

## EXTENDED TO NOVEMBER 16, 2020 Return of Private Foundation 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. ▶ Go to www irs gov/Form990PF for instructions and the latest information.

Department of the Treasury Internal Revenue Service				urny numbers of m990PF for inst				•	Open to Public Ins	pection
For calendar year 2019	or tax year beginning	DEC	26,	2019	, and e	nding	DEC 31,	2019		
Name of foundation							A Employer id	entification	number	
PHELPS FAM	ILY FOUNDA	TION					84-40	32465		
Number and street (or P O to 1550 MCFAR			nddress)			Room/suite	B Telephone no 205-2		15	/
City or town, state or pr			ostal code		-		C If exemption ap	plication is p	ending, check here	X
G Check all that apply:  H Check type of organiz	Initial return Final return Address chation: X Section) nonexempt charitable assets at end of year	n 501(c)(3) extrust	kempt priva Other taxa ing method ther (specif	ble private found : Cash iy)	ation X Accr		E If private fou under section F If the founda	anizations me and attach co ndation sta 1 507(b)(1) tion is in a	s, check here  teting the 85% test, imputation  tus was terminated i(A), check here  60-month terminate i(B), check here	<ul><li>▶□</li><li>▶□</li><li>on</li><li>▶□</li></ul>
Part I Analysis of R	evenue and Expenses ounts in columns (b), (c), and if the amounts in column (a	d (d) may not	(a) R	evenue and ses per books	(b) Net in		(c) Adjusti		(d) Disburseme for charitable purp (cash basis on	oses
1 Contributions, 2 Check  3 Interest on saving cash investments 4 Dividends and 5a Gross rents b Net rental income 6a Net gain or (loss) b Gross sales price assets on line 6a 7 Capital gain net in 8 Net short-term 9 Income modifications and allowances b Less Cost of good c Gross profit or 11 Other income	gifts, grants, etc., rece if the foundation is not required to is and temporary  Interest from securities  or (loss)  from sale of assets not on to for all  accome (from Part IV, line 2)  capital gain  cations eturns ds sold  (loss)	o attach Sch B		200,000		0.	N/A		c	
14 Other employe 15 Pension plans, 16a Legal fees b Accounting fee c Other profession 17 Interes CO 18 Taxes 19 Deprediation an 20 Occupancy 21 Travel, confere 22 Printing and put 23 Other expenses 24 Total operating expenses. Add 25 Contributions,	officers, directors, trustees a salaries and wages employee benefits  RECEIVEL and fees  NOV 1 7 2020  OGDEN, Unices, and meetings ablications  I and administrative lines 13 through 23 gifts, grants paid and disbursements and 25	0 080		0.		0.				0.
& Excess of revenue  b Net investment	over expenses and disbure tincome (if negative, enter -	er -0-)	2	00,000.		0.	N/A	_		



	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		of year
뜨	<u> </u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		200,000.	200,000.
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			1
	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			
s	8	Inventories for sale or use		-	
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U S and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			· · ·
	ı	Investments - land, buildings, and equipment basis		_	<u> </u>
	`	Less accumulated depreciation		-	<u> </u>
	12	Investments - mortgage loans			
	13	Investments - other			
	I	Land, buildings, and equipment basis			
	' '	Less accumulated depreciation		<del></del>	
	15	Other assets (describe >			
		Total assets (to be completed by all filers - see the	·		
	"	instructions. Also, see page 1, item I)	0.	200,000.	200,000.
_	17	Accounts payable and accrued expenses		20070001	200,000.
	18	Grants payable		<del></del>	
	19	Deferred revenue			
ties	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable			
<u>.</u>		Other liabilities (describe			
		Other nationals (absorbed			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow FASB ASC 958, check here			
		and complete lines 24, 25, 29, and 30.	!		
alances	24	Net assets without donor restrictions		200,000.	
<u>a</u>		Net assets with donor restrictions		200,000.	
	20	Foundations that do not follow FASB ASC 958, check here			
Net Assets or Fund B		and complete lines 26 through 30.			
Ę	26	Capital stock, trust principal, or current funds			
SO		Paid-in or capital surplus, or land, bldg, and equipment fund			
set		Retained earnings, accumulated income, endowment, or other funds			
As		Total net assets or fund balances	0.	200,000.	
Š	23	Total liet 455615 of Ibilu palatices		200,000.	
	30	Total liabilities and net assets/fund balances	o.	200,000.	
				200,000.	
Р	art	Analysis of Changes in Net Assets or Fund Ba	aiances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29		
		t agree with end-of-year figure reported on prior year's return)	==		0.
	•	amount from Part I, line 27a		2	200,000.
_		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	200,000.
		ases not included in line 2 (itemize)		5	0.
		net assets or fund halances at end of year (line 4 minus line 5) - Part II. or	olumn (h) line 20		200.000.

