8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB	No.	1545-0047
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For calendar year 2022, or fiscal year beginning

, 2022, and ending

, and ending ______ , 20

2022

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN

20-2041880

HEMPHILL FAMILY FOUNDATION

Name and title of officer or person subject to tax

NEIL HEMPHILL

METH UEWAUTHE

CHAIRMAN

Part I	Type of Return a	nd Return	Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more

undin Oi	10 11110 1	iii diti.			
1a	Form	990 check here		b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a	Form	990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	2b
За	Form	1120-POL check here		b Total tax (Form 1120-POL, line 22)	
4a	Form	990-PF check here	X	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b 214.
5a	Form	8868 check here		b Balance due (Form 8868, line 3c)	5b
6a	Form	990-T check here		b Total tax (Form 990-T, Part III, line 4)	
7a	Form	4720 check here		b Total tax (Form 4720, Part III, line 1)	7b
8a	Form	5227 check here		b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form	5330 check here		b Tax due (Form 5330, Part II, line 19)	9b
		8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	22.000	Declaration and S	ignatu	e Authorization of Officer or Person Subject to Tax	
Under	penaltie	s of perjury, I declare tha	at X I	am an officer of the above entity or I am a person subject to tax with res	nect to (name
of entit	y)			(F1) 13	e examined a conv of the

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN:	check	one	box	only	
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X	Lauthorize	T.RMC	PC
27	Lauthonze	TIDITIC,	

to enter my PIN

31028

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication ADVER'S COP ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

62234162234

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 0

05/31/23

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

202521 12-16-22

Form 990-PF Department of the Treasury Internal Revenue Service EXTENDED TO NOVEMBER 15, 2023

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.

For cale	ndar year 2022 or tax year beginning		, and ending	mation.	Open to Public Inspection
	f foundation		, and chang	A Employer identificati	
				A Employer identificati	on number
HEM	PHILL FAMILY FOUNDATION			20-204188	0
	and street (or P.O. box number if mail is not delivered to street a	address)	Room/suite	B Telephone number	0
420	88 N 108TH PLACE			615-507-1	790
City or t	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is	
	TTSDALE, AZ 85262	ootai oooo		o il exemption application is	s pending, check here
	all that apply: Initial return	Initial return of a	former public charity	D 1. Foreign organization	one cheek here
	Final return	Amended return	rormor poblic charty	1. Foreign organizatio	ons, check here
	Address change	Name change		2. Foreign organizations	meeting the 85% test, computation
H Check	type of organization: X Section 501(c)(3) ex				
	ection 4947(a)(1) nonexempt charitable trust		lation	E If private foundation s under section 507(b)	
		ng method: X Cash	Accrual		
		ther (specify)	7,00,00	F If the foundation is in	(1)(B), check here
\$	372,819. (Part I, colum	nn (d), must be on cash ba	sis.)	under section 307(b)	(1)(D), CHECK HEIE
Part I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	income	income	for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received			N/A	
2	Check X if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	11.	11.		STATEMENT 1
4	Dividends and interest from securities	13,330.	13,330.		STATEMENT 2
5a	Gross rents				
b	Net rental income or (loss)				
6a		5,189.			
Bevenue 7	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 50 , 715 .				
8 7	Capital gain net income (from Part IV, line 2)		5,189.		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold			Assurable No.	and the second s
C	Gross profit or (loss)				
11	Other income				
12	Total. Add lines 1 through 11	18,530.	18,530.		
13	Compensation of officers, directors, trustees, etc.	0.	0.		0.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
9 16a	Legal fees STMT 3	4 550			
b b	Accounting fees STMT 3	4,550.	0.		4,550.
	Other professional fees STMT 4	3,164.	3,164.		0.
.e 17	Interest				
trat 18	Taxes				
19	Depreciation and depletion				
E 20	Occupancy Travel, conferences, and meetings				
A 21					
22 23	Printing and publications Other expenses STMT 5	62.	0.		0.
23 24	Total operating and administrative	02.	0.		0.
Operating and 22 22 24	expenses. Add lines 13 through 23	7,776.	3,164.		4,550.
8 25	Contributions, gifts, grants paid	25,415.	3,104.		25,415.
20	Total expenses and disbursements.	23,113.			23,413.
20	Add lines 24 and 25	33,191.	3,164.		29,965.
27	Subtract line 26 from line 12:	35,131.	3,101.		25,505.
	Excess of revenue over expenses and disbursements	-14,661.			
	Net investment income (if negative, enter -0-)	11,001.	15,366.		
	Adjusted net income (if negative, enter -0-)		23,300.	N/A	
		Marine and the second s	A CONTRACT OF THE PARTY OF THE	/	

