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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.
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calend	ar year 2016 or tax year beginning MAY	1, 2016	, and ending	APR 30, 2017	7
Name of fo	oundation			A Employer identificatio	n number
SHIIG	SART FAMILY FOUNDATION			56-2230054	1
	d street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	<u> </u>
4004	LONG MEADOW LANE	·		336-765-96	561
	wn, state or province, country, and ZIP or foreign p	ostal code	_ 	C If exemption application is	
	STON-SALEM, NC 27106			w examplion application is	periang, around a p
	all-that-apply: Initial return		ormer public charity	D 1. Foreign organization	s, check here
	Final return	Amended return	,		•
	Address change	Name change		Foreign organizations mechack here and attach contacts.	eeting the 85% test, omputation
H Check t	type of organization: X Section 501(c)(3) ex	cempt private foundation		E If private foundation st	
		Other taxable private founda	ation	under section 507(b)(1	
I Fair mark	ket value of all assets at end of year J Accounts	ng method: X Cash	Accrual	F If the foundation is in a	60-month termination
(from Pa	art II, col. (c), line 16)	ther (specify)		under section 507(b)(1	
\$	382,787. (Part I, colu	mn (d) must be on cash L	basis.)		
	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
P=1 (Contributions, gifts, grants, etc., received	125,500.		N/A	
3212	Check Inf the foundation is not required to attach Sch. B				
	Interest on savings and temporary cash investments	350.	350.		STATEMENT 1
6 4	Dividends and interest from securities	4,899.	4,899.		STATEMENT 2
- /	Gross rents				
SFP	Net rental income or (loss)				
l fig.	Net gain or (loss) from sale of assets not on line 10	<14,598.	>	RECEN	
- (일) b (Gross sales price for all assets on line 6a 62,806.				
7	Capital gain net income (from Part IV, line 2)		0.	8 AUG 3 1	2017 9
8 1	Net short-term capital gain			<u> </u>	SS SS
	Income modifications Gross sales less returns		: 	OGDEN,	UT _
တ္တြ 10a a	and allowances				
- 1 .	Less Cost of goods sold	 			
l	Gross profit or (loss)	<2,324.	> <2,324.		STATEMENT 3
' '	Other income Total. Add lines 1 through 11	113,827.	2,925.		SIAIEMENI 3
	Compensation of officers, directors, trustees, etc	0.	0.		0.
	Other employee salaries and wages				
	Pension plans, employee benefits				
9 16a L	Legal fees				
b A	Accounting fees STMT 4	4,100.	2,050.		2,050.
_ <u>X</u>	Other professional fees				
.9 17 ∣	Interest				
<u>ह</u> 18 1	Taxes STMT 5	159.	17.		0.
.≅ 19 [Depreciation and depletion				
E 20 €	Оссиралсу		· · · · · · · · · · · · · · · · · · ·		
ĕ 21 1	Travel, conferences, and meetings			<u> </u>	<u> </u>
ਛੂ 22 F	Printing and publications				<u> </u>
- (Other expenses STMT 6	2,394.	2,148.		246.
[24 1	Total operating and administrative	6 653	4 04 5		2 206
o a	expenses. Add lines 13 through 23	6,653.	4,215.	<u> </u>	2,296.
25	Contributions, gifts, grants paid	113,453.			113,453.
	Total expenses and disbursements. Add lines 24 and 25	120,106.	4,215.		115,749.
	Subtract line 26 from line 12:	120,100.	4,413.	 	113,143.
	Excess of revenue over expenses and disbursements	<6,279.	>		
1	Net investment income (if negative, enter -0-)	10,2,5	0.	 -	
i	Adjusted net income (if negative, enter -0-)			N/A	

P	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of ye	
<u> </u>	1	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	83,738.	161,986.	161,986.
	3	Accounts receivable -			
-		Less: allowance for doubtful accounts ▶			
	4_	Pledges receivable ►	1		
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶			
ţs	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 7	365,992.	281,465.	220,801.
	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	j		
		instructions. Also, see page 1, item I)	449,730.	443,451.	<u>382,787.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
혈	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
es		and complete lines 24 through 26 and lines 30 and 31.			
	l – ·	Unrestricted			
<u>a</u>	25	Temporarily restricted			
9	26	Permanently restricted			
Ē	}	Foundations that do not follow SFAS 117, check here		ì	
5		and complete lines 27 through 31.			
Net Assets or Fund Balanc	27	Capital stock, trust principal, or current funds	0.	0.	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
¥	29	Retained earnings, accumulated income, endowment, or other funds	449,730.	443,451.	
ž	30	Total net assets or fund balances	449,730.	443,451.	
	١		440 720	443 451	
_	31		449,730.	443,451.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	 RO		
		st agree with end-of-year figure reported on prior year's return)			449,730.
	•	r amount from Part I, line 27a		2	<6,279.>
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	443,451.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	443,451.
<u> </u>			V-10 - 12		Form 990-PF (2016)

