Return of Private Foundation

OMB No 1545-0052

,		,án-Li			ted as Private Founda		2017
		ent of the Treasury Revenue Service			n this form as it may be m uctions and the latest inf		pen to Public Inspection
_			or tax year beginning		, 2017, and endi	ng	, 20
		of foundation	vv			A Employer identi	fication number
_			Charitable Foun			56-2279	
νū	mbe	r and street (or P O	box number if mail is not delivered	to street address)	Room/suite	B Telephone num	per (see instructions)
_		Executive				704-633	-8250
Cit	y or	town, state or province	ce, country, and ZIP or foreign pos	ital code			<u> </u>
						C If exemption applied pending, check here	cation is
		sbury, NC	28147				
; (Che	ck all that apply	Initial return		of a former public char]	
			Final return	Amended ret		2 Foreign organiz 85% test, check	ations meeting the here and attach
			Address change	Name change			▶ ∟
(_	ck type of organi		c)(3) exempt private f		E If private foundati	on status was terminated
_			nonexempt charitable trust	Other taxable pr		under section 507	b)(1)(A), check here . >
		····-	1 —		ash X Accrual		s in a 60-month termination
		of year (from Pa		ther (specify)		under section 507(b)(1)(B) check here . >
		▶ \$		column (d) must be on ca	sh basis)		(d) Dishursement
ł	lii		venue and Expenses (The in columns (b), (c), and (d)	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		may not necessa	rily equal the amounts in	expenses per books	income	income	purposes
Ţ		column (a) (see ir	nstructions))		* , ,	v 30 ; /	(cash basis only)
			its, etc received (attach schedule) . e foundation is not required to	1,176,202		** /	* * * * * * * * * * * * * * * * * * * *
	2		e foundation is not required to ch Sch B	* * * * * * * * * * * * * * * * * * * *	À	· * *	x
1	3		nd temporary cash investments.	438			14
	4	Dividends and inte	erest from securities	· 			***
	5a	Gross rents		* / 4		**	
	b	Net rental income or	(loss)	* '*	* * *		ļ
			m sale of assets not on line 10		* * * * * * * * * * * * * * * * * * * *	* * * *	1
	b	Gross sales price for assets on line 6a	all	* * /	* ', * ',	· <u>·</u>	****
	7	Capital gain net in	come (from Part IV, line 2) .	<u> </u>	0	······································	<u> </u>
1	8	Net short-term ca	pital gain		* '	0	
			ons	**	** · * * * * * * * * * * * * * * * * *	× × × × × × × × × × × × × × × × × × ×	***
1		Gross sales less retur and allowances		* *		*;	
	b	Less Cost of goods s	old .	*	* * * * * * * * * * * * * * * * * * * *	*	× × ×
			s) (attach schedule)		* 4		· · · · · · · · · · · · · · · · · · ·
1			ach schedule)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1			through 11	1,176,640	0	0	
1			cers, directors, trustees, etc				CEIVED
7		• •	alaries and wages				HUE Y
1	5	•	ployee benefits			11	1 1 ~
1			schedule)			<u> </u>	AUG 0 B 2018 /3
	b	Accounting fees (attach schedule)			11 = 4 1	
	С	Other professiona	I fees (attach schedule)	77,757			OGDEN, UT
1	7	Interest					JOULIN
1	8	Taxes (attach sche	edule) (see instructions)				
1	9	Depreciation (atta	ch schedule) and depletion.				, , ,
2	0	Occupancy					
2	1	Travel, conference	es, and meetings				ļ
2	2	Printing and publi	cations				<u> </u>
2	3	Other expenses (a	ittach schedule)	62,042			
2	4	Total operating a	nd administrative expenses.				
		Add lines 13 throu	ıgh 23	139,799	0	0	0
2	5		s, grants paid	830,600			<u> </u>
	6	•	bursements Add lines 24 and 25	970,399	0	C	0
+-	.7	Subtract line 26 fi					
			expenses and disbursements	206,241			
	b	Net investment in	come (if negative, enter -0-)		0		
			me (if negative, enter -0-).				