223501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	/ear
_	-	Colonia snodio de loi end-or-year amodais omy.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	6,483.	14,290.	14,290.
	2	Savings and temporary cash investments			
	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	Carlos Philips		TOM THE LEVEL OF
		Less: allowance for doubtful accounts			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
A	lua	Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 6	373,609.	349,630.	358,529.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment; basis			
		Less: accumulated depreciation			
	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	1.0710.01000 100.000.00		
_	_	instructions. Also, see page 1, item I)	380,092.	363,920.	372,819.
		Accounts payable and accrued expenses			
		Grants payable			
es		Deferred revenue			
Ħ		Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable	1 500		
_	22	Other liabilities (describeSTATEMENT_7_)	1,532.	21.	
		Tab. 12.1.222 (add East 47 through 00)	1 522	21	
_	23	Total liabilities (add lines 17 through 22)	1,532.	21.	
		Foundations that follow FASB ASC 958, check here			
Ses		and complete lines 24, 25, 29, and 30.			
and	24	Net assets without donor restrictions			
Ba	25	Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here			
or Fund Balances		and complete lines 26 through 30.			《诗学生》
Ę	26	Capital stock, trust principal, or current funds	0.	0.	
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
set	28	Retained earnings, accumulated income, endowment, or other funds	378,560.	363,899.	
Net Assets	29	Total net assets or fund balances	378,560.	363,899.	
Ne	-"	Total not about of fund balances	370,300.	303,033.	
	30	Total liabilities and net assets/fund balances	380,092.	363,920.	
Б	art			000/3500	
1		net assets or fund balances at beginning of year - Part II, column (a), line 2			
	(mus	st agree with end-of-year figure reported on prior year's return)			378,560.
	Enter	amount from Part I, line 27a		2	-14,661.
3	Other	r increases not included in line 2 (itemize)		3	0.
4	Add I	lines 1, 2, and 3			363,899.
		eases not included in line 2 (itemize)		5	0.
6	lotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 29	6	363,899.
					Form 990-PF (2022)