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	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49		<u> </u>		ctio	age 4
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					<u>,</u>
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	İ				
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1				0.
	of Part I, line 27b					<u> </u>
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	1				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3				0.
_	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
	Credits/Payments:					
	2016 estimated tax payments and 2015 overpayment credited to 2016	į				
	Exempt foreign organizations - tax withheld at source	Ì				
	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d 6d					
	Total credits and payments. Add lines 6a through 6d	7			6	00.
	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 line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			6	00.
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	11				0.
	irt VII-A Statements Regarding Activities					
-	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	n			Yes	No
Id	any political campaign?	••	F	1a		
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)	?	t	1b		X
U	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published		 			<u> </u>
	distributed by the foundation in connection with the activities.	Ju 0,				
	Did the foundation file Form 1120-POL for this year?		į	1c		х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ŀ	-10_		
u	(1) On the foundation. \triangleright \$ 0 • (2) On foundation managers. \triangleright \$ 0 •		į			
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		i	ı		}
-	managers. > \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		l	2		х
-	If "Yes," attach a detailed description of the activities.		ľ		-	 -
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		}			
Ŭ	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		' [3		x
42	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		ľ	4a		X
	If "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.		j			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
-	By language in the governing instrument, or		ł			ļ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	į			İ
	remain in the governing instrument?		Ì	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		Ī	7	X	
-			Ī			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			1		1
	NC					
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)					1
-	of each state as required by General Instruction G? If "No," attach explanation		1	8b	X	<u>L_</u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ndar				
	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV		ĺ	9		<u>x</u> _
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
			Forr	n 99 ()-PF	(2016)

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LP:	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	1		
	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 ▶ GROVER F. SHUGART, JR. Telephone no. ▶ 336-76			
	Located at ► 221 JONESTOWN ROAD, WINSTON-SALEM, NC ZIP+4 ►2	7104		
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 2016, 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	<u> </u>		
P	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.	<u></u>	Yes	No
1:	a During the year did the foundation (either directly or indirectly):	1		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	ĺ	{	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	1		
	for the benefit or use of a disqualified person)?		1	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after	}	1	
	termination of government service, if terminating within 90 days.)		ļ	
1	b If any answer is "Yes" to 1a(1)-(6), did any 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)?	1b	 	
	Organizations relying on a current notice regarding disaster assistance check here	į		
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2016?	1c	├ ──	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	ł	ł	}
	defined in section 4942(j)(3) or 4942(j)(5)):	ļ	}	
	a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	İ	ļ	
	before 2016? Yes X No	İ	İ	
	If "Yes," list the years	}		
	h Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	امد		
	statement - see instructions.) N/A	2b	\vdash	
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		j	
	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3		-	1	
		1	ł	
	b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after			<u> </u>
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A	2h	1	1
	Form 4720, to determine if the foundation had excess business holdings in 2016.) N/A Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b	 	х
	b Did the foundation invest during the year any amount in a matther that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a	 	
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		x
		rm 99	0-PF	
			- •	_~ · · · /

orm 990-PF (2016) SHUGART FAMILY FOUNDATION			<u>56-223005</u>	• 4 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955);		ectly,		
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	s?		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization		_		! !
4945(d)(4)(A)? (see instructions)			s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational nurnoses, or f			1 1
the prevention of cruelty to children or animals?	, or outsumental purposses, or		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the excentions described i	_	.0	
section 53.4945 or in a current notice regarding disaster assistance (see instri		·-·	N/A 5	h
Organizations relying on a current notice regarding disaster assistance (see mism				
	<u>=</u>	and		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				1 1
expenditure responsibility for the grant?	•	[/A	es L No	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	<u></u>	[TE]	i i
a personal benefit contract?		Ye	es X No	.
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		<u> </u>	b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A 7	b
Part VIII Information About Officers, Directors, Trust	tees, Foundation Ma	nagers, Highl	y	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	,	(-) Componentian	(d) Cantabutans to	1.5
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GROVER F. SHUGART, JR.	DIRECTOR	citei 0-j	compensation	unowanoco
4004 LONG MEADOW LANE	DIRECTOR	j	ļ	
WINSTONSALEM, NC 27106	4.00	0.	0.	0.
	DIRECTOR	 	 	
KAY W. SHUGART	DIRECTOR			
4004 LONG MEADOW LANE	4 00	0.	0.	0.
WINSTONSALEM, NC 27106	4.00	· ·		
	-		1	
	4			
		<u> </u>		
	4		ĺ	
	_		}	
				