SCANNED SEP 2 0 2018

Part II		Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year		
_	are ii	- Dalance, Officets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bear	ıng	65,724	271,659	271,659		
	2	Savings and temporary	cash investments					
	3	Accounts receivable >						
			btful accounts ▶		0			
		Pledges receivable ▶		,	m ranne de	*** * * * * * * *		
		Less allowance for dou	btful accounts ▶		0			
	l		officers, directors, trustees, and other					
			tach schedule) (see instructions)					
			receivable (attach schedule)	^ -	v = += h	^		
ι0		Less allowance for dou	btful accounts ►		0			
ssets	8		se					
ISS			eferred charges		00.050	22.25		
4	l		e government obligations (attach schedule).		22,359	22,359		
			e stock (attach schedule)					
	11 C	Investments - corporate Investments - land, building:	e bonds (attach schedule)			<u> </u>		
		and equipment basis Less accumulated deprecia	· /	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		Av		
		(attach schedule)			0			
	12 13	Investments - mortgage	loans					
	14	Land, buildings, and	ach schedule)	** , * *	***	* *		
		equipment basis Less accumulated deprecia	ation	ž	0	* * * *		
		(attach schedule) Other assets (describe ▶						
		•	completed by all filers - see the					
		-	age 1, item I)	87.777	294,018	294 018		
_			accrued expenses		231,010	294,018		
		· •	· · · · · · · · · · · · · · · · · · ·					
S								
itie	20		ors, trustees, and other disqualified persons.			*, ` `		
Liabilities	21		otes payable (attach schedule)			, ,		
Ë	22		→)			* * * *		
		,				× × × ×		
	23	Total liabilities (add line	es 17 through 22)	0	0			
		Foundations that follow	w SFAS 117, check here 🕨 🗴					
Ses		and complete lines 24	through 26, and lines 30 and 31.			* ,		
än	24	Unrestricted		87 , 777	294,018	***		
3al	25	Temporarily restricted .				'. ·		
d E	24 25 26 27 28 29 30 31	Permanently restricted .				* * *		
H		Foundations that do no	ot follow SFAS 117, check here ▶ 🔠			*		
r F		and complete lines 27	through 31.					
S	27	Capital stock, trust princ	cipal, or current funds					
šet	28		r land, bldg, and equipment fund			₹		
Ass	29		ulated income, endowment, or other funds			, , ,		
t l	30		I balances (see instructions)	87,777	294,018	*		
Ž			net assets/fund balances (see			5		
				87,777	294,018			
			nges in Net Assets or Fund Bala		<u></u>			
1			palances at beginning of year - Part			.		
_			ed on prior year's return)			87,777		
			line 27a			206,241		
			ded in line 2 (itemize) ►		3			
						294,018		
		reases not included in		L 5\ D - 11	5	004 010		
0	rota	riet assets or fund b	alances at end of year (line 4 minus	iine 5) - Part II, column (l	b), line 30 6	294,018		

(a) List and de	s and Losses for Tax on Invescribe the kind(s) of property sold (for	example, real estate,	(b) How	(c) Date acquired	(d) Date sold
2-story b	orick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation	(mo , day, yr)	(mo , day, yr)
1 a					
b					
С					
<u>d</u>					
<u>e</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min	
<u>a</u>					
b					
С					(
d					(
<u>e</u>				 	
Complete only for assets	showing gain in column (h) and owned	d by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less t Losses (from co	
а		0			
b		0			
С		0			
d		0			(
e		0			(
Capital gain net incomeNet short-term capital ;	or (not conital loce)	gain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7 s 1222(5) and (6)	2		(
Part I, line 8		structions If (loss), enter -0- in	3		
	r the section 4942 tax on the distri n't qualify under section 4940(e)	butable amount of any year in the b	ase perio	d?	Yes X
		ear; see the instructions before mak	ıng anv er	ntries	
(a)		<u>'</u>		(d)	
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	col (c))
2016			<u></u> .		0.000
2015					0.000
2014			ļ		0.000
2013					0.000
2012	<u> </u>				0.000
2 Total of line 1, column	(d)		2		0.000
		de the total on line 2 by 5 0, or by			
	· · · · · · · · · · · · · · · · · · ·	e if less than 5 years	3		0.000
the number of years the	, and the poor in executive	The local man of your of the transfer			
Enter the net value of i	noncharitable-use assets for 2017	from Part X, line 5	4		
5 Multiply line 4 by line 3	3		5		
6 Enter 1% of net investi	ment income (1% of Part I, line 27b)	6		
7 Add lines 5 and 6			7		
8 Enter qualifying distribition if line 8 is equal to or	utions from Part XII, line 4 greater than line 7, check the bo		8 that par	t using a 1% to	ax rate See

