,770
	heet in line 13 instructions to verify calc					<u> </u>
Part XVI	B Relationship of Activitie	s to the A	ccomplishment of Ex	empt Pur	poses	
Line No.	Explain below how each activit	y for which	n income is reported in	n column (e	e) of Part XVI-A contribu	ated importantly to the
▼	accomplishment of the foundation					
						<u> </u>
					· · · · · · · · · · · · · · · · · ·	
						-
		•				
		,				
			<del></del>			
· · · · -			<u>-</u>			<del></del>
-				<del></del> .		
	<u> </u>					
			<u> </u>		<u> </u>	
						<u> </u>
	I					

Par	t XVII	Information Ro	egarding Trar	sfers to and	Transaction	ns and R	elationshi	ps With	Nonchai	ritable		empt
	ın sec	e organization direct ction 501(c) (other zations?					_				Yes	No
а	a Transfers from the reporting foundation to a noncharitable exempt organization of											
	(1) Cash								X			
	(2) Other assets						1a(2)		_X_			
b Other transactions (1) Sales of assets to a noncharitable exempt organization									لييا			
												<u>X</u>
<ul><li>(2) Purchases of assets from a nonc</li><li>(3) Rental of facilities, equipment, or</li><li>(4) Reimbursement arrangements</li></ul>											-	X
												X
		ans or loan guarantee										X
		rformance of service										X
		g of facilities, equipm										X
d	If the	answer to any of th	ie above is "Ye	s," complete the	e following s	chedule C	olumn (b)	should alv	vays show	the f	aır m	arket
	value i	of the goods, other n any transaction or	assets, or servi	ces given by the	e reporting to	undation be value o	if the good	dation rec	eived less	than 1	tair m	arket
(a) Li		(b) Amount involved		noncharitable exempt			ription of trans					
			(0)	<u> </u>		(0) 5000	ription of trains	ners, transact	ions, and sna	ing and	ilgeniei	
			_				-	· -	<del></del>			
			_				<u> </u>					
	-		<del> </del>									
	-+				<del></del>	<del></del>		_				
		<del></del>	<del> </del>									
	<u> </u>						<u> </u>					
									_			
								•				
									_			
				- <del></del>			_					
			···-						<del></del>		_	
			<del>                                     </del>	<u> </u>	<u> </u>	-						
	describ	foundation directly ped in section 501(c)	) (other than sed	filiated with, or ection 501(c)(3)) o	related to, or or in section 5	e or more	tax-exemp	ot organiza	ations	Y6	s X	 ] No
	ii res	" complete the follo (a) Name of organization		(h) Type	of organization	· 1		(c) Descripti	on of relations	hin		
			······	(27.772				(0) 2000				
						***************************************						
										-		
	Linder	penalties of penjury, I decla	arm that I have every	and thus coturn unclude	2. 20000000000000	chodules and a	totomosto and	to the best of	Law basidada		-14	- 1
	correc	t, and ecomplete Declaration of						to the best of	my knowledg	e ano p	ener, it	is true,
Sign		den So	e	- 15/	3/20	Tra	رم احو	-	May the IRS			
Here	Sigi	nature of officer or trustee		Date	7/20	Title			with the pre	parer si	Yes	No.
											<u> </u>	
Paid		Print/Type preparer's na	me	Preparer's signa	ture		Date	Che	ck if F	TIN		
		ROY M. HONG		Payl	MADIG	_	4/20/20	self-	employed	P000	5000	)7_
	oarer	Time terms   First & Abbottan			<u>▶ 1</u> 3-	4339	645					
use	Only		381 PINE RO		101						<b>~</b> -	
		1. S.F	ALT LAKE C	LTY, UT 84	121			Phone no		-733 m <b>990</b>		

## 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

2019

Name of the organization **Employer identification number** HARRIS H. AND AMANDA P. SIMMONS FOUNDATION 84-1411937 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 foundation Check 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 

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)

Name of organization

(b)

Name, address, and ZIP + 4

Employer identification number

(Complete Part II for noncash contributions)

HARR1	S H. AND AMANDA P. SIMMONS FOUNDATION		84-1411937
Part I	Contributors (see instructions) Use duplicate copi	es of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HARRIS H. SIMMONS		Person X
	475 EAST OAK FOREST ROAD	\$ 20,000	Payroll Noncash
	SALT LAKE CITY, UT 84103		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b> \$</b>	Person Payroll Noncash

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for

(c)

Total contributions

-		-   <b>\$</b>	(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)	

(d)

Type of contribution

Person **Payroll** 

(a)

No.

Name of organization

HARRIS H. AND AMANDA P. SIMMONS FOUNDATION

Employer identification number

84-1411937

Part II	Noncash Property	(see instructions)	Use duplicate copies of	f 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
		\$	
(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
		\$	

ame of org	anization		Employer identification number					
	H. AND AMANDA P. SIMMONS FO			84-1411937				
t	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additions.	the year from any one cor ons completing Part III, ente e year (Enter this information	ntributor. Comer the total of e	nplete columns (a) through (e) and exclusively religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
raiti								
	(e) Transfer of gift							
-	Transferee's name, address, ar	d ZIP + 4	Relationshi	p of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
				p of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	se of gift (d) Description of how gift is					
			<del></del>   -					
			-					
	(e) Transfer of gift							
ļ	Transferee's name, address, ar	nd ZIP + 4	Relationshi	p of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
			-					
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relati			p of transferor to transferee				
				shedule B (Form 990, 990, F7, or 990 BE) (2019)				