2 Compensation of five highest-paid employees (other than those in		enter "NUNE."	(d) Contributions to	(a) Evpanca
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	devoted to position	ļ.,	compensation	allowances
NONE			1	
		ļ		
	1		1	
]		}	
	<u> </u>			
		1		
			j	
Total number of other employees paid over \$50,000			_ ▶	0
			Form \$	990-PF (2016)
			•	

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
<u> </u>		
		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	>	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
	\dashv	
3		
-		
4		
	_	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
	-	
2	_	
	-	
All other program-related investments. See instructions.		
3		
	_	
Total. Add lines 1 through 3	>	0.
Towns and the second se		m 990-PF (2016)

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: <u>235,373.</u> a Average monthly fair market value of securities 1a 131,054. 1b Average of monthly cash balances c Fair market value of all other assets 1c 366,427. 1d d Total (add lines 1a, b, and c) e Reduction claimed for-blockage or other factors reported on lines_1a and 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 366,427 3 Subtract line 2 from line 1d 3 5,496. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 360,931. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 18,047. Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here
and do not complete this part.) 18,047. Minimum investment return from Part X, line 6 2a Tax on investment income for 2016 from Part VI, line 5 Income tax for 2016. (This does not include the tax from Part VI.) 2c Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 3 3 4 Recoveries of amounts treated as qualifying distributions 18,047. Add lines 3 and 4 5 5 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 115,749. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a 1b b Program-related investments - total from Part IX-B 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) 3ь 115,749. 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b Adjusted qualifying distributions. Subtract line 5 from line 4 Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form **990-PF** (2016)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	•			10 047
line 7				18,047.
2 Undistributed income, if any, as of the end of 2016			0	
a Enter amount for 2015 only			- 0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:		<u> </u>		
a From 2011 230, 925.				
b From 2012 154,952.				
c From 2013 137,358.				
dFrom 2014 121,843.				
e From 2015 122, 183.				
f Total of lines 3a through e	767,261.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ▶\$ 115,749.				
a Applied to 2015, 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 2016 distributable amount	<u></u>			18,047.
e Remaining amount distributed out of corpus	97,702.			
5 Excess distributions carryover applied to 2018	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	864,963.			
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 2015. Subtract line			1	
4a from line 2a. Taxable amount - see instr.		<u> </u>	0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2017				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.			ļ
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	<u>230,925.</u>			ļ
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	634,038.		<u> </u>	
10 Analysis of line 9:				
a Excess from 2012 154,952.				
b Excess from 2013 137,358.				
c Excess from 2014 121,843.				
d Excess from 2015 122, 183.				
e Excess from 2016 97,702.			<u></u>	<u> </u>