Par	t VI. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
•	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J			
	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			0_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
6	Credits/Payments			
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			
b	Exempt foreign organizations - tax withheld at source			•
С.	Tax paid with application for extension of time to the (i of mesos).		,	. •
d -	Cackap Withinstaning Charles and Within Cachap Within Cach			[*] 0
7	Total credits and payments 7dd inies od through od			
8	Effect any perianty for underpayment of estimated as officer field.			0
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10	_		0
11	Enter the amount of line 10 to be Credited to 2018 estimated tax Refunded 11			0
_	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
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		4	k ×
	published or distributed by the foundation in connection with the activities	À .		
С	Did the foundation file Form 1120-POL for this year?	1c		X
đ	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 \$	-	. * .5	
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	7 7 4	***	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	3		v
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b	N	A
_	If "Yes," has it filed a tax return on Form 990-T for this year?	5		X
5	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			
Ü	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	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	DE, GA, KY, MD, NC, PA, SC, TN, VA, WV			
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	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or			
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10	X	
	E,	ւտ գգ	0-PF	(2017)

Pai	rt VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ▶ Guidestar.Org			1
14	The books are in care of ▶ Craig Hopkins Telephone no ▶ 704-633-	8250	1	
	Located at ▶ 2110 Executive Drive, Salisbury, NC ZIP+4 ▶ 28147			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			T
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority	, "	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	. 37		18
	the foreign country ▶			30 S
Par	t 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.	- 3	Yes	No
1a	During the year, did the foundation (either directly or indirectly)			3.53
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			2.5
	disqualified person?		SK 👸	- 1
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		v	
	(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 for	37		
	the benefit or use of a disqualified person)?	. '		n i
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1330	
	foundation agreed to make a grant to or to employ the official for a period after		,	3 3
	termination of government service, if terminating within 90 days)			
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	N	A
	Organizations relying on a current notice regarding disaster assistance, check here	is /	1	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2017?	1c		Χ
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		,	3.34
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	104	8.13	3
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			A}.
	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years			
b	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 statement - see instructions)	2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<u> </u>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		i.	3.9
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after 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			k, i.d
	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 2017)	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	- 315°	100 max	W its
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		<u>X</u>
	Fo	m 990	-PF	(2017)

Par	t VII-B Statements Regarding Activitie	s for Which Form	4720 May Be Rec	uired (continued)			
5a	During the year, did the foundation pay or incur any a	mount to				Yes	No
,	(1) Carry on propaganda, or otherwise attempt to inf	luence legislation (sectio	n 4945(e)) [?]	. Yes X No	,		
	(2) Influence the outcome of any specific public	election (see section 4	1955), or to carry or	n,			
	directly or indirectly, any voter registration drive?.			. Yes X No	,		
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No						
	(4) Provide a grant to an organization other than a charitable, etc., organization described in						
	section 4945(d)(4)(A)? See instructions				,		
	(5) Provide for any purpose other than religious,						
	purposes, or for the prevention of cruelty to childre				,		
b	If any answer is "Yes" to 5a(1)-(5), did any of the				,		
	Regulations section 53 4945 or in a current notice reg					N	A
	Organizations relying on a current notice regarding disaster assistance, check here						
c	If the answer is "Yes" to question 5a(4), does the					1	
	because it maintained expenditure responsibility for the		•		,	, ,	
	If "Yes," attach the statement required by Regulations				Some	13.5	
6a	Did the foundation, during the year, receive any f	, ,	ectly to nay premiur	ms	, ,	2.7	
-	on a personal benefit contract?			Yes X No	, 200	.,	* * *
b	Did the foundation, during the year, pay premiums, d			•	6ь	. `	X
_	If "Yes" to 6b, file Form 8870				<u> </u>	 	*
7a	At any time during the tax year, was the foundation a	party to a prohibited tax	shelter transaction?	Yes X No	,		
	If "Yes," did the foundation receive any proceeds or h		•	• — —	1	N	Α
	Information About Officers, Direct						<u> </u>
$\overline{}$	and Contractors List all officers, directors, trustees, foundation	managara and their	componentian Sec	instructions			
		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	- 2000	unt
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al	lowance	es
Tes	na Sigmon						
211	O Executive Drive, Salisbury NC	Vice-President	0	o			0
Tom	Kelly						-
211	O Executive Drive, Salisbury NC	Treasurer	0	0			0
Rud	y DiPietro	_					
211	O Executive Drive, Salisbury NC	President	0	0			0
		_					
2	Compensation of five highest-paid employee	es (other than thos	e included on line	e 1 - see instructi	ons). If n	one,	enter
	"NONE."	(h) Title		(d) Contributions to			
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expension		
		devoted to position		compensation			
Non	<u>e</u>	_					
						_	
		_					
		_					
		_					
		_					
Total	number of other employees paid over \$50,000.			<u> ▶</u>		0	
				V	Form 99	0-PF	(2017)