b CAPITAL GAINS DIVIDENDS c d e (e) Gross sales price (f) Depreciation allowed (or allowable) a 42,436. b 8,279. c d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any a -3,090. 5 (l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) -3,090. -3,090. -3,090. -3,090. -3,090. -3,090. -3,090. -3,090.	Part IV Capital Gains a	and Losses for Tax on Inv	estment Income					
CAPITAL GAINS DIVIDENDS				(b) How acc P - Purch D - Donat	quired (ease		
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/68, Column (c). Sees from col. (h), but not less than -0-) or experse of 12/31/69 (h) Adjusted basis as of 12/31/69 (h) Adjusted basis (h) Excess of col. (h) Cosses (from col. (h)) over col. (h), if any -3,090. 2 Capital gain net income or (net capital loss) (if gain, also enter in Part I, line 7 2 5,189. 3 Not short-term capital gain or (loss) as defined in sections 122/2(5) and (f): (l) gain as lose there in Part I, line 8 (h) Excess of col. (h)	1a CHARLES SCHWAB				F			
(e) Gross sales price (f) Depreciation allowed (or allowable) plus expense of sale ((e) plus (f) minus (g)) a	b CAPITAL GAINS I	DIVIDENDS						
(e) Gross sales price (f) Depreciation allowed (or alloweble) (g) Cost or other basis plus expense of sale (le) plus (f) minus (g)) a	С							
(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale plus expense of sale plus (f) minus (g)) a	d							
Corallowable Plus expense of sale ((e) plus (f) minus (g))	e							
B 8 279 C C C C C C C C C	(e) Gross sales price					(
S	a 42,436.		45	,526.			1	-3,090.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. Complete only for assets showing gain in column (h) and owned state of col. (h) pain minus and a sate on 12/31/69. Complete only for assets showing gain in column (h) and owned state on 12/31/69. Complete only for assets showing gain in column (h) and on 12/31/69. Complete only for assets showing gain and form col. (h) and for a set on 12/31/69. Complete only for assets showing gain and form col. (h) and for a set on 12/31/69. Complete only for assets showing gain and form col. (h) and for a set on 12/31/69. Complete only for assets showing gain and form col. (h) and for a set on 12/31/69. Complete only for assets showing gain and form col. (h) and for a set on 12/31/69. Complete only for an asset showing gain and form col. (h) and for a set on 12/31/69. Complete only for an asset	b 8,279.							8,279.
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(i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (ver col. (ji), if any over col. (ji), if any collection collection. (ji) and collection. (jii) any collection. (jii) any collection. (jiii) any collection. (jiiii) any collection. (jiiii) any collection. (jiiiii) any collection. (jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Complete only for assets showing	g gain in column (h) and owned by th	e foundation on 12/31/69	9.		(1) (Gains (Col. (h) gain	minus
8 , 279 . 6 6	(i) FMV as of 12/31/69					col. (k), but not less than	1-0-) or
8 , 279 . 6 6	a							-3.090.
d d d d d d d d d d d d d d d d d d d								8,279.
c Capital gain net income or (net capital loss) 2 Capital gain net income or (net capital loss) 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). See instructions. If (loss), enter -0 - in Part I, line 8 Part I, line 8 N/A Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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) 1 Date of ruling or determination letter: (attach copy of letter if necessary - see instructions) 1 Date of ruling or determination letter: (attach copy of letter if necessary - see instructions) 1 Date of ruling or determination letter: (attach copy of letter if necessary - see instructions) 1 Date of ruling or determination letter: (attach copy of letter if necessary - see instructions) 1 Date of ruling or determination letter:	C							- 7 - 7 - 7
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 If (loss), enter -0- in Part I, line 7 If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 N/A Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions) Ia 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) b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 6a 43. b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) 6b 0. d Backup withholding erroneously withheld 6c 0. d Backup withholding erroneously withheld 7 43. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than 7, enter amount ower SEE STATEMENT 8 9 171. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded								
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7								
Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 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:	3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	pital loss) { If (loss), enter -0- s) as defined in sections 1222(5) and	in Part I, line 7 I (6):)	2		NI/A	5,189.
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) b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) 1 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 2 0. 3 Add lines 1 and 2 3 214. 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 -0- 5 214. 6 Credits/Payments: 2 0. a 2022 estimated tax payments and 2021 overpayment credited to 2022 6a 43. b Exempt foreign organizations - tax withheld at source 6b 0. c Tax paid with application for extension of time to file (Form 8868) 6c 0. d Backup withholding erroneously withheld 6d 0. 7 Total credits and payments. Add lines 6a through 6d 7 43. 8 Enter any penalty for underpayment of estimated tax. Check here if form 2220 is attached 8 0. 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed SEE STATEMENT 8 9 171. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax	Part V Excise Tax Bas	ed on Investment Income	(Section 4940(a). 4940	(b), or	4948 - s	ee instruction	ns)
Date of ruling or determination letter:)		10)
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 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: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed SEE STATEMENT 8 9 1711. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded						tions	•	21/
enter 4% (0.04) of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 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: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed SEE STATEMENT 8 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded					e instruct	lions)		214.
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source C Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed SEE STATEMENT 8 9 171. Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded								
3 214. 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: a 2022 estimated tax payments and 2021 overpayment credited to 2022 6 a 43. b Exempt foreign organizations - tax withheld at source 6 b 0. c Tax paid with application for extension of time to file (Form 8868) 6 d 0. 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed SEE STATEMENT 8 9 1771. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded	2 Tay under section 511 (domesti	ic section 4047(a)(1) trusts and tayon	la foundations only othe	vo optor	0.1)		0
4 O. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) b Except withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed SEE STATEMENT 8 9 171. Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded								
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6 Credits/Payments: a 2022 estimated tax payments and 2021 overpayment credited to 2022	5 Tay based on investment incom	ne Suhtract line 4 from line 3 If zer	o or less, enter -0-	cis, cinci	-0-)			
a 2022 estimated tax payments and 2021 overpayment credited to 2022 b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed SEE STATEMENT 8 9 171. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded		iic. Oddi dot iiio 4 ii oiii iiiic o. ii 26ii	0 01 1633, 611161 -0				3	214.
b Exempt foreign organizations - tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed SEE STATEMENT 8 9 171. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded		nd 2021 overnovment credited to 202	2 62			13		
c Tax paid with application for extension of time to file (Form 8868) 6c 0. d Backup withholding erroneously withheld 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 2220 is attached 8 0. 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed SEE STATEMENT 8 9 1771. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded 11		, ,						
d Backup withholding erroneously withheld 6d 0. 7 Total credits and payments. Add lines 6a through 6d 7 43. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 0. 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed SEE STATEMENT 8 9 171. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded 11	• Tay naid with application for av	tancion of time to file (Form 9969)	00					
7 Total credits and payments. Add lines 6a through 6d 7 43. 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 0. 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed SEE STATEMENT 8 9 171. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded 11								
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed SEE STATEMENT 8 9 171. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded 11							-	12
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed SEE STATEMENT 8 9 171. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded 11	8 Enter any penalty for undernage	ment of estimated tay Check have	if Form 2220 is attac	chad				
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Inter the amount of line 10 to be: Credited to 2023 estimated tax 10 Inter the amount of line 10 to be: Credited to 2023 estimated tax					мемп	8		
11 Enter the amount of line 10 to be: Credited to 2023 estimated tax Refunded 11								1/1.
			no amount overpaid					
	11 Zinor the amount of fine 10 to 0	o. Ordined to 2020 estillated tax				neiuilded		000-DE (0000)