	FAMILY FOU				230054 Page
Part XIV Private Operating Fo	undations (see in	nstructions and Part V	I-A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter tha	at it is a private operating			
foundation, and the ruling is effective for			▶ <u></u>		
b Check box to indicate whether the founda	tion is a private operat	ing foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		J <u>-</u>
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for		}			
each year listed	<u> </u>				<u> </u>
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		ļ			
d Amounts included in line 2c not					
used directly for active conduct of			1		1
exempt activities					
e Qualifying distributions made directly		1			
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the		ļ		 	
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:			1		1
(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 X, line 6 for each year listed				le	
c "Support" alternative test - enter:			T		
(1) Total support other than gross					1
investment income (interest, dividends, rents, payments on					
securities loans (section				Ì	
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)				 	ļ
(3) Largest amount of support from				}	
an exempt organization	<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>
(4) Gross investment income				1.4-222	
Part XV Supplementary Infor at any time during the			if the foundation	n had \$5,000 or m	iore in assets
1 Information Regarding Foundation	•				
a List any managers of the foundation who year (but only if they have contributed me			tributions received by th	e toundation before the ci	ose of any tax
GROVER F. SHUGART, JI					
 b List any managers of the foundation who other entity) of which the foundation has 			(or an equally large port	ion of the ownership of a	partnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation or				not accept unsolicited rec	uests for funds. If
the foundation makes gifts, grants, etc. (
${\bf a}$ The name, address, and telephone numb ${\bf N/A}$	er or e-mail address of	the person to whom app	lications should be addre	essed:	
b The form in which applications should be	submitted and inform	ation and materials they s	should include:		
N/A c Any submission deadlines:				····	
N/A d Any restrictions or limitations on awards,	auch ac hu accare-tu	nal areas, phorebble fields	kinds of institutions	other factors:	
n Any restrictions or limitations on awards, N/A	, such as by geographi	oai areas, cridinadie neius	, หแนง บา แเงแนนบนร, 01	च्यादा विद्यागड.	

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year 20/20/20 750. ABANDONED CHILDREN'S FUND 750. ALS ASSOC. 500. ALZHEIMERS DISEASE RESEARCH 500. AMERICAN BIBLE SOCIETY 600. SEE CONTINUATION SHEET(S) **▶** 3a 113 453. Total b Approved for future payment NONE **▶** 3b Total

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income		section 512, 513, or 514	(e)
-	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	
a	ł				
,	 				
<u> </u>			- - - 		
d	 		- - 		
	·} 				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					<u></u>
investments			14	350.	
4 Dividends and interest from securities			14	4,899.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property		<u> </u>			
b Not debt-financed property					
6 Net rental income or (loss) from personal	1 1			1	
property					
7 Other investment income	-		01	<u> <2,324.></u>	
8 Gain or (loss) from sales of assets other than inventory			18	<14,598.>	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c	ļ	··			
d	 				
e				11 682	
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>		0.	<11,673.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	<11,673.
(See worksheet in line 13 instructions to verify calculations.)	-				
Part XVI-B Relationship of Activities t	o the Acco	mplishment o	f Exempt Pu	urposes	

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

SHUGART FAMILY FOUNDATION 56-2230054 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: 1a(1) (1) Cash 1a(2) (2) Other assets Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) -(2)-Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 15(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) 1b(6) (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A

						
Sign		penalties of penalty, I declare that I have examined the clief, it is true, correct, and complete peclaration of en				May the IRS discuss this return with the preparer shown below (see instr)?
Here	Sign	ature of officer or trustee	3-24 Date	1-17 Pro	sident	X Yes N
		Print/Type preparer's name	Preparer's signature	Date	Check If	PTIN
					self- employed	
Paid		GEORGE H. KNOSTMAN	Gent. Kat	7, 8-3-17		P00235890
Prepa Use C		Firm's name ► SHARRARD MCG	EE & COMPANY,	P.A.		5-1146197
		Firm's address ▶ PO BOX 1043	9			
		GREENSBORO,	NC 27404		Phone no. 336	5-272-9777

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

SHUGART FAMILY FOUNDATION

Employer identification number

	SHUGART FAMILY FOUNDATION	56-2230054				
Organization type (check	cone):					
Filers of:	Section:	· · - ·				
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt chantable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or						
Special Rules	iny one contributor. Complete Parts I and II. See instructions for determining a contribu	tor 5 total communions.				
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the am EZ, line 1 Complete Parts I and II.	6a, or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
but it must answer "No"	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule I on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on it et 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) (2016)

Name of annual all

Name of organization

Employer identification number

SHUGART	FAMILY	FOUNDATION
---------	--------	------------

Part I	Contributors (See instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SHUGART MANAGEMENT, INC		Person X Payroll
	221 JONESTOWN ROAD WINSTON SALEM, NC 27104	\$125,500.	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Employer identification number