3 Five highest-paid independent contractors for	professional services. See instructions. If none, enter "NON	E."
(a) Name and address of each person paid mo		(c) Compensation
None		
otal number of others receiving over \$50,000 for prof	fessional services	.0
Part IX-A Summary of Direct Charitable Acti	ivities	
•		,
List the foundation's four largest direct charitable activities during organizations and other beneficianes served, conferences convened.	the tax year. Include relevant statistical information such as the number of	Expenses
 :	, research papers produced, etc	
1		
2		
3		
3		
4		
-		
Part IX-B Summary of Program-Related Inve	estments (see instructions)	<u> </u>
Describe the two largest program-related investments made by the		Amount
1		
2		
All other program-related investments See instructions		
3		
		1

Par		Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundations,	
1	Fair n	narket value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purpos			
а		ge monthly fair market value of securities	1a	
b		ge of monthly cash balances	1b	
С		parket value of all other assets (see instructions)	1c	
d	Total	(add lines 1a, b, and c)	1d	0
е	Reduc	tion claimed for blockage or other factors reported on lines 1a and		
		tach detailed explanation)		
2	Acquis	sition indebtedness applicable to line 1 assets	2	
3		act line 2 from line 1d	3	0
4	Cash	deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
		ctions)	4	0
5	Net va	alue of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
6		um investment return. Enter 5% of line 5	6	0
Pai		Distributable Amount (see instructions) (Section 4942(I)(3) and (I)(5) private operating four	ndations	
		and certain foreign organizations, check here ▶ and do not complete this part)		
1		um investment return from Part X, line 6	1	0
2 a		n investment income for 2017 from Part VI, line 5		····
b		e tax for 2017 (This does not include the tax from Part VI) 2b		
c		nes 2a and 2b	2c	0
3		outable amount before adjustments Subtract line 2c from line 1	3	0
4		veries of amounts treated as qualifying distributions	4	
5		nes 3 and 4	5	0
6		ction from distributable amount (see instructions).	6	
7		butable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
-			7	0
Pa	t XII	Qualifying Distributions (see instructions)		
1	Amou	nts paid (including administrative expenses) to accomplish charitable, etc., purposes	3 (
а	Expen	ses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	0
b		am-related investments - total from Part IX-B	1b	0
2		nts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
		ses	2	
3		nts set aside for specific charitable projects that satisfy the.		
а	Suitab	ulity test (prior IRS approval required)	3a	
b		distribution test (attach the required schedule)	3b	
4		ring distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5		ations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
		1% of Part I, line 27b See instructions	5	
6	Adjus	ted qualifying distributions. Subtract line 5 from line 4		0
		The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
		qualifies for the section 4940(a) reduction of tax in these years		