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
C	: Did the foundation file Form 1120-POL for this year?	1c		X
d	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	of "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	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	Х	
7		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	TN,AZ			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
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 WWW.HEMPHILL-FND.ORG			
14	The books are in care of HELEN HEMPHILL Telephone no. 615-50			
	Located at 42088 N 108TH PLACE, SCOTTSDALE, AZ ZIP+4 85	262	,	
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 2022, did the foundation have an interest in or a signature or other authority over a bank,		Yes	_
	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			
	Fr	rm 990)-PF	(2022)

Part VI-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.			Yes	No
1a During the	year, did the foundation (either directly or indirectly):				A Control
(1) Engag	e in the sale or exchange, or leasing of property with a disqualified person?		1a(1)		X
(2) Borro	v money from, lend money to, or otherwise extend credit to (or accept it from)				
a disq	ualified person?		1a(2)		X
(3) Furnis	h goods, services, or facilities to (or accept them from) a disqualified person?		1a(3)		X
(4) Pay co	empensation to, or pay or reimburse the expenses of, a disqualified person?		1a(4)		X
(5) Transf	er any income or assets to a disqualified person (or make any of either available				
for the	benefit or use of a disqualified person)?		1a(5)		X
(6) Agree	to pay money or property to a government official? (Exception. Check "No"				
if the	oundation agreed to make a grant to or to employ the official for a period after			1000	
termin	ation of government service, if terminating within 90 days.)		1a(6)		X
b If any ansv	ver is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	4941(d)-3 or in a current notice regarding disaster assistance? See instructions		1b		
c Organizatio	ns relying on a current notice regarding disaster assistance, check here				
d Did the fou	ndation 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 2022?		1d		X
2 Taxes on fa	silure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				
	section 4942(j)(3) or 4942(j)(5)):				
	of tax year 2022, did the foundation have any undistributed income (Part XII, lines				
6d and 6e)	for tax year(s) beginning before 2022?		2a		Х
If "Yes," lis	the years				
	ny years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect				
	f assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach				
statement	see instructions.)	N/A	2b		
c If the provi	sions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.				
<u> </u>	· ,				
	ndation hold more than a 2% direct or indirect interest in any business enterprise at any time				
during the			3a		X
	it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after				
	69; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dis	pose			
	acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,				
	to determine if the foundation had excess business holdings in 2022.)		3b		
	ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
	ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose t	hat		855	
had not be	en removed from jeopardy before the first day of the tax year beginning in 2022?		4b		X