SHUGART FAMILY FOUNDATION

Part II	Noncash Property (See instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) _Date received
		- \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

ne of organ	Form 990, 990-EZ, or 990-PF) (2016) nization		Employer identification number
<u>IUGAR''</u> art III	FAMILY FOUNDATION Exclusively religious charitable etc., con	tributions to organizations described in se	56-2230054 ection 501(c)(7), (8), or (10) that total more than \$1,000
ai t III	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	columns (a) through (e) and the following	line entry. For organizations
	Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or less final space is needed.	or the year (Enterthis line once)
) No. rom	(b) Purpose of gift	(a) Hop of sift	(d) Description of how sift is held
art I	(b) Ful pose of gift	(c) Use of gift	(d) Description of how gift is held
-			-
		(e) Transfer of gift	
Ì	Transferee's name, address, a	and ZID + 4	Relationship of transferor to transferee
	Transieree 3 name, adaress, t	MIG EN TY	relationship of dansleror to dansleree
-			
-			
) No.			
rom Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-			-
-			
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
	Transferee's name, address, a		Relationship of transferor to transferee
-	Transferee's name, address, a		Relationship of transferor to transferee
- -	Transferee's name, address, a		Relationship of transferor to transferee
) No.	Transferee's name, address, a		Relationship of transferor to transferee (d) Description of how gift is held
rom		and ZIP + 4	
rom		and ZIP + 4	
rom		and ZIP + 4	
rom		and ZIP + 4	
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
rom		(c) Use of gift (e) Transfer of gift	
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
rom	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
om art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
om art I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
rom	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
rom art I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
rom art I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee
rom art I	(b) Purpose of gift Transferee's name, address, a	(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held Relationship of transferor to transferee

	sses for lax on investment income		(B) 11	<u> </u>	
(a) List and 2-story br	describe the kind(s) of property so ick warehouse; or common stock, 2	ld, e.g., real estate, 200 shs. MLC Co.	(b) How acquire P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a REALTY INCOME (CORP C - 7561091	04 - 500.000 SHS	P	09/09/13	08/03/16
b BANK AMERICA CO					11/30/16
c BANK AMERICA CO		0505104 - 1000.000		10/21/10	11/30/16
d LINN ENERGY LLO				05/08/13	03/15/17
e FROM ENERGY TR			P	VARIOUS	12/31/16
f					
g					
-h					
1					
1					
k					
<u> </u>				<u> </u>	
m					
n					
0				1	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(e)	h) Gain or (loss) plus (f) minus (g)	
a 34,722.		19,146.			15,576.
6,186.		12,120.			<5,934.
20,618.		11,514.			9,104.
d		34,624.			<34,624.
1,280.					1,280.
f					
g	<u> </u>				
n					
<u> </u>					
L					
k					
1		<u> </u>			
n				 	
n					
0		1 40/04/00			
Complete only for assets showing	ng gain in column (h) and owned by			osses (from col. (h)) of col. (h) gain ove	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		not less than "-0-")	
a					<u> 15,576.</u>
b					<5,934.
c					9,104.
d					<34,624.
e					1,280.
<u> </u>					
9		 			
<u>h</u>		 			
<u> </u>		 			
 		 			
<u>k</u>		 	 		-
<u> </u>	 	 			
<u>n</u>		 		 _	
<u>n</u>		 			
0	<u> </u>	 			
Capital gain net income or (net ca	If gain, also ente	er in Part I, line 7 -0-* in Part I, line 7			<14,598.
		, I	2		~14,JJO.
	ss) as defined in sections 1222(5) a	ind (6):			
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8		r (2	N/A	
in those, which to the fact, the C	,	<i>J</i> 1	3 1	74 / 57	

Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTIDUCION	
MERICAN CANCER SOCIETY	-			
ENICH CANCER SOCIETI				5!
······································				= -
MERICAN CIVIL RIGHTS UNION		{		
ERICAN DIABETES ASSOC				
				5
		ł		
MERICAN FEDERATION OF POLICE				
				4
ERICAN HEART ASSOC.				ı
· · · · · · · · · · · · · · · · · · ·				1,1
MERICAN INDIAN COLLEGE FUND				ļ ļ
				1
MERICAN INST FOR CANCER RESEARCH				
				2
MERICAN KIDNEY FUND				
			<u> </u>	5
MERICAN LEPROSY MISSIONS				
				9
MERICAN LUNG ASSOCIATION		!		
Total from continuation sheets				5 110_3

SHUGART FAMILY FOUNDATION

Part XV Supplementary Information

3 Grants and Contributions Paid During the	rear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
MERICAN PARKINSON DISEASE		-		
SSOCIATION				300
MERICARES				100
RTHRITIS FOUNDATION				
TIGHT TOWNS TOWN TOWN			<u> </u>	2
			i	
APTIST MIDMISSIONS				25
E THE MATCH FOUNDATION				25
ELIEVER'S BAPTIST CHURCH				
				_6,00
IBLE LEAGUE INTERNATIONAL				16
ILLY GRAHAM EVANGELISTIC ASSOC.				
				1,50
OYS TOWN		:		75
				<u> </u>
URN RESCUE				
Total from continuation sheets				50