Pa	rt XIII Undistributed Income (see insti	ructions)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
•	,	<u> </u>	· · · · · · · · · · · · · · · · · · ·		0
_	line 7				0
2	Undistributed income, if any, as of the end of 2017			-	
	Enter amount for 2016 only				
	Excess distributions carryover, if any, to 2017				
	i '				
	From 2012		,		
	From 2014		, <i>*</i>	1	
	From 2015		~		
	Total of lines 3a through e	0		`x	
	Qualifying distributions for 2017 from Part XII,	<u>_</u>		× × × × × × × × × × × × × × × × × × ×	
•	line 4 > \$	•	**.	K , , ,	
а	Applied to 2016, but not more than line 2a		· Č		
k	Applied to undistributed income of prior years				,
	(Election required - see instructions)		7.1. A S		* *
C	Treated as distributions out of corpus (Election required - see instructions)				, , ,
c	Applied to 2017 distributable amount		* 4,		
e	Remaining amount distributed out of corpus		****	2 .	* x
5	Excess distributions carryover applied to 2017			**	
	(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:				``*,
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0	* * * * / */	<u> </u>	
t	Prior years' undistributed income Subtract	y v			,
	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				, , , , , ,
c	Subtract line 6c from line 6b Taxable				
	amount - see instructions	» "	0	> 24	
e	Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount - see		· },		
	instructions			0	
f	Undistributed income for 2017 Subtract lines			*	
	4d and 5 from line 1 This amount must be		* * * * * * * * * * * * * * * * * * * *		
	distributed in 2018	*	7.45		0
7	Amounts treated as distributions out of corpus		* * *		
	to satisfy requirements imposed by section		\$ 1		
	170(b)(1)(F) or 4942(g)(3) (Election may be		** ,		
	required - see instructions)		,		
8	Excess distributions carryover from 2012 not				
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.	0	•		
10	Subtract lines 7 and 8 from line 6a				<u> </u>
	Analysis of line 9 Excess from 2013	4			
	5 (0011				
	Excess from 2015				
	Excess from 2016				
e	Excess from 2017		·		

orm 990-PF (2017) Part XIV Private	Operating Foundations	(see instructions can	Dort \/II A access	20.0)	Page 1
	nas received a ruling or de				
	ruling is effective for 2017, en				2002
•	ate whether the foundation is				
2 Greek Box 10 maioc	Tax year	o a private operating to	Prior 3 years	360(101) 4342())	
2 a Enter the lesser of the	ad-	(b) 2016	(c) 2015	(d) 2014	(e) Total
Justed net income from I or the minimum investing return from Part X for expear listed	ment	(6) 2010	(6) 2013	(0)2014	
b 85% of line 2a	. ,	0	0	0	
C Qualifying distributions from					
XII, line 4 for each year lister					
d Amounts included in line 2d used directly for active cor of exempt activities	nduct		· - · · · · · · · · · · · · · · · · · · ·		
e Qualifying distributions in directly for active conductive exempt activities Subtract 2d from line 2c	ct of line	0		0	
3 Complete 3a, b, or c for alternative test relied upon					
"Assets" alternative test - en (1) Value of all assets	1				
(2) Value of assets quali under section 4942(j)(3)(B)(i)	fying				
b "Endowment" alternative enter 2/3 of minimum in ment return shown in Pa	test- vvest-				
line 6 for each year listed. C "Support" alternative test - e	I I				
(1) Total support other	than				
gross investment ind (interest, dividends, r payments on secu	ents,				
loans (section 512(a or royalties))(5)),				
(2) Support from ge public and 5 or i exempt organizations	more				
provided in section (j)(3)(B)(iii)	1942				
(3) Largest amount of port from an ex-	empt				
organization					
<u> </u>	mentary Information (C	omplete this part o	nly if the foundat	ion had \$5 000 or	•
I Information Regar a List any managers before the close of /A	e during the year - see in the foundation Managers of the foundation who had any tax year (but only if the	s: ave contributed more by have contributed mo	re than \$5,000) (Se	e section 507(d)(2))	
ownership of a par	of the foundation who o tnership or other entity) of	wn 10% or more of t which the foundation h	ne stock of a corpo as a 10% or greater	oration (or an equally interest	large portion of t
I/A 2 Information Regar	ding Contribution, Grant,	Gift Loan Scholarship	etc Programs:		
Check here ►	if the foundation only mets for funds if the foundation	nakes contributions to	preselected charit	able organizations a s or organizations uni	nd does not acce der other condition
complete items 2a	, b, c, and d See instruction	s		-	
	s, and telephone number o				ressed
	2110 Executive Drapplications should be sub-				
ee Attached (2)				
c Any submission de	adlines				
/A					
d Any restrictions of factors	or limitations on awards,	such as by geograp	hical areas, charital	ole fields, kinds of i	nstitutions, or oth
rganizatıon mu	st be state public	cally supported	school or pr	ove 501(c)(3) s	
1 000					Form 990-PF (20

Form **990-PF** (2017)

Part XV Supplementary Information (continued)			rage 1
3 Grants and Contributions Paid During Recipient Name and address (home or business)	ng the Year or Appi	oved for I	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
See attached III				
			1	
			ł	
,				
Total			▶ 3a	0
b Approved for future payment				
N/A				
١				
				,
		,		
Total			► 2h	