Form 990-PF (2022) HEMPHILL FAMILY FOUNDATI	ON		20-2041	1880	. F	Page 6
Part VI-B Statements Regarding Activities for Which I	Form 4720 May Be Re	equired (continu	ued)	1000		ago C
5a During the year, did the foundation pay or incur any amount to:		· (continu			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?			5a(1)		X
(2) Influence the outcome of any specific public election (see section 4955);						
any voter registration drive?				5a(2)		X
(3) Provide a grant to an individual for travel, study, or other similar purpose:	s?			5a(3)		X
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section					
4945(d)(4)(A)? See instructions				5a(4)		X
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	or				
the prevention of cruelty to children or animals?				5a(5)		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur						
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check						
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption			NT / N			
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).			N/A	5d		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to						
				C-		X
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nerconal henefit contract?			6a 6b	\vdash	X
If "Yes" to 6b, file Form 8870.	personal benefit contract?			00		Λ
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?			7a		Х
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7 b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than a				70	001009	19-7-71
excess parachute payment(s) during the year?				8		X
Part VII Information About Officers, Directors, Trust	ees, Foundation Mar	nagers, Highly				
Paid Employees, and Contractors		0 , 0 ,				
1 List all officers, directors, trustees, and foundation managers and t	their compensation.					
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions employee benefit p and deterred	s to lans	(e) Exp	ense
(a) Name and address	to position	(If not paid, enter -0-)	and deterred compensation	d	allowar	nces
NEIL HEMPHILL	PRESIDENT					
42088 N 108TH PLACE						
SCOTTSDALE, AZ 85262	5.00	0.	(0.		0.
HELEN HEMPHILL	SECR/TREASURE	R				
42088 N 108TH PLACE				.		
SCOTTSDALE, AZ 85262	5.00	0.	(0.		0.
MARY L FRANCIS	DIRECTOR					
42088 N 108TH PLACE	1 00			.		
SCOTTSDALE, AZ 85262	1.00	0.	(0.		0.
	-					
	-					
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1) If none	enter "NONE "				
2 Compensation of the highest paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions	s to	(a) Eyn	ence
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions employee benefit p and deferred compensation	lans a	(e) Expo	other
NONE	devoted to position		compensation	_	allowar	ices
	-					
				+		
	1					
				_		
	-					
	-					
	-					
Total number of other employees paid over \$50,000						0

Form 990-PF (2022)

Total. Add lines 1 through 3

P	art IX Minimum Investment Return (All domestic foundations must co	mplete this part. Foreign fou	undations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., pur	poses:		
a			1a	378,792.
b	Average of monthly cash balances		1b	7,564.
C	Fair market value of all other assets (see instructions)		1c	
d	Total (add lines 1a, b, and c)		1d	386,356.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	386,356.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see	instructions)	4	5,795.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3		5	380,561.
6	Minimum investment return. Enter 5% (0.05) of line 5		6	19,028.
P	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5)	private operating foundations a	and certain	
	foreign organizations, check here and do not complete this part.)			
1	Minimum investment return from Part IX, line 6		1	19,028.
2 a		214.		
b	Income tax for 2022. (This does not include the tax from Part V.)			
C			2c	214.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	18,814.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	18,814.
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 XII, line 1		7	18,814.
P	art XI Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	(0),		1a	29,965.
b	Program-related investments - total from Part VIII-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., pu	rposes	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 XII, line 4		4	29,965.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X,				
line 7				18,814.
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2022:		0.		
a From 2017 24, 148.				
b From 2018 29,073.				
c From 2019 23,157.				
d From 2020 8,442.				
e From 2021 11,063.				
f Total of lines 3a through e	95,883.			
4 Qualifying distributions for 2022 from		A		
Part XI, line 4: \$ 29,965.				
a Applied to 2021, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2022 distributable amount				18,814.
e Remaining amount distributed out of corpus	11,151.			
Excess distributions carryover applied to 2022 (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 3f, 4c, and 4e. Subtract line 5	107,034.			
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 2021. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2023			(1) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	0.
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)	0.		20 E-0.00 St. 20 St. 20 H (0.00 L)	
8 Excess distributions carryover from 2017	24 140			
not applied on line 5 or line 7	24,148.			
9 Excess distributions carryover to 2023.	82,886.			
Subtract lines 7 and 8 from line 6a O Analysis of line 9:	02,000.			
a Excess from 2018 29,073.				
h Excess from 2019 23 157				
b Excess from 2019 23,157.				
b Excess from 2019 23,157. c Excess from 2020 8,442. d Excess from 2021 11,063.		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		

223581 12-06-22

Part XIII Private Operating Fo	oundations (see ins	structions and Part VI	-A, question 9)	N/A	741000 Page 10
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for					
b Check box to indicate whether the found				4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	o .e()/(o/ o	1
income from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total
investment return from Part IX for				,,,	(-)
each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI,					
line 4, for each year listed					
d Amounts included in line 2c not		i i			
used directly for active conduct of					
exempt activities					
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:	9				
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part IX, line 6, for each year listed					18
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					
Part XIV Supplementary Info	rmation (Complet	e this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during the				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who	•	han 2% of the total cont	ributions received by the	foundation before the clo	ce of any tay
year (but only if they have contributed m	ore than \$5,000). (See se	ection 507(d)(2).)	ribations roccived by the	Todifoditori before the cio	SC OI dily tax
SEE STATEMENT 11					
b List any managers of the foundation who	o own 10% or more of the	stock of a corporation	(or an equally large porti	on of the ownership of a n	artnership or
other entity) of which the foundation has	a 10% or greater interes	t.		or and ornioronip or a p	an and only of
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
				s not accept unsolicited re	equests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	tions under other condit	ions, complete items 2a,	b, c, and d.	4
a The name, address, and telephone numb	er or email address of the	e person to whom applic	cations should be addres	sed:	
		, , , , , , , , , , , , , , , , , , , ,			
b The form in which applications should b	e submitted and informati	on and materials they s	hould include:		
c Any submission deadlines;					
A Any restrictions of limitations of the	augh ag huti	Lauran abasitati da ta	Literate and the services		
d Any restrictions or limitations on awards	s, such as by geographica	i areas, charitable fields,	KINDS OF INSTITUTIONS, OF	otner factors:	

Supplementary information				Г
3 Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual,	Foundation	Durnage of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
ACLU	NONE	PUBLIC	TO FURTHER CHARITABLE	
125 BROAD STREET			ACTIVITIES	
NEW YORK, NY 10004		:	neilvilles	5,000.
Toldt, HI 10004				5,000.
AMERICANS UNITED	NONE	PUBLIC	TO FURTHER CHARITABLE	100
PO BOX 210005			ACTIVITIES	
NASHVILLE, TN 37221				2,000.
CENTER FOR FREE INQUIRY	NONE	PUBLIC	TO FURTHER CHARITABLE	
1012 14TH STEET, NW, SUITE 205	2000000		ACTIVITIES	
WASHINGTON, DC 20005				2,000.
millimotor, be 2000				2,000.
NCCP '				
NCSE	NONE	PUBLIC	TO FURTHER CHARITABLE	
1904 FRANKLIN STREET, SUITE 600			ACTIVITIES	
OAKLAND, CA 94612				2,000.
NEWBURYPORT ART ASSO ADULT ART	NONE	PUBLIC	TO FURTHER CHARITABLE	
ADVENTURE			ACTIVITIES	
65 WATER STREET				
NEWBURYPORT, MA 01950				1,500.
	TINUATION SHEE	T(S)	20	25,415.
	T	T	3a	25,415.
b Approved for future payment				
NONE				
NONE				
Total				0.
			-	orm 990-PF (2022)

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		by section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt function income	
	code		Code	7.110011	Turiotion modifie	
a						
b			+			
d						
e			$\overline{}$			
f			$\overline{}$			
g Fees and contracts from government agencies		1				
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14	11.		
4 Dividends and interest from securities			14	13,330.		
5 Net rental income or (loss) from real estate:						
a Debt-financed property						
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income			+			
8 Gain or (loss) from sales of assets other			+			
than inventory			18	5,189.		
9 Net income or (loss) from special events			1	5,255		
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:						
a^						
b						
C						
d						
e						
12 Subtotal. Add columns (b), (d), and (e)		C).	18,530.	0.	
13 Total. Add line 12, columns (b), (d), and (e)						
(See worksheet in line 13 instructions to verify calculations.)						
Part XV-B Relationship of Activities to	o the Accor	nplishment of E	xempt Pı	ırposes		

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).					
$\overline{}$						

Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations**

1					ig with any other organization	on described in secti	on 501(c)		Yes	No
					to political organizations?					
		from the reporting founda								
	(1) Cash	·						1a(1)		X
								1a(2)		X
_		nsactions:								
	(1) Sales	s of assets to a noncharital	ble exempt organizati	on				1b(1)		X
	(2) Purc	hases of assets from a nor	ncharitable exempt or	ganization				1b(2)		X
	(3) Renta	al of facilities, equipment,	or other assets					1b(3)		X
	(4) Reim	ibursement arrangements						1b(4)		X
	(5) Loan	s or Ioan guarantees						1b(5)		X
	(6) Perfo	ormance of services or me	mbership or fundrais	ing solicitatio	ns			1b(6)		X
C	Sharing o	of facilities, equipment, ma	iling lists, other asset	s, or paid em	ployees			1c		X
d	If the ans	wer to any of the above is	"Yes," complete the f	ollowing sche	dule. Column (b) should al	ways show the fair n	market value of the goods, ot	her asse	ets,	
	or service	es given by the reporting fo	oundation. If the foun	dation receive	ed less than fair market valu	ie in any transaction	or sharing arrangement, she	ow in		
		d) the value of the goods,								
(a)Li	ne no.	(b) Amount involved	(c) Name of		e exempt organization	(d) Description	of transfers, transactions, and sh	aring arra	ngemer	its
	_			N/A						
	_									
	_									
	_	,								
	-							-		
	_									
	-									
	\neg									
2a	Is the fou	ndation directly or indirect	tly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described				
					, , , , , , , , , , , , , , , , , , ,			Yes	X	No
b	If "Yes," c	omplete the following sch	edule.							
		(a) Name of org	anization		(b) Type of organization		(c) Description of relationsh	ip		
		N/A								
		#								
		,								
Cia					g accompanying schedules and n taxpayer) is based on all inform		has any knowledge May	the IRS d		
Sig	111	-	AND AMERICA	0.0.00	1		show	n with the n below?	See ins	
110			ARPAYER'S	CObA		CHAIRMAN	1 X	Yes		No
	Sigi	nature of officer or trustee		Dronossala	Date	Title	Charle 14 Print			
		Print/Type preparer's na	ime	Preparer's si	ignature	Date	Check if PTIN			
Pai	d	DEDECCY CHO	DWA KE			05 (21 (22	self- employed	c 0 0		
	parer	REBECCA SHO				05/31/23		600		
	e Only	Firm's name LBMC	, PC				Firm's EIN 62-119	9/5	/	
55	,	Firm's address P.O	BOY 196	<u> </u>						
			NTWOOD, T		4-1869		Dhana na /615\2	77	160	0
		I DKB	111NOOD, 11	V 3/02	± 1007		Phone no. (615)3	m 990		

223622 12-06-22

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

➤ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print HEMPHILL FAMILY FOUNDATION 20-2041880 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 42088 N 108TH PLACE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions SCOTTSDALE, AZ 85262 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 Return Return Application Application Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 Form 4720 (individual) Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 Form 990-T (corporation) 07 HELEN HEMPHILL The books are in the care of ► 42088 N 108TH PLACE - SCOTTSDALE, AZ 85262 Telephone No. ▶ 615-507-1790 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 🦳 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 293. any nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 43. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

223841 04-01-22

14060531 759456 331028

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

3 Grants and Contributions Paid During the Y				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NEWBURYPORT ART ASSOCIATION SCHOLARSHIP 55 WATER STREET NEWBURYPORT, MA 01950	NONE	PUBLIC	TO FURTHER CHARITABLE ACTIVITIES	2,00
PASCO PUBLIC SCHOOLS FOUNDATION PO BOX 1248 LAND O' LAKES, FL 34639	NONE	PUBLIC	TO FURTHER CHARITABLE	2,00
SA YOUTH LITERACY 1616 E COMMERCE ST BLDG 2 SAN ANTONIO, TX 78205	NONE	PUBLIC	TO FURTHER CHARITABLE ACTIVITIES	1,00
PUCSON BOOK FESTIVAL PO BOX 42466 PUCSON, AZ 85733	NONE	PUBLIC	TO FURTHER CHARITABLE	1,00
VERMONT COLLEGE FINE ARTS 36 COLLEGE ST " MONTPELIER, VT 05602	NONE	PUBLIC	TO FURTHER CHARITABLE ACTIVITIES	5,00
MASSACHUSETTS COLLEGE OF ART 521 HUNTINGTON AVENUE BOSTON, MA 02115	NONE	PUBLIC	TO FURTHER CHARITABLE ACTIVITIES	1,91
*				
Total from continuation sheets				12,91

FORM 990-PF INTH	EREST ON SAVI	NGS AND TEME	PORARY CASI	H INVESTMENTS	S STATEMENT 1
SOURCE		(A) REVEN PER BO	NE:	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB			11.	11.	
TOTAL TO PART I,	LINE 3		11.	11.	
			1		
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SI	ECURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENU S PER BOO		
CHARLES SCHWAB	21,609	8,279	9. 13,	330. 13,	330.
TO PART I, LINE	21,609	8,27	9. 13,	330. 13,	330.
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		
ACCOUNTING FEES	_	4,550.		0.	4,550.
TO FORM 990-PF,	PG 1, LN 16B	4,550.		0.	4,550.
	_				
FORM 990-PF	0	THER PROFES	SIONAL FEE	S	STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		
INVESTMENT FEES SCHWAB	- CHARLES	3,164.	3,1	64.	0.
TO FORM 990-PF,	PG 1, LN 16C	3,164.	3,1	64.	0.
	=				

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
MISCELLANEOUS EXPENSE	62.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	62.	0.		0.	

FORM 990-PF	CORPORATE STOCK		STATEMENT 6
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
SECURITIES - CHARLES SCHWAB		349,630.	358,529.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	349,630.	358,529.
FORM 990-PF	OTHER LIABILITIES		STATEMENT 7
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
AHS MEDICAL HOLDINGS LLC CONTRIBUTIONS AND GRANTS IN TAXES PAID IN TRANSIT	TRANSIT	21. 1,000. 511.	21. 0. 0.
TIMED THE IN THEFT			

FORM 990-PF	INTEREST AND PENALTIES	STATEMENT 8
TAX DUE FROM FORM 990-F LATE PAYMENT INTEREST LATE PAYMENT PENALTY		171. 1. 1.
TOTAL AMOUNT DUE		173.

FORM 990-PF LATE PAYMENT INTEREST STATES								
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST		
TAX DUE DATE FILED	05/15/23 06/01/23	171.	171. 172.	.0700	17	1.		
TOTAL LATE PAYMENT	INTEREST					1.		

FORM 990-PF	990-PF LATE PAYMENT PENALTY			STATEMENT 10	
DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE DATE FILED	05/15/23 06/01/23	171.	171. 171.	1	1.
TOTAL LATE PAYMENT PENALTY					1.

FORM 990-PF	PART XIV - LINE 1A	STATEMENT 11
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

NEIL HEMPHILL HELEN HEMPHILL