3 Grants and Contributions Paid During the				<u> </u>
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
AMPUS CRUSADE FOR CHRIST				
				2,400
				
CARE				}
A				500
CATHOLIC RELIEF SERVICES				55
			 	33
				1
CHARLES & JENNY BRETT	}			
				250
CHILDREN CENTER FOR PHYSICALLY DISABLED				800
		:		
CHILDREN INTERNATIONAL				
				550
				1
CHILDREN'S CANCER RESEARCH FUND				
				200
)
CHILDREN'S HOPE ALLIANCE				500
CHRISTIAN APPALACHIAN PROJECT				
			<u> </u>	1,000
CURTOMINA IN DRIVING OF TODAY				}
CHRISTIANS IN DEFENSE OF ISRAEL				950
Total from continuation sheets		·		L

SHUGART FAMILY FOUNDATION
Supplementary Information

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ar (Continuation)			
. Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	- Control Salon	
CLEMMONS FOOD PANTRY	_	_		
				1,000.
COALITION TO SALUTE AMERICA'S HEROES				
				_200.
COMMUNITY CARE CENTER				800.
CONGRESSIONAL PRAYER CAUCUS				750.
COVENANT HOUSE				
				500.
CREATED EQUAL				_250.
CRISIS CONTROL MINISTRY - WS				1,000.
CRISIS MINISTRY OF DAVIDSON CO				
				500,
CRU				1,583.
CYSTIC FIBROSIS FOUNDATION				1,500.
Total from continuation sheets				<u> </u>

3 Grants and Contributions Paid During the	If recipient is an industrial			
. Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	00/10/100/10/10	
AVIDSON CO DEPT SENIOR SERVICES		-		
				50
AVIE PREGANCY CARE CENTER				
	-			25
ISABLED AMERICAN VETERANS				
				50
OCTORS WITHOUT BORDERS				
	-			2.00
DVNF				10
MASTER SEALS				25
MMANUEL BAPTIST CHURCH				1.50
PILEPSY FOUNDATION				2!
PAITH & FREEDOM				
ALIN & PREBOOM				25
AITH BAPTIST CHURCH				ļ!
Total from continuation sheets				6,00

3 Grants and Contributions Paid During the Yea	ar (Continuation)			
. Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		7,51100111
EED BY SEED	-			
				50
EED THE CHILDREN				
				1.75
PEEDING NORTH AMERICA'S HUNGRY				5
HILDREN				
FIRST PENTECOSTAL HOLINESS CHURCH				2,00
PIRSTSTEP				50
FOOD FOR THE POOR INC				93
OR YOU CHRIST MINISTRIES				20
ORSYTH FRIENDS MEETING				. 50
ORSYTH JAIL & PRISON MINISTRY				
				1,50
PREEDOM ALLIANCE				
Total from continuation sheets	L			30

SHUGART FAMILY FOUNDATION

Part XV | Supplementary Information

3 Grants and Contributions Paid During the Y	ear (Continuation)			
. Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
OD'S WORD TO THE NATIONS MISSION		!		250
OCIETY				
REENSBORO URBAN MINISTRIES				
				650
EBREW COLONY				1,000
ELP 4 KIDS				50
HELP HOSPITALIZED VETERANS				
				10
HELP OUR WOUNDED				
				10
HIS LABORING FEW MINISTRIES				
TO MEDICAL TEN MINISTRALE				35
HOSPICE & PALLIATIVE CENTER				50
INTERNATIONAL CAMPUS MINISTRIES OF TRIAD				15
INTERNATIONAL CHRISTIAN EMBASSY JERUSALEM				65
Total from continuation sheets				ļ

SHUGART FAMILY FOUNDATION

Part XV | Supplementary Information

3 Grants and Contributions Paid During the Ye	ear (Continuation)		 	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
NTERNATIONAL FELLOWSHIP CHRISTIANS &				
IEWS				65
DDRF WALK TO CURE DIABETES				50
KELLER WILLIAMS				
				10
KENNETH CATES MISSIONARY COMMITTEE				25
KINSHIP UNITED				
				25
				;
LIBERTY BAPTIST CHURCH				2,00
LIBERTY COUNSEL				85
r thenmy ber tee				
LIBERTY RELIEF				25
LIFE OUTREACH				32
MACEDONIA BAPTIST CHURCH				
MCDDONIA DATIISI CHUNCH		Ì		50

SHUGART FAMILY FOUNDATION

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient MACULAR DEGENERATION RESEARCH 150. MARCH OF DIMES 500. MEADOWVIEW BAPTIST CHURCH 6,000. MEMORIAL SLOAN KETTERING CANCER 500. CENTER MENTAL HEALTH OF WINSTON SALEM 750, MERCY CORPS 500. MERCY HOMES FOR BOYS AND GIRLS 850. MERCY SHIPS 75<u>0</u>. METROPOLITAN COMMUNITY CHURCH OF WS 250. MUSCULAR DYSTROPHY ASSOCIATION 700. Total from continuation sheets

	SHUGART	FAMILY	FOUNDATION
Part XV	Supplementary Information		

Grants and Contributions Paid During the Ye				
. Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome of business)	or substantial contributor	recipient		
ATIONAL ASSOCATION OF BLIND VETERANS			.	
	2			250
ATIONAL CANCER RESEARCH CENTER				
				350
NATIONAL MULTIPLE SCLEROSIS SOCIETY				500
				300
IEW HOPE RANCH				500
IEW STORY CHURCH				
				500
ON WINGS LIKE A DOVE				2,500
PARALYZED VETERANS OF AMERICA				100
PIEDMONT INTERNATIONAL UNIVERSITY				
				1,500
PINEY GROVE BAPTIST CHURCH				250
PRAY IN JESUS' NAME MINISTRIES				850

3 Grants and Contributions Paid During the				
. Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Hame and address (nome of business)	or substantial contributor	recipient		
PROJECT HOPE _				
				3
				,
EDEEMER PRESBYTERIAN CHURCH				
EDEEMER FRESDITERIAN CHURCH				5
OOM AT THE INN OF THE TRIAD				5
SAMARITAN MINISTRIES				
				1,2
SAVE JERUSALEM				
				6
SECOND HARVEST FOOD BANK				
				2,0
EDGEFIELD PRESBYTERIAN CHURCH				
EDGEFIEDD FRESDITERIAN CHURCH				4
				in
ENIOR SERVICES MEALS ON WHEELS				1.0
ERVING GODS SERVANTS				
				2,0
COLUS CHRISTUS				
Total from continuation sheets				2

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y				
. Recipient	If recipient is an individual, show any relationship to	Foundation	Durness of great or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
OS CHILDREN'S VILLAGES				
OS CHIBRIN S VIBROUS				10
T JUDE CHILDREN HOSPITAL				
				1,0
TEWARDS CHAPEL AFRICAN METHODIST				2
HURCH				
SUSAN G KOMEN				5
PARGET ISRAEL				7
THE CENTERS FOR EXCEPTIONAL CHILDREN				
		-		2
THE FOUNDATION OF FORSYTH TECH				
				2.0
THE FRIENDS OF ISRAEL				5
				,
THE GIDEONS INTERNATIONAL				2
THE HERITAGE FOUNDATION				3
Total from continuation sheets				<u> </u>

Part XV Supplementary Information	FAMILY FOUNDAT:	LOH		30054
3 Grants and Contributions Paid During the				<u> </u>
Desiront	If recipient is an individual			
· Necipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager	status of recipient	contribution	Amount
	or substantial contributor	Todiploin		
THE LEUKEMIA & LYMPHOMA SOCIETY	_			
				50
THE SALVATION ARMY				
				2,00
THE SHEPHERD CENTER OF KERNERSVILLE				1,00
THE SMILE TRAIN				50
THE WORKSHOP OF DAVIDSON				50
TRINITY CENTER			i	50
TURNING POINT				1,25
UNITED AMERICAN PATRIOTS				10
UNITED STATES DEPUTY SHERIFF'S ASSN				10
				10
UPPER ROOM MINISTRIES				
		j	}	5