JSA 7E1492 1 000

Part XVI-	A Analysis of Income-Prod	ucing Acti	ivities			<u>~</u> <u>~</u>
Enter gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
1 Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d)	Related or exempt function income (See instructions)
						(See mstructions)
						-
						
f				ļ		
g Fees	and contracts from government agencies					
2 Members	ship dues and assessments					
3 Interest o	n savings and temporary cash investments -			14	306	
	s and interest from securities			14	132	
	al income or (loss) from real estate	<u> </u>		× 4%,	·	2 mg - 4 Mg A M
	financed property			 		·· · · · · · · · · · · · · · · · · · ·
	lebt-financed property					
	vestment income					
	oss) from sales of assets other than inventory					
	me or (loss) from special events					
	ofit or (loss) from sales of inventory					
	venue a					
b						
d						
е	Add columns (b), (d), and (e)		0	* ,	438	
Part XVI- Line No.	Explain below how each activity	y for which	n income is reported in	n column (e	e) of Part XVI-A contribi	
	accomplishment of the foundation	on's exemp	t purposes (other than t	by providing	Tunus for such purpose:	s). (See instructions)
						· · · · · · · · · · · · · · · · · · ·
			 		<u>-</u>	
JSA						Form 990-PF (2017)

Form 990-PF (2017)

Part	XVII	Information F Exempt Orga		ansfers to and Tran	sactions an	d Relations	ships With None	harit	table	
1.	n sec			engage in any of the to 501(c)(3) organization					Yes	No
	_		ng foundation to	a noncharitable exempl	organization o	of				
(1) Cas	sh		. ,				1a(1)		Х
•	•	ner assets cansactions					•	<u>1a(2)</u>		X
		es of assets to a no		, •				<u>1b(1)</u>	- -	<u> </u>
-	•			able exempt organization		• • • • • • •		1b(2)		<u>Х</u> >
	•	ntal of facilities, equ imbursement arrang	-	assets		• • • • • • •		1b(3) 1b(4)		- <u>^</u> -
•	•	ans or loan guarante	-					1b(5)		X
-		_		hip or fundraising solicitat				1b(6)		Х
				sts, other assets, or paid o				1 c		Х
				es," complete the follow						
				ices given by the report gement, show in column						
(a) Line		(b) Amount avolved		noncharitable exempt organization			ers transactions and shin			
		(D) A HOUSE TWO CO	(6) 113111 (3)	To retrained by Exercise Congress of	(4) 20	Scripton of Cana	ers transactions and span	ng am	пцелю	115
		~ ·				***************************************			***************************************	
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				to Market the control of the control						
	.			·····		····				
			L							
			-	filiated with, or related		re tax-exempt	organizations	Ye	I	No
		ed in section 50 (c) " complete the follo		ction 501(c)(3)) or in sec	iion 52// .		L		·> [j NO
		מונייי ול טפע ביל (ני)	· · · · · · · · · · · · · · · · · · ·	(b) Type of organize	at on		c) Description of relations	hip		
		- * *					***************************************			
	** ***	w.W.w.w.w.a. a. w.w. ap. q.		* ** ***			***************************************			
······································	la ter	Carling of occurs A dece	ול מיצו ל Prop. Caru	red this return including accompa	a no schadules and	t columnia and t	the port of my ke wrong		7 11 11	1 lu a
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lere	Tryn(de n' ollicer ut truster		Date	T ('a		Sensite in rous	i briai e	Yes	No
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aid		********	~ ~ ~				self employed		· • • • • • • • • • • • • • • • • • • •	
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2017

Name of the organization Employer identification number Food Lion Feeds Charitable Foundation, Inc. 56-2279572 Organization type (check one) Filers of: Section: Form 990 or 990-F7 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization ' Employer identification number Food Lion Feeds Charitable Foundation, Inc. 56-2279572

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Acosta Sales and Marketing P.O. Box 34309 Charlotte, NC 28234	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	Anheuser Busch 276 Millingport Lane New London, NC 28127	\$ 31,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Butterball 1 Butterball Lane Garner, NC 27529	\$25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	Coca-Cola 4100 Coca-Cola Plaza Charlotte, NC 28216	\$ 25,000	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	Constellation Brands 8801 Anklin Forrest Drive Waxhaw, NC 28173	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	Dean Foods / Dairy Fresh 2221 Patterson Ave Winston Salem, NC 27105	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)			