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

84-4032465

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See the Part VI instructions

Form 990-PF (2019)

PHELPS FAMILY FOUNDATION

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Part VI Excise Tax Based on Investment Income (Section		1948 - see i	nstruction	is)
1a Exempt operating foundations described in section 4940(d)(2), check here				1
Date of ruling or determination letter: (attach copy of letter	er if necessary-see instructions)	_		
b Domestic foundations that meet the section 4940(e) requirements in Part V, check h		1		0.
of Part I, line 27b				1
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, e	enter 4% of Part I, line 12, col. (b)			1
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations	· · · · · · · · · · · · · · · · · · ·	2		0.
3 Add lines 1 and 2		3		0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations	only others, enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-	**	5		0.
6 Credits/Payments:	·			
a 2019 estimated tax payments and 2018 overpayment credited to 2019	6a   O			i
b Exempt foreign organizations - tax withheld at source	6b 0			ŀ
c Tax paid with application for extension of time to file (Form 8868)		_		
d Backup withholding erroneously withheld	6d 0	<del></del>		0.
7 Total credits and payments Add lines 6a through 6d		7		
8 Enter any penalty for underpayment of estimated tax. Check here if Form 222	U is attached	8		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>•</b>	9	<del></del>	0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount over	·	10		
11 Enter the amount of line 10 to be: Credited to 2020 estimated tax	Refunded -	11	•	
Part VII-A Statements Regarding Activities	<del> </del>		1 152	<del></del>
1a During the tax year, did the foundation attempt to influence any national, state, or loc	cal legislation or did it participate or interver	e in	Yes	<del></del>
any political campaign?			1a	X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for politica	I purposes? See the instructions for the def	nition	1b	X_
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	copies of any materials published or		1 1	1 1
distributed by the foundation in connection with the activities				.
c Did the foundation file Form 1120-POL for this year?			1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed dui	ring the year;			
(1) On the foundation $\blacktriangleright$ \$ (2) On foundation ma	anagers. ▶ \$	•		1 1
e Enter the reimbursement (if any) paid by the foundation during the year for political		_	1 1	
managers. ► \$ 0.	·		1 1	
2 Has the foundation engaged in any activities that have not previously been reported t	to the IRS?		2	X
If "Yes," attach a detailed description of the activities.				1
3 Has the foundation made any changes, not previously reported to the IRS, in its gove	erning instrument, articles of incornoration	or		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		01	3	X
			48	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during to	tile year ·	N/A	48 4b	<del> </del>
b If "Yes," has it filed a tax return on Form 990-T for this year?  5. Wes these a liquidation termination discoulting as substantial contraction during the	o voor?	14 / II	5	$\frac{1}{x}$
5 Was there a liquidation, termination, dissolution, or substantial contraction during th	ic year r		3	A
If "Yes," attach the statement required by General Instruction T	of and orthogo			1
Are the requirements of section 508(e) (relating to sections 4941 through 4945) sati	Silea either;			
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no ma	andatory directions that conflict with the sta	ie iaw		.
remain in the governing instrument?			6 X	<del> </del>
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	<del> </del>
				1
8a Enter the states to which the foundation reports or with which it is registered. See in	structions. >			1 1
<u>AL</u>				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF t	o the Attorney General (or designate)			
of each state as required by General Instruction G? If "No," attach explanation	·		8b X	
9 Is the foundation claiming status as a private operating foundation within the meaning	ng of section 4942(j)(3) or 4942(j)(5) for cal	endar		
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Ye			9	x Z
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a		STMT 1	10 X	T
			orm <b>990-PF</b>	(2019)

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PHELPS FAMILY FOUNDATION

P	art 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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X_	
	Website address ► N/A			
14	The books are in care of ▶ CARROLL C. PHELPS Telephone no. ▶ 205-24		<u>415</u>	
	Located at ► 1550 MCFARLAND BLVD N, TUSCALOOSA, AL ZIP+4 ►35	406		
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	N	/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	_		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	$\vdash$	Yes	No
18	During the year, did the foundation (either directly or indirectly):		i	1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person?			1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			ı
	(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"	i ,	l	
	If the foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days.)			
D	olf any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A			
	` `	1b		<del></del> 1
_	Organizations relying on a current notice regarding disaster assistance, check here		Ī	j
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	4-	—	- <u>x</u> '
•	before the first day of the tax year beginning in 2019?  Taxes on failure to distribute process (section 4043) (does not easily for years the foundation was a private containing foundation.	_1c_		<del></del> ,
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
a	6d and 6e) for tax year(s) beginning before 2019?  Yes X No			
	IS IN/ac H light the years	1		
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		l	j
	statement - see instructions.)  N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
·	The provisions of societies to talk (a)(a) are soming approved to any or the years noted in Ea, not the years noted.			
38	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
0	during the year?			- 1
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			1
-	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			i
	of holdings acquired by gift or bequest; or (3) the lapse of 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)  N/A	3b	—	_
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	- 1	X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
_	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		m 990	-PF	

0

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

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Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ndation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, or	enter "NONE."	
(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  Part IX-A   Summary of Direct Charitable Activities		<u>▶</u>   0
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers		Expenses
1 N/A	produced, etc.	
1 21/22		
2		
3		
4		
Part IV. B   Common of Decement Deleted Investments		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax years.	or on lines 1 and 2	Amount
37/3	at off lifes 1 and 2	Amount
1N/A		
-		
All other program-related investments. See instructions.		
3		
-		
Total. Add lines 1 through 3	▶	0.

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· [P	art:X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		<del></del> ·
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	200,000.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	200,000.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	200,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,000.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	197,000.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	162.
IP.	art;XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ ☐ and do not complete this part.)	nd certain	-
1	Minimum investment return from Part X, line 6	1	162.
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.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	162.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	162.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	162.
P	Qualifying Distributions (see instructions)	II	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0.
b	Program-related investments - total from Part IX-B	1b	U •
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		^
_	Income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies for the	section

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' Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,		•		
line 7				162.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
<b>b</b> Total for prior years:	-			,
<del></del>		0.		
3 Excess distributions carryover, if any, to 2019.	an a gwys wally.	յուսա:գրը 4 մասին մ	<b></b> •1	rijh til mie
a From 2014				
<b>b</b> From 2015				
c From 2016				
d From 2017				
e From 2018			<del>_</del>	
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: ► \$ 0 •			0.	
a Applied to 2018, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
c Treated as distributions out of corpus	0.			
(Election required - see instructions)				0.
d Applied to 2019 distributable amount			<del></del>	0.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2019 (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:				
3 Corpus Add lines 3f, 4c, and 4e Subtrect 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 2018. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				162.
7 Amounts treated as distributions out of				!
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				į
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020.	_			
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017		ļ		İ
d Excess from 2018				
e Excess from 2019				

Form 990-PF (2019) PHELPS Part XIV   Private Operating Form	FAMILY FOUN	DATION	1 A musetum (1)		032465 Page
			i-A, question 9)	N/A	
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for	•	· ·	. ▶ ∟_	7 .0.0.0.0	
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.0040	Prior 3 years	1 40 0040	<b>⊣</b> ./
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(é) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					/
<ul> <li>Qualifying distributions from Part XII,</li> <li>line 4, for each year listed</li> </ul>	L.,				
d Amounts included in line 2c not	l				
used directly for active conduct of					
exempt activities	l		1		
e Qualifying distributions made directly					
for active conduct of exempt activities.				/	
Subtract line 2d from line 2c		•			
3 Complete 3a, b, or c for the					
alternative test relied upon;					
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying	<del></del>				
under section 4942(j)(3)(B)(i)			<b>/</b>		
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					•
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				:	
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income	<del></del>				
Part XV   Supplementary Infor	mation (Comple	te this part only i	f the foundation	had \$5,000 or m	ore in assets
at any time during th				•	
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who	•	than 2% of the total conti	ibutions received by the	foundation before the cl	nse of any tax
year (but only if they have contributed m					oo or any tak
NONE					
b List any managers of the foundation who other entity) of which the foundation has			or an equally large porti	on of the ownership of a	partnership or
NONE					
	- 0	O-b-dbb-			
2 Information Regarding Contribution Check here  X if the foundation or the foundation makes gifts, grants, etc., t	nly makes contributions t	to preselected charitable	organizations and does	not accept unsolicited rec	juests for funds. If
a The name, address, and telephone numb					
<b>b</b> The form in which applications should be	submitted and informat	tion and materials they sh	ould include;		
c Any submission deadlines:					
4 Any restrictions or limitations on awards		dana akamakia Kalda	1		<del> </del>

	(COTTAINDCO)			
3 Grants and Contributions Paid During the	rear or Approved for Future P	ayment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
NONE				
HONE				
				-
		:		
Total			<b>▶</b> 3a	0.
<b>b</b> Approved for future payment				
NONE		ĺ		
		ļ		
		ļ	j	
Total			<b>▶</b> 3b	0.

nter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(0)
·	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	- Tunction income
8	-		├		
b			┼		
d			<del>                                     </del>		
d			<del>                                     </del>	-	
f		·			
g Fees and contracts from government agencies	_				
2 Membership dues and assessments					
Interest on savings and temporary cash					
investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property			<u> </u>		
Other investment income			ļ		
Gain or (loss) from sales of assets other					
than inventory	-			_	·
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory		•			
Other revenue:					
ab	-				
	l l	<del></del>			
d					
e					
Subtotal Add columns (b), (d), and (e)	_	0.	1	0.	C
Total Add line 12, columns (b), (d), and (e)				13	0
see worksheet in line 13 instructions to verify calculations )					
Part XVI-B Relationship of Activities	to the Acco	mplishment of Exe	empt	Purposes	
				uited importantly to the accom	nlishment of
			contrib	rated importantly to the accom-	phomionic or
ine No. Explain below how each activity for which inc the foundation's exempt purposes (other that			contrib	The state of the decom-	
			contrib	oted importantly to the decom	
			contrib	occumporating to the accom	prisimon or
			contrib	occumpor anny to the accom	prisimon or
			contrib	occumpor anny to the accom	
			contrib	occ importantly to the accom	
			contrib	occ importantly to the accom	
			contrib	occi importanti y to the accom	
			contrib	occumpor anny to the accom	
			·	occumpor anny to the accom	
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			contrib	occumpor anny to the accom	
			contrib	occumpor anny to the accom	

Form 990-	PF (2019) <b>PHELP</b>	S FAMILY FOUNDA	TION	84-4	032465	Page <b>13</b>
Part·X	VIII Information Re Exempt Organ		nd Transactions ar	nd Relationships With Nonc	haritable	
1 Did t	he organization directly or indi	rectly engage in any of the following	ng with any other organization	on described in section 501(c)		Yes No
		nizations) or in section 527, relating				
a Trans	sfers from the reporting found	ation to a noncharitable exempt or	ganization of;			
(1)	Cash				1a(1)	Х
(2)	Other assets				1a(2)	Х
<b>b</b> Other	r transactions:					
(1) 3	Sales of assets to a noncharita	ble exempt organization			1b(1)	X
(2)	Purchases of assets from a no	ncharitable exempt organization			1b(2)	X
(3)	Rental of facilities, equipment,	or other assets			1b(3)	X
(4) f	Reimbursement arrangements				1b(4)	Х
(5) l	oans or loan guarantees				1b(5)	X
(6) F	Performance of services or me	embership or fundraising solicitation	ons		1b(6)	X
	• • • • • • • • • • • • • • • • • • • •	uling lists, other assets, or paid em	• •		1c	X
				ways show the fair market value of the go		ts,
		other assets, or services received.		e in any transaction or sharing arrangem	ent, snow in	
(a) Line no	(b) Amount involved	(c) Name of noncharitable		(d) Description of transfers, transactions	and shoring orrer	nements
(#) Eine no	(b) Amount involved	N/A	c exempt organization	(u) Description of Parisiers, Parisactions	5, 210 512119 2121	igenients
		N/A	<u></u>	<del> </del>		
				<del>- </del>		-
			•			
	<u> </u>			-		
					<del>,</del>	
		-				
		tly affiliated with, or related to, one	or more tax-exempt organi	zations described		reen.
	, , ,	n 501(c)(3)) or in section 527?			Yes	X No
<b>b</b> If "Ye	s," complete the following scho		(h) Time of	/-> 0	A.a.a.b.c	
	(a) Name of org	janization	(b) Type of organization	(c) Description of rela	ationsnip	
	N/A		I .			

ın s	ection	501(c) (other than section 501(c)(3)) or in se	ection 527?			L∐ Yes LAL No
b If "	Yes," co	omplete the following schedule				
		(a) Name of organization	(b) Type of organization		(c) Description of re	elationship
		N/A				·
				1		
					-	
·					-	
					<u> </u>	
Sign Here	and be	penalties of perjury, I declare that I have examined this lifef, it is true, correct, and complete Declaration of pre	pperer (other than taxpayer) is based on all inform	PRESIC	as any knowledge	May the IRS discuss this return with the preparer shown below? See instr
	Sign	Print/Type preparer's name	Date Preparer's signature	Title Date	Check ıf	PTIN
Paid	.ror	MEGAN RANDOLPH	John S. mary	10/27/20	self- employed	P00989558
Prepa		Firm's name ► WARREN AVERE	LLL'APPC		Firm's EIN ► 4	5-4084437

 $\frac{\text{Phone no.}}{\text{Form } \textbf{990-PF} \text{ (2019)}}$ 

Firm's address ▶ 2500 ACTON ROAD

BIRMINGHAM, AL 35243

## 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
PHELPS FAMILY FOUNDATION 84-4032465

Organization type (check one)							
Filers of:		Section:					
Filers of:  Form 990 or 990-EZ  Form 990-PF  Check if your organization Note: Only a section 501  General Rule  X For an organization property) from a sections 509(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(	0 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	0-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					
Note: O	nly a section 501(c)(	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					
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 contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 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					
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the clons of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the y to children or animals. Complete Parts I, II, and III					
	year, contributions is checked, enter he purpose Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., inplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year.					
	<del>-</del>	at isn't covered by the General Rule and/or the Special Rules doesn't 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					

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) (2019)

Name of organization

PHELPS FAMILY FOUNDATION

84-4032465

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	MARY ANN PHELPS  1304 HIGH FOREST DR N  TUSCALOOSA, AL 35406	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) al contributions  Person X Payroll   Noncash   (Complete Part II for noncash contributions)  (c) (d) Type of contribution  Person   Payroll   Noncash   (Complete Part II for noncash contributions)  (c) (d) Type of contribution  Person   Payroll   Noncash   (Complete Part II for noncash contributions)  (c) (d) Type of contribution  Person   Payroll   Noncash   (Complete Part II for noncash contributions)  (c) (d) Type of contribution  Person   Payroll   Noncash   (Complete Part II for noncash contributions)  (c) (d) Type of contribution  Person   Payroll   Noncash   (Complete Part II for noncash contributions)  (c) (d) Type of contribution  Person   Payroll   Noncash   (Complete Part II for noncash contributions)  (c) (d) Type of contribution  Person   Payroll   Noncash   (Complete Part II for noncash contributions)  (c) (d) Type of contribution
		 \$	Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
			Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
		 \$	Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	, ,
:		<b>\$</b>	Payroll Noncash (Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
		<b> \$</b>	Payroll Noncash

Name of organization

Employer identification number

## PHELPS FAMILY FOUNDATION

84-4032465

Part II	Noncash Property (see instructions) Use duplicate copies of Pa	rt 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
-		—	
		s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		—	
-		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
_			
_   -		<b>s</b>	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Part I			
_			
_   _			

4032465								
ore than \$1,000 for the year								
how gift is held								
(e) Transfer of gift								
transferee								
how gift is held								
(e) Transfer of gift								
transferee								
how gift is held								
(e) Transfer of gift								
transferee								
how gift is held								
transferee								

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	1
NAME OF CONTRIBUTOR	ADDRESS		
MARY ANN PHELPS	1304 HIGH FOREST DR N		

TUSCALOOSA, AL 35406