SHUGART FAMILY FOUNDATION

Part XV | Supplementary Information

3 Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	Contribution	7,11100111
77.				
JSA FOR UNHCR			-	25
V-S PROF. FIREFIGHTERS				75
VARRIORS FOR WELLS				50
WESTERN TRIAD FCA				6,00
WHITE ROAD BAPTIST CHURCH				25
WINSTON-SALEM RESCUE MISSION				2,31:
WOUNDED WARRIOR PROJECT				500
				!
,				
YCLIFFE BIBLE TRANSLATORS				500
				300
			•	
Total from continuation sheets				

4 4.5 9

FORM .990-PF INTERE	ST ON SAVING	S AND T	EMPOR	ARY	CASH	IN	VESTMENTS	S'	TATEMENT	1
SOURCE			(A) VENUE BOOK		NET	IN	(B) VESTMENT COME		(C) ADJUSTED NET INCOME	1 1
INTEREST INTEREST FROM ENERG	Y TRANSFER	- <u></u> =		17.			17.			
PARTNERS, L.P.K-1 INTEREST FROM LINN K-1				99 . 34.		, ,	299. 34.			
TOTAL TO PART I, LI	NE 3		3	50.			350.			
FORM 990-PF	DIVIDENDS	AND INT	EREST	FRC	M SEC	CUR.	ITIES	S'	TATEMENT	2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	S	RE	(A) EVENUE BOOF		(B) NET INVES MENT INCO	T -	(C) ADJUSTE NET INCO	
DIVIDENDS DIVIDENDS FROM ENERGY TRANSFER	4,658.		0.		4,65	58.	4,65	8.		
PARTERS, L.P. K-1	241.		0.		24	41.	24	1.		
TO PART I, LINE 4	4,899.		0.		4,89	99.	4,89	9.		==
FORM 990-PF		OTHER	INCO	ME				S'.	PATEMENT	3
DESCRIPTION			RE	(A) VENU BOO		N	(B) ET INVEST- ENT INCOME		(C) ADJUSTED NET INCOM	
ROYALTIES ORDINARY LOSS SECTION 1231 LOSS				<2	3. ,176. <151.	 · ·>	3 <2,176 <151	 ·>		
TOTAL TO FORM 990-P	F, PART I, L	INE 11		<2	,324.	- — ·>	<2,324	•>		

FORM .990-PF	ACCOUNTI	NG FEES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
SHARRARD MCGEE & CO	4,100.	2,050.		2,05	0.
TO FORM 990-PF, PG 1, LN 16B =	4,100.	2,050.		2,05	0.
FORM 990-PF	TAX	ES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
FOREIGN TAX TAXES	17. 142.	17.			0.
TO FORM 990-PF, PG 1, LN 18	159.	17.			0.
TO FORM 990-PF, PG 1, LN 18 =	159. OTHER E			STATEMENT	0.
-			(C) ADJUSTED NET INCOM	STATEMENT (D) CHARITAB	6 LE
FORM 990-PF	OTHER EXPENSES	XPENSES (B) NET INVEST-	ADJUSTED	STATEMENT (D) CHARITAB E PURPOSE	6 LE S
FORM 990-PF DESCRIPTION ADVISORY FEES	(A) EXPENSES PER BOOKS 1,621.	(B) NET INVEST- MENT INCOME 1,621.	ADJUSTED	STATEMENT (D) CHARITAB E PURPOSE	6 SLE
FORM 990-PF DESCRIPTION ADVISORY FEES OTHER EXPENSES	(A) EXPENSES PER BOOKS 1,621. 773.	(B) NET INVEST- MENT INCOME 1,621. 527. 2,148.	ADJUSTED	STATEMENT (D) CHARITAB E PURPOSE	6 SLE SS 0.
FORM 990-PF DESCRIPTION ADVISORY FEES OTHER EXPENSES TO FORM 990-PF, PG 1, LN 23	OTHER E. (A) EXPENSES PER BOOKS 1,621. 773. 2,394.	(B) NET INVEST- MENT INCOME 1,621. 527. 2,148.	ADJUSTED	STATEMENT (D) CHARITAB E PURPOSE 24	6 8LE 8S 0.6.6.
FORM 990-PF DESCRIPTION ADVISORY FEES OTHER EXPENSES TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	OTHER E. (A) EXPENSES PER BOOKS 1,621. 773. 2,394.	(B) NET INVEST- MENT INCOME 1,621. 527. 2,148.	ADJUSTED NET INCOM	STATEMENT (D) CHARITAB E PURPOSE 24 24 STATEMENT FAIR MARKET	6 SLE SS 0.6.