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Name of organization '	Employer identification number
Food Lion Feeds Charitable Foundation, Inc.	56-2279572

Part I	Contributors (see instructions) Use duplicate copies of	f Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Dole Fresh Vegetables PO Box 2018 Monterey, CA 93942	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	E&J Gallo Winery 13925 Ballantyne Corp Place Suite 240 Charlotte, NC 28277	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Food Lion 2110 Executive Drive Salisbury, NC 28147	\$ <u>312,702</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Fieldale Farms 558 Broiler Blvd Baldwin, GA 30511	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Frito Lay 2700 Nevada Blvd. Suite 100 Charlotte, NC 28273	\$\$	Person X Payroll Noncash (Complete Part If for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	General Mills 121 Donna Place PO Box 4349 Cary, NC 27519	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization '	Employer identification number
Food Lion Feeds Charitable Foundation, Inc.	56-2279572
Part I Contributors (see instructions). Use duplicate copies of Part Lif additional space is r	podod

i aiti	Contributors (see instructions). Ose duplicate copies of t	art i ii additioriai space is ric	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Georgia Pacific 133 Peachtree Street Atlanta, GA 30303	\$25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	Great Lakes Cheese 17710-B Kings Point Drive Cornelius, NC 28031	\$25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	Inland Seafood 116 Dartmouth Street Portland, ME 04106	\$12,500	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Johnsonville PO Box 906 Sheboygan Falls, WI 53085	\$12,500	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	Kelloggs 13801 Reese Blvd, Park Kemp Bld Suite 300 Huntersville, NC 28078	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	Kimberly Clark 11016 Rushmore Drive Charlotte, NC 28277	\$25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization Food Lion Feeds Charitable Foundation, Inc.

Employer identification number 56-2279572

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
19	Kraft Foods 404 Augusta Road Rome, ME 04963	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20	McCormick & Company, Inc. 10505 Persimmon Creek Drive Mint Hill, NC 28227	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
21	Miller Coors 250 S Wacker Dr Ste 800 Chicago, IL 60606-5888	\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
22	Mondelez 100 Deforest Ave East Hanover, NJ 07936	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
23	Niagara Bottling 2650 East Philadelphia Street Ontario, CA 91761	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
24	Pepsi-Cola 3530 Toringdon Way Suite 400 Charlotte, NC 28277	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)			

Name of	organiża	tion •			
Food	Lion	Feeds	Charitable	Foundation.	Inc

Employer identification number 56-2279572

Parti C	ontributors (see instructions)	Use duplicate copies of Part Lif additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Proctor & Gamble 13925 Ballantyne Corp Place Suite 350 Charlotte, NC 28277	\$\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	SC Johnson 18724 Greton Lane Davidson, NC 28036	\$\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and <u>Z</u> IP + 4	(c)Total contributions	(d) Type of contribution
27	Smithfield 722 Corporate Circle Salisbury, NC 28147	\$ 25,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	Treehouse/Bay Valley 1390 Pullman Drive	\$\$	Person X Payroll Noncash
	El Paso, TX 79936	-	(Complete Part II for noncash contributions)
(a) No.	El Paso, TX 79936 (b) Name, address, and ZIP + 4	(c) Total contributions	
	(b)		noncash contributions) (d)
No.	(b) Name, address, and ZIP + 4 TW Garner (Texas Pete) 614 W 4th Street	Total contributions	(d) Type of contribution Person Payroll Noncash (Complete Part II for

Name of organization ,
Food Lion Feeds Charitable Foundation, Inc.

Employer identification number 56-2279572

Part I	Contributors (see instructions) Use duplicate cop	ies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Unilever 800 Sylvan Ave Englewood Cliffs, NJ 07632	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	Utz 934 Lake Club Drive Rock Hill, SC 29732	\$\$	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)

Name of organization .

Food Lion Feeds Charitable Foundation, Inc.

Employer identification number

56-2279572

Part II None	ash Property (see instructions).	Use duplicate	copies of Pai	rt II if addition	al space is needed.
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(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

Name of organization Employer identification number Food Lion Feeds Charitable Foundation, Inc. 56-2279572 Rart | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once See instructions) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift from (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee