Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PFfor instructions and the latest information.

OMB No 1545-0052

Open to Public Inspection

		lendar year 2017 or tax year beginning		, 2017, and end	ding		<u>, 20</u>	
		of foundation				A Employeridentif	ication number	
_		RLES E. HAYWORTH, JR., FOUND				57-	0834648	
	Numb	er and street (or P O box number if mail is not delivered	to street address)	Room/sui	rte	B Telephone number	er (see instructions)	
_		5 S RAINBOW BLVD STE 300				85	5-739-2921	
	City or	town, state or province, country, and ZIP or foreign pos	tal code			_		1
						C If exemption applica pending, check here	tion is	b
_		VEGAS, NV 89118						. •
G	i Che	ck all that apply Initial return	Initial return	of a former public cha	rity	D 1 Foreign organizat	ions, check here ►	
		Final return	Amended re			2 Foreign organizat		
_		X Address change	Name chang			85% test, check h computation .		
Н	\neg	ck type of organization X Section 501(· ·	4	all	E If private foundation	status was terminated	
L		ection 4947(a)(1) nonexempt charitable trust	Other taxable pr		<u> </u>)(1)(A), check here	
ı			unting method $X \subset X$	ash Accrual	- }	F If the foundation is in	n a 60-month termination	
			ther (specify)		_ <u>i</u>	under section 507(b)(1)(B), check here . 🕨	
			column (d) must be on ca	ish basis)				
L	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Revenue and	(b) Net investment	۱,	c) Adjusted net	(d) Disbursements for charitable	
		may not necessarily equal the amounts in	expenses per books	/ income	"	Income	purposes	
_		column (a) (see instructions).)	DOORG		ļ		(cash basis only)	
	1	Charles V if the foundation is not required to			ļ			
	2	attach Sch B	 		 			
	3	Interest on savings and temporary cash investments	038.000	005 550	-			
	4	Dividends and interest from securities	237,203.	235,553.	-		STMT 1	
		Gross rents						•
-		Net rental income or (loss)	101 506		00	THARK	RECE	IVED
Jue	ba b		121,586.		PC	JO HVIEN NI		
Revenue	۱.			121,586.	├			
Be	7	Capital gain net income (from Part IV, line 2) .		121,300.	-	07032018	07052	018
	8	Net short-term capital gain			-			
		Gross sales less returns	<u>.</u>			04	OCDEN-	
	h	and allowances Less Cost of goods sold .			 	SERV	CE CENTER	
	1	Gross profit or (loss) (attach schedule)				02///	04 04 11 11	÷-
	11	Other income (attach schedule)	833.	· ·	<u> </u>		STMT 2	
	12	Total. Add lines 1 through 11	359,622.	357,139.		,	DIIII Z	
_	13	Compensation of officers, directors, trustees, etc						
ŝ		Other employee salaries and wages		NONE		NONE		
seuses	15	Pension plans, employee benefits		NONE		NONE		
ğ	16a	Legal fees (attach schedule) STMT . 3	45,846.	22,923.		NONE	22,923.	
Ü	ь	Accounting fees (attach schedule) STMT. 4.	1,800.	NONE		NONE	1,800.	
ijĶ	C	Other professional fees (attach schedule, 5.	70,155.	70,155.				
Frat	17	Interest						
Jist	18	Taxes (attach schedule) (see instructions). 6.	4,018.	4,018.				
Ē	19	Depreciation (attach schedule) and depletion .			$ldsymbol{ldsymbol{ldsymbol{eta}}}$			
Adi	20	Occupancy						
פַ	16a b c 17 18 19 20 21	Travel, conferences, and meetings		NONE		NONE		
a	22	Printing and publications		NONE		NONE		
ī	23 24 25	Other expenses (attach schedule) STMT. 7.	139.	67.			<u>72</u> .	
rat	24	Total operating and administrative expenses	444 455		ł			
De		Add lines 13 through 23	121,958.	97,163.		NONE	<u>24,795</u> .	
0		Contributions, gifts, grants paid	515,000.	<u> </u>	—		<u>515,000</u> .	
_	26	Total expenses and disbursements Add lines 24 and 25	636,958.	97,163.	_	NONE	<u>539,795</u> .	
	27	Subtract line 26 from line 12	200 224					
	ı	Excess of revenue over expenses and disbursements	-277,336.	250 056	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	ı	Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-).		259,976.	├			/
_		Adjusted het income (il negative, enter -0-).			I			

JSA For Paperwork Reduction Act Notice, see instructions. 761410 1 000 DMO431 5892 05/31/2018 12:56:27

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Part I	Polones Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
- are	Balance Sheets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-beari	ng	10,131.	19,453.	19,453.
2	Savings and temporary	cash investments	721,403.	370,259.	370,259.
3	Accounts receivable				
	Less allowance for doub	otful accounts >			
4	Pledges receivable ▶				
	Less allowance for doub	otful accounts >			
5	Grants receivable	<i></i>			
6	Receivables due from	officers, directors, trustees, and other			
	disqualified persons (atta	ach schedule) (see instructions)			
7	Other notes and loans re	eceivable (attach schedule) 🕨			
	Less allowance for doub	otful accounts NONE			
8 15	Inventories for sale or us	se			
Assets	Prepaid expenses and de	eferred charges			
		government obligations (attach schedule)	·		
		stock (attach schedule) . STMT .8	6,019,081.	5,466,029.	6,739,134.
	Investments - corporate	bonds (attach schedule) . STMT .9	861,015.	1,257,429.	1,209,602.
111	Investments - land, building and equipment basis				
	Less accumulated deprecia (attach schedule)	ation ►			
12	Investments - mortgage	loans			
13		ch schedule)			7
14	Land, buildings, and equipment basis	>			
Ī	Less accumulated deprecia (attach schedule)	tion			
15	Other assets (describe	CHARLES SCHWAB INVESTMENTS)	2,979,776.	3,613,719.	3,613,719.
16		completed by all filers - see the			
	instructions. Also, see pa	age 1, item ()	10,591,406.	10,726,889.	<u>11,952,167</u> .
17	• •	ccrued expenses			t 1
18	Grants payable		<u> </u>		
19	Deferred revenue				
≓ 20	Loans from officers, directo	rs, trustees, and other disqualified persons.			
Liabilities 20 21 22		tes payable (attach schedule)			
- 22	Other liabilities (describe	; ▶ }}			
23		s 17 through 22)		NONE	
s l		SFAS 117, check here			
24 25	·	through 26, and lines 30 and 31.			
[24			· · · · · · · · · · · · · · · · · · ·		
හි 25 සි		· · · · · · · · · · · · · · · · · · ·			
- 26 - 26					
₫		t follow SFAS 117, check here ▶ X			
Net Assets or Fund B 22 22 30 31 31	and complete lines 27 1		10 501 406	10 706 000	
ည်း 27	•	ipal, or current funds	10,591,406.	10,726,889.	
28	,	land, bldg, and equipment fund			
Y 29	-	ated income, endowment, or other funds	10 501 406	10 726 000	
30 31		balances (see instructions)	10,591,406.	10,726,889.	
2 31		net assets/fund balances (see	10 501 406	10 706 000	
Dart I		nges in Net Assets or Fund Bala	10,591,406.	10,726,889.	
		palances at beginning of year - Part		must agree with	
		d on prior year's return)			10 501 40 <i>c</i>
		line 27a			10,591,406.
		led in line 2 (itemize) ► SEE STAT		3	<u>-277,336.</u>
		SEE SIA			419,710.
			TEMENT 11	5	10,733,780.
		alances at end of year (line 4 minus li			6,891. 10,726,889.
<u> </u>		The state of your time + minus in	or raitin, column (o	m 9	Form 990-PF (2017)

Par	t IV Capital Gains	and Losses for Tax on Inve	estment Income			
	• •	cribe the kind(s) of property sold (for exick warehouse, or common stock, 200		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr.)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED	SECURITIES		D - Donation		
b						
С						
d						
е		 				
	(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	
a	866,785.		745,199.			121,586.
<u>b</u>						
c	<u></u>					
d				<u> </u>		
<u> </u>						
	Complete only for assets sh	owing gain in column (h) and owned b			Gains (Col. (h) ga	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (j), ıf any	coi.	(k), but not less t Losses (from co	
a						121,586.
<u>b</u>						·
c						
<u>d</u>						
e						<u> </u>
2	Capital gain net income	or inot conital local	sin, also enter in Part I, line 7 sss), enter -0- in Part I, line 7	2		121,586.
3	Net short-term capital ga	ain or (loss) as defined in sections	1222(5) and (6)			
		art I, line 8, column (c). See ins				
		<u> </u>		3		
Par	t V Qualification U	nder Section 4940(e) for Red	uced Tax on Net Investment I	ncome		
Was		the section 4942 tax on the distrib	utable amount of any year in the b	ase perio	d ⁷	Yes X No
		t qualify under section 4940(e). De	,,			
1_	Enter the appropriate an		r, see the instructions before makir	ng any en	tries (d)	
٠.	Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra	
Cale	ndar year (or tax year beginning in) 2016	561,505.	10,779,944.		(col (b) divided by	0.052088
	2015	613,873.	11,425,815.	-		0.052088
	2014	532,848.	12,056,269.	-		0.033727
	2013	522,406.	11,347,459.			0.046037
	2012	498,240.	10,381,419.		 -	0.047993
2		d)		2		0.244042
3		o for the 5-year base period - divid				0.21.012
•	_	foundation has been in existence		3		0.048808
4	Enter the net value of no	oncharitable-use assets for 2017 fr	om Part X, line 5	4	11,	416,526.
5	Multiply line 4 by line 3.			5		557,218.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		2,600.
7	Add lines 5 and 6			7		559,818.
8	Enter qualifying distribut If line 8 is equal to or go Part VI instructions.	tions from Part XII, line 4 greater than line 7, check the box	ın Part VI, line 1b, and complete	8 that part	t using a 1% ta	539,795. ex rate. See the
ICA	Tart vi matructions.					

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Par	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				
12	·	12		Х
	person had advisory privileges? If "Yes," attach statement. See instructions	13	X	^
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Λ.	
	Website address ► N/A			
14	The books are in care of ► SEE STATEMENT 12 Telephone no. ►			
	Located at ▶ZIP+4 ▶			$\overline{}$
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	Ш
	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		<u> X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	•		- 11
	the foreign country >		૽૽૽ૢ	
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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)		3 8	2 2
	(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	4,	7 S	
	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? Yes X No		3	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		3 5	1
	the benefit or use of a disqualified person)?			7 2 15
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	2.5		100
	foundation agreed to make a grant to or to employ the official for a period after	7.	4	
	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		X.	
	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		14 E	
	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	****	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	13	ř.	
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
•	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	4		
a	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes." list the years			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
b	(relating to incorrect valuation of assets) to the year's <u>undistributed income? (If applying section 4942(a)(2) to</u>			
	all years listed, answer "No" and attach statement - see instructions)	1		X
_	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			T A
·				
20	Did the foundation held mare then a 20' direct or indirect interest in any hydrogen enterprise			
Jā	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
D	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			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	-	إكس	
	foundation had excess business holdings in 2017)	3b		1,-
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		X
p	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			<u>.</u>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X

Part VIII S Statements Regarding Activities for Which Form 4720 May Be Required (continued) 1		t VII-B Statements Regarding Activities f	or Which Form 4		uired (continued)			age o
(1) Carry on propagated, or otherwise attempt to influence legislation (section 4955), or to carry on, directly or indirectly, any voter registration driver. (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc. organization described in section 4945(4)(A)(A) See instructions. (5) Provide for any purpose other than religious, charitable, scending, literary, or educational purposes, or for the prevention of circlety to children or animals? (5) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of circlety to children or animals? (6) Provide for any purpose other than religious, charitable, scentific, literary, or educational purposes, or for the prevention of circlety to children or animals? (7) If any answer is "Yes" to 5t1115(), did any of the transactions fall to quality under the exceptions described in Regulations section 53 4945-5(d) (8) If the animal section of the provided of the section of the section of the section of the purpose of the section of the provided literature on a personal benefit contract? (8) Did the foundation, during the year, pear premiums, directly or indirectly, on a personal benefit contract? (9) Did the foundation during the year, pear premiums, directly or indirectly, on a personal benefit contract? (9) A langer with the year, pear premiums, directly or indirectly, on a personal benefit contract? (1) A langer with unique file the year, pear premiums, directly or indirectly, on a personal benefit contract? (1) A langer with unique file the year, pear premiums, directly or indirectly, on a personal benefit contract? (1) A langer with unique file the year, pear premiums, directly or indirectly, on a personal benefit contract? (1) A langer with the year, pear premiums, directly or indirectly, on a personal benefit contract? (1				1720 May be ney	uneu (continueu)		. .	
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any votes registration driver. (3) Provide a great to an individual for travel, study, or other similar purposes?	ъa			4045/ 33			Yes	NO
directly or indirectly, any votar registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(4)(4)(4)(4)(4) See instructions. (5) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(_		· — · · · · ·	'		
(3) Provide a grant to an individual for travel, study, or other similar purposes?				•				
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(A)(A)? See instructions. (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) If any awaver is "Yes to S(11/5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. (7) If the snawer is "Yes "to question 5340, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? (8) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (8) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (9) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (1) If "Yes" to 60, file Form 8970. (1) If "Yes" to 60, file Form 8970. (1) If "Yes" to 60, file Form 8970. (2) If "Yes" to 60, file Form 8970. (3) If "Yes" to 60, file Form 8970. (4) Name and address of the foundation receive any proceeds or have any net income attributable to the transaction? (4) Name and address of contractors (5) If Its, and average of the foundation state of the foundation of the foundation state of the foundation of the foundati								
section 4945(d)(4)(A)? See instructions.			• •			'		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a1145), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. Cranizations relying on a current notice regarding disaster assistance, check here c If the answer is "Yes" to question 5349, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? c If the answer is "Yes" to question 5349, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums year and provided to the foundation on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? A tary time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Pald Employees, and Contractors trustees, foundation managers and their compensation. (a) Name and address of each employee paid more than \$50,000 If "Pers did the foundation for the party of the grant party of								
b If any answer is "Yes" to \$51145], did any of the transactions fail to qualify under the exceptions described in Regulations section \$3.4945 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance? See instructions. organizations relying on a current notice regarding disaster assistance? See instructions. organizations relying on a current notice regarding disaster assistance? See instructions. organizations relying on a current notice regarding disaster assistance? See instructions. organizations relying on a current notice regarding disaster assistance? See instructions. organizations relying on a current notice regarding disaster assistance? See instructions. organization rely rely rely rely rely rely rely rely					• 🗀 📖	'		
b If any answer is "Yes" to 5s(1)45), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance, See instructions. Organizations relying on a current notice regarding disaster assistance, See instructions. organizations relying on a current notice regarding disaster assistance, See instructions. organizations relying on a current notice regarding disaster assistance, See instructions. organizations relying on a current notice regarding disaster assistance, See instructions. organizations relying on a current notice regarding disaster assistance, See instructions. organizations relying on a current notice regarding disaster assistance, See instructions. If "Yes" to disaster the statement required by Regulations section 53.49.45-5(d) and the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 87.0. A tan yr time during the tax year, was the foundation a party to a prohibited tax shelter transaction? The part YIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors I List all officers, directors, trustees, foundation menagers and their compensation. See instructions. (a) Name and address foundation menagers and their compensation dispensation of the properties of the properties of the first and their compensation of the properties of the first all officers, directors, trustees, foundation menagers and their compensation of the first all officers, directors, trustees, foundation menagers and their compensation of the highest-paid employees (b) Title, and average (c) Compensation of the highest-paid employees (c) Trustees, Foundation from the first and their compensation of the highest-paid employees (c) Trustees, Foundation from the first and their compensation of the highest-paid employees (c) Trustees (c) Compensation of the highest-paid employees (c) T				*				
Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here. If the answer is "Yes" to question 54.94, does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.9846-5(d) But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 1 If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 1 If "Yes" at different on receive any proceeds or have any not income attributable to the transaction? 1 It is all officers, directors, trustees, foundation managers and their companiation. See instructions. 1 It is all officers, directors, trustees, foundation managers and their companiation. See instructions. 1 It is all officers, directors, trustees, foundation managers and their companiation. See instructions. 1 It is all officers, directors, trustees, foundation managers and their companiation. See instructions. 1 It is all officers, directors, trustees, foundation managers and their companiation. See instructions to endow the second of the property o					•			
Organizations relying on a current notice regarding disaster assistance, check here	b				•)		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? At a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? At any time during the year, pay premiums, directly or indirectly, on a personal benefit contract? At any time during the year, was the foundation a party to a prohibited tax shelter transaction? At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Bit "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? The part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average devoted to position of the highest-paid employees (other than those included on line 1 - see instructions). If paid and the property of the party of the property of the party of the position of the highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE" (a) Name and address of each employee paid more than \$50,000 other than those included on line 1 - see instructions. If paids and deferred compensation of the highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE" (b) Title, and average hours per week devoted to position of the highest-paid employee paid more than \$50,000 other than those included on line 1 - see instructions). If none, enter "NONE" (c) Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If paids and deferred compensation of the paids and deferred compens		Regulations section 53.4945 or in a current notice regard	ding disaster assistan	ce? See instructions.		5b		
because it maintained expenditure responsibility for the grant?		Organizations relying on a current notice regarding disas	ter assistance, check	here				
If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a parsonal benefit contract?	C	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		because it maintained expenditure responsibility for the g	grant?		. Yes No			
on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If 'Yes' to 6b, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b If 'Yes' to diffe foundation receive any proceeds or have any net income attributable to the transaction? 7c Information About Officiers, Directors, Trustees, Foundation Managers and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average following the service of the properties of the p		If "Yes," attach the statement required by Regulations ser	ction 53 4945-5(d)			,		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6a	Did the foundation, during the year, receive any fur	ids, directly or indir	ectly, to pay premiur	ns			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		on a personal benefit contract?			Yes X No			
Tall At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	b					6b		Х
Both Types, did the foundation receive any proceeds or have any net income attributable to the transaction?		If "Yes" to 6b, file Form 8870.						
Both Types, did the foundation receive any proceeds or have any net income attributable to the transaction?	7a	At any time during the tax year, was the foundation a pai	rty to a prohibited tax	shelter transaction?	Yes X No	,]		
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors	b							
And Contractors 1 List all officers, trustees, foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position David R Hayworth 800 ROCKFORD ROAD, HIGH POINT, NC 27262 1		Information About Officers, Director						
(a) Name and address (b) Title, and average hours per week devoted to position for paid, enter -0-) and deferred compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Expense account (e		and Contractors		_				
Compensation of five highest-paid employee paid more than \$50,000 Compensation Color and deferred Col		List all officers, directors, trustees, foundation ma						
David R Hayworth 800 ROCKFORD ROAD, HIGH POINT, NC 27262 Elizabeth L Quick NE WEST FOURTH STREET, WINSTON SALEM, NC 27101 Compensation of five highest-paid employees (a) Name and address of each employee paid more than \$50,000 NONE (b) Title, and average hours per week devoted to position NONE NONE NONE NONE NONE President 1 -0000000000		(a) Name and address	hours per week	(If not paid,	employee benefit plans	(e) Expens other all	e accou	ınt, s
800 ROCKPORD ROAD, HIGH POINT, NC 27262 1 -0000000000	David	R Hayworth		Circui VI	and dolored compensation			
Elizabeth L Quick ONE WEST FOURTH STREET, WINSTON SALEM, NC 27101 Linwood Davis ONE WEST FOURTH STREET, WINSTON SALEM, NC 27101 2 Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE NONE NONE NONE NONE NONE NONE NONE VP/Secretary 1 -0000- -00- -00- -00- (d) Contributionsto employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Compensation NONE NONE NONE NONE NONE			1	-0-	-0-			-0-
ONE WEST FOURTH STREET, WINSTON SALEM, NC 27101 1 -0000000000			VD/Secretary					
Linwood Davis ONE WEST FOURTH STREET, WINSTON SALEM, NC 27101 2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (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 compensation (e) Expense account, other allowances NONE NONE NONE NONE NONE			1	_0_	_0_			-0-
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2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (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) Contributionsto employee benefit plans and deferred compensation (e) Expense account, other allowances NONE NONE NONE NONE NONE				^	^			0
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE NONE NONE NONE (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances NONE NONE NONE	ONE N	TEST FOORTH STREET, WINSTON SABEM, NC 27101	 	-0-				-0-
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE NONE NONE NONE (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances NONE NONE NONE								
"NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE NONE NONE NONE (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances NONE NONE NONE		Compensation of five highest-paid employees	Other than thos	e included on line	1 - see instruction	nel If n	NDO /	ontor
(a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation employee benefit plans and deferred compensation other allowances NONE NONE NONE NONE	-	"NONE."	(other than thos	e included on line	e i - see ilistiuctio	/11 3 /. 11	Jile, (CIILEI
NONE NONE NONE NONE						(a) Eupope	0.0000	
NONE NONE NONE	(a)	Name and address of each employee paid more than \$50,000		(c) Compensation	plans and deferred	other all	owance	s S
					compensation			
	NTONY	r		MONTE	NONE	N.T.	ONTIR.	
Total number of other employees paid over \$50,000▶ NONE	NON.	<u> </u>		NONE	NONE	<u> </u>	ONE.	
Total number of other employees paid over \$50,000 NONE								
Total number of other employees paid over \$50,000								
Total number of other employees paid over \$50,000								
Total number of other employees paid over \$50,000								
Total number of other employees paid over \$50,000								
Total number of other employees paid over \$50,000								
Total number of other employees paid over \$50,000 · · · · · · · · · · · · · · · · ·								
Total number of other employees paid over \$50,000 · · · · · · · · · · · · · · · · ·		<u> </u>						
	Total	number of other employees paid over \$50,000		<u> </u>	<u> </u>	N	ONE	

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Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)	tion Managers, Highly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional services. S	See instructions. If none, enter "NONI	.,
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 13		
		
		. ,
		
		
Total number of others receiving over \$50,000 for professional services		NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevan organizations and other beneficiaries served, conferences convened, research papers produced, et		Expenses
1NONE		
	-	
2		
3		
PACE AND R. S.		<u> </u>
4		
Part IX-B Summary of Program-Related Investments (see instruc	tions)	
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1NONE		
2		
All other program-related investments. See instructions 3 NONE		
JIONE	······	
Total Add lines 1 through 2		

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Par	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		· · · · · · · · · · · · · · · · · · ·
	purposes:		
а	Average monthly fair market value of securities	1a	11,145,860.
b	Average of monthly cash balances	1b	444,522.
C	Fair market value of all other assets (see instructions)	1c	NONE NONE
d	Total (add lines 1a, b, and c)	1d	11,590,382.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	11,590,382.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	173,856.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	11,416,526.
6	Minimum investment return. Enter 5% of line 5	6	570,826.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations, check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	570,826.
2 a	Tax on investment income for 2017 from Part VI, line 5		
	Income tax for 2017, (This does not include the tax from Part VI.).		
c	Add lines 2a and 2b	2c	5,200.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	565,626.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	565,626.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
•	line 1	7	565,626.
	t XII Qualifying Distributions (see instructions)	T	303/3201
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		F20 705
a	- Particular Control of the Control	1a	539,795.
b		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		110110
_	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the.		3.0
a	, , , , , , , , , , , , , , , , , , , ,	3a	NONE
b		3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	539,795.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	1-
	Enter 1% of Part I, line 27b. See instructions	_5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	539,795.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	lculating	whether the foundation

Page 9

	t XIII Undistributed Income (see instruct	ions)			
		(a)	(b)	(c) 2016	(d) 2017
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2010	
	line 7				565,626.
	Undistributed income, if any, as of the end of 2017			512,831.	
	Enter amount for 2016 only		NONE	512,051.	
	Excess distributions carryover, if any, to 2017		10112		
	From 2012 NONE				
	From 2013 NONE				
	From 2014 NONE				
	From 2015 NONE				
	From 2016 NONE				
f	Total of lines 3a through e	NONB			
4	Qualifying distributions for 2017 from Part XII,				
	line 4 ▶ \$539,795.				
а	Applied to 2016, but not more than line 2a			512,831.	
b	Applied to undistributed income of prior years		370375		
	(Election required - see instructions)		NONE		
C	Treated as distributions out of corpus (Election	NONTE			
	required - see instructions)	NONB			26,964.
	Applied to 2017 distributable amount	NONE			20,304.
	Remaining amount distributed out of corpus	NONE			NONE
5	Excess distributions carryover applied to 2017 [If an amount appears in column (d), the same	NONE			1101111
_	amount must be shown in column (a)				
ь	Enter the net total of each column as indicated below:				•
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
	Prior years' undistributed income Subtract				
-	line 4b from line 2b		NONE		
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)		170177		
	tax has been previously assessed		NONE		
c	Subtract line 6c from line 6b. Taxable		NONE		
	amount - see instructions		NONE		
٠	4a from line 2a. Taxable amount - see				
	instructions		-		
f	Undistributed income for 2017. Subtract lines	İ			
	4d and 5 from line 1 This amount must be distributed in 2018				538,662.
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)	NONE			
8	Excess distributions carryover from 2012 not	310311			
	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2018.	NONE			
10	Subtract lines 7 and 8 from line 6a	NOME			
	a Excess from 2013 NONE				
	Excess from 2014 NONE				
	Excess from 2015 NONE				
	Excess from 2016 NONE			İ	
	Excess from 2017 NONE				
					Form 990-PF (2017)

Pai	t XIV Private Ope	erating Foundations	(see instructions ai	nd Part VII-A, question	on 9)	NOT APPLICABLE
1a	If the foundation has i	received a ruling or d	etermination letter that	it is a private opera	ating	
	foundation, and the ruling	=			_	
h	Check box to indicate v					j)(3) or 4942(j)(5)
-		Tax year	<u> </u>	Prior 3 years		<u></u>
2a	Enter the lesser of the ad-	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	justed net income from Part I or the minimum investment		(0) 2010	(6) 2015	(0) 2014	
	return from Part X for each				/	
	year listed	ļ				
b	85% of line 2a			<u> </u>	<u> </u>	
C	Qualifying distributions from Part		1			1
	XII, line 4 for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct			,'		
	of exempt activities					
e	Qualifying distributions made directly for active conduct of			<i>(</i>		1
	exempt activities Subtract line				ļ	1
3	2d from line 2c			, ′	 	
3	Complete 3a, b, or c for the alternative test relied upon		,		ļ	
а	"Assets" alternative test - enter		<i>,</i> ′			
	(1) Value of all assets			<u></u>		<u> </u>
	(2) Value of assets qualifying	,	,′			ł
	under section 4942(j)(3)(B)(i)	·	/			
Ь	"Endowment" alternative test-		,			
	enter 2/3 of minimum invest-		/			1
	ment return shown in Part X,		/			
	line 6 for each year listed					
С	"Support" alternative test - enter		,*			
	(1) Total support other than gross investment income		/			
	(interest, dividends, rents,	, '				
	payments on securities loans (section 512(a)(5)),	,·′				
	or royalties)	/			Ĺ	<u> </u>
	(2) Support from general	/				
	public and 5 or more exempt organizations as	/	3			ĺ
	provided in section 4942	<u>,</u>				1
	(j)(3)(B)(iii)	/		·		
	port from an exempt				1	
	organization	-				
	(4) Gross investment income.		\	amba if Aba faranda	tion had 65 000 a	<u> </u>
Pal		uring the year - see		only if the loundar	uon nau \$5,000 c	or more in assets at
_						
1	Information Regarding	-				
а	before the close of any	the foundation who I	have contributed mor	e than 2% of the tota	al contributions recei	ved by the foundation
	before the close of any	rtax year (but only il ti	iey nave commouteu i	nore than \$5,000). (5)	ee section 507(u)(2).)	,
	NONE					
-p						ly .large_portion_of_the_
	ownership of a partner	ship or other entity) o	f which the foundation	has a 10% or greater	ınterest.	
	NONE					
	-: - - : -					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:		
					table argenizations	and does not comet
						and does not accept inder other conditions,
	complete items 2a, b,			inta, etc., to mulvidue	ns or organizations t	maer other conditions,
		<u> </u>		novon to sub-	Instrume about 1	lala a a a a d
а	The name, address, an	a telephone number o	r email address of the	person to whom appl	ications should be ad	aressea
						
b	The form in which app	lications should be sul	omitted and information	on and materials they :	should include.	_ · · _
c	Any submission deadli	nes.				
	•					
_	Any restrictions or li	mitations on awards	such as by geogra	aphical areas charita	ble fields kinds of	institutions or other

3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Annount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
RT'S COUNCIL OF WINSTON SALEM				
51 N SPRUCE STREET WINSTON-SALEM NC 27101	NONE	PC	GENERAL SUPPORT	50,000
IGH POINT UNIVERSITY				
33 MONTLIEU AVENUE HIGH POINT NC 27262	NONE	PC	GENERAL SUPPORT	185,000
NITED WAY OF GREATER HIGH POINT, INC.				
01 CHURCH AVENUE HIGH POINT NC 27262	NONE	PC	SUPPORT OF OPERATIONS	15,000
WCA HIGH POINT				
.2 GATEWOOD AVENUE HIGH POINT NC 27262	NONE	PC	SUPPORT OF OPERATIONS	100,000
THE HIGH POINT COMMUNITY FDN				
PO BOX 5166 HIGH POINT NC 27262	NONE	PC	SUPPORT OF OPERATIONS	140,000
FAMILY SERVICE OF THE PIEDMONT	1	DC "	AUDRAHM OF ADENTATION	25.00
002 BONNER DRIVE JAMESTOWN NC 27282	NONE	PC "	SUPPORT OF OPERATIONS	25,000
		ļ		
		-		
Total	<u> </u>	<u> </u>	▶ 3a	515 000
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·	T	3a	515,000
		1		
	1			
	_ L	1	▶ 3b	

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ter gross a	mounts unless otherwise indicated.	Unrela	ited business income	Excluded by	section 512, 513, or 514	(e)
Program :	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-						
					١	
d						
e						
f						
g Fees a	nd contracts from government agencies					
Members	hip dues and assessments					
Interest on	savings and temporary cash investments •			114	027 002	
	and interest from securities			14	237,203.	
	income or (loss) from real estate					
	nanced property					<u> </u>
	ebt-financed property		-7	 		
	income or (loss) from personal property			+		
	estment income	_		10	101 506	···
	ss) from sales of assets other than inventory			18	121,586.	
	ne or (loss) from special events · · ·			 		
-	fit or (loss) from sales of inventory			 		
	enue a CISE TAX REFUND	_		1	833.	
					033.	· · ·
			···-			
'						
			ľ	1		
	Add columns (b) (d) and (e)				359 622	
Subtotal Total. Ade workshe rt XVI-E		alations.)	ccomplishment of	Exempt Pur	poses	
Subtotal Total. Ade workshe rt XVI-E	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcu	ulations.) to the Ac	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
Subtotal Total. Add workshe rt XVI-E	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
Subtotal Total. Add workshe rt XVI-B	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
Subtotal Fotal. Add workshe rt XVI-B	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
Subtotal Fotal. Add workshe rt XVI-B e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
Subtotal Fotal. Add workshe rt XVI-B e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
Subtotal Fotal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
Subtotal Fotal. Add workshe rt XVI-B e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
Subtotal Fotal. Add workshe rt XVI-B e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
Subtotal Fotal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of n income is reported t purposes (other than	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
Subtotal Total. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of n income is reported t purposes (other than	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of n income is reported t purposes (other than	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of n income is reported t purposes (other than	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
otal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of n income is reported t purposes (other than	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
Subtotal Total. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of n income is reported t purposes (other than	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
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Subtotal Fotal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of n income is reported t purposes (other than	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
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Subtotal Fotal. Add workshe t XVI-E e No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of n income is reported t purposes (other than	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to
Total. Add workshe rt XVI-E ne No.	d line 12, columns (b), (d), and (e) et in line 13 instructions to verify calcumate Relationship of Activities Explain below how each activity	ulations.) to the Ac	ccomplishment of n income is reported t purposes (other than	Exempt Pur	poses e) of Part XVI-A contribu	uted importantly to

Form 990-PF (20				57-0834648	Page 13
Part XVII	Information R Exempt Organ		nsfers to and Transacti	ons and Relationships With Nonch	aritable
	on 501(c) (other	-		g with any other organization described in section 527, relating to political	Yes No
a Transfer	s from the reporting	g foundation to a	a noncharitable exempt organ	nization of	
				· · · · · · · · · · · · · · · · · · ·	1a(1) X 1a(2) X
b Other tr	ansactions:				
					1b(3) X
(4) Rein	nbursement arrange	ements			
	•			T. C.	
				yees	
				chedule. Column (b) should always show	
value o	f the goods, other	assets, or service	ces given by the reporting for	oundation. If the foundation received less t	than fair market
				the value of the goods, other assets, or se	
(a) Line no	(b) Amount involved	(c) Name of n	oncharitable exempt organization	(d) Description of transfers, transactions, and share	ng arrangements
					
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	· · · · · · · · · · · · · · · · · · ·				
describ	•) (other than sec		ne or more tax-exempt organizations 527?	Yes X No
<u>D 11 165,</u>	(a) Name of organization		(b) Type of organization	(c) Description of relations	thip
			ined this return, including accompanying expayer) is based on all information of whice	, <u></u>	
Here St	Maketh	لاسار	05/31/2018		discuss this return
Sign	nature of officer or trustee	•	Day A	Title See Instruction	ns. X Yes No
	Print/Type preparer's n	ame	Prepare seignature	Date Check II	PTIN
Paid	TAMMY RENAU		The state of the s	Citack ii	P01043078
Preparer		ELLS FARGO	BANK, W.A.		3080771
Use Only		525 W W.T.	HARRIS BLVD. D1114	-044	
	<u> </u>	HARLOTTE,	NC 2		91-8916
				Fo	rm 990-PF (2017

57-0834648

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
ABERDEEN GLOBAL HIGH INCOME FD #5497 CREDIT SUISSE COMM RET ST-1 #2156 DODGE & COX INCOME FD COM #147 FEDERATED STRAT VAL DIV FD IS #662 FID ADV EMER MKTS INC- CL 1 #607 MONDRIAN INTERNATIONAL EQUITY FUND HARBOR CAPITAL APPCTION-INST #2012 ISHARES CORE & P 500 ETF ISHARES RUSSELL 2000 ETF ISHARES RUSSELL 2000 ETF ISHARES RUSSELL 2000 ETF OPPENHEIMER DEVELOPING MKT-1 #799 PIMCO REAL RETURN FUND-INST #122 PIMCO REAL RETURN FUND-INST #122 PIMCO COMMODITY REAL RET STRAT-I#45 PIMCO EMERGING LOCAL BOND IS #332 T ROWE PRICE SHORT TERM BD FD #55 SPDR DJ WILSHIRE INTERNATIONAL REAL STERLING CAPITAL STRATTON SMALL CAP TEMPLETON EMER MKT S/C-ADV #626 TOUCHSTONE MID CAP VAL-INST #552 SCHWAB INVESTMENT MANAGER	2,356. 1,911. 25,522. 8,509. 14,795. 12,882. 12,882. 5,334. 4,396. 2,747. 1,956. 4,164. 3,885. 11,775. 6,120. 2,614. 5,099. 14,938. 6,120. 5,099. 1,429. 80,247.	2,175. 1,911. 6,811. 25,522. 8,509. 12,947. 12,947. 12,947. 12,947. 12,982. 5,334. 4,396. 4,396. 1,956. 4,164. 2,747. 1,956. 4,691. 2,574. 5,099. 14,938. 6,512. 80,247.

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

EXCISE TAX REFUND

833.

TOTALS

833.

22,923.

NONE

22,923.

45,846.

TOTALS

LEGAL SERVICES

DESCRIPTION

22,923.

22,923.

45,846.

CHARITABLE PURPOSES

ADJUSTED NET INCOME

NET INVESTMENT INCOME

> EXPENSES PER BOOKS

REVENUE AND

- LEGAL FEES

FORM 990PF, PART I

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	CHARITABLE PURPOSES)	1,800.	1,800.
	ADJUSTED NET INCOME	1 1 1 1		NONE
	NET INVESTMENT INCOME	1 1 1 1 1		NONE
	REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1	1,800.	1,800.
FORM 990PF, PART I - ACCOUNTING FEES	DESCRIPTION	1	TAX PREPARATION FEE (NON-ALLOC	TOTALS

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57-0834648

PROFESSIONAL FEES	
OTHER	11 11 11 11
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PART	ii II II II
1 990PF,	
FORM	

NET INVESTMENT INCOME	70,155.
REVENUE AND EXPENSES PER BOOKS	70,155.
	TOTALS
	년 년 년
	MGMT
MOITG	FARGO
DESCRIPTION	WELLS FARGO MGMT FEE

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CHARLES E. HAYWORTH, JR., FOUNDATION (THE)

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TAXES	
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990PF,	
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NET INVESTMENT INCOME) 	46. 3,110. 862.	4,018.
REVENUE AND EXPENSES PER BOOKS		46. 3,110. 862.	4,018.
DESCRIPTION		FOREIGN TAXES FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	TOTALS

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	CHARITABLE PURPOSES	26.	72.
	NET INVESTMENT INCOME	67.	. 79
	REVENUE AND EXPENSES PER BOOKS	67. 26. 46.	139.
- OTHER EXPENSES	- · · · · · · · · · · · · · · · · · · ·		TOTALS
FORM 990PF, PART I - OTHER EXPENSES	DESCRIPTION	ADRE FEES POSTAL FEES CHECK ORDER FEES	

57-0834648

CHARLES E. HAYWORTH, JR., FOUNDATION (THE)

57-0834648

CHARLES E. HAYWORTH, JR., FOUNDATION (THE)

- CORPORATE STOCK

FORM 990PF, PART II

TOTALS 6,019,081. 5,466,029. 6,739,134.

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STATEMENT

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CHARLES E. HAYWORTH, JR., FOUNDATION (THE)

57-0834648

FORM 990PF, PART II - CORPORATE BONDS FORM 990PF, PART II

ENDING FMV	309, 486. 82,627. 329,942. 104,719. 82,399. 148,998. 151,431. 1,209,602.
ENDING BOOK VALUE	300,377. 86,860. 333,638. 145,198. 89,987. 151,459. 149,910. 1,257,429.
BEGINNING BOOK VALUE	217,692. 44,630. 101,863. 146,360. 48,507. 152,175. 149,788.
	TOTALS
DESCRIPTION	256210105 DODGE & COX INCOME F 4812C0803 JPMORGAN HIGH YIELD-315920702 FID ADV EMER MKTS IN 72201F516 PIMCO EMERGING LOCAL 04315J860 ABERDEEN. GLOBAL HIGH 77957P105 T ROWE PRICE SHORT T 693391104 PIMCO REAL RETURN FU

FORM 990PF, PART III - OTHER I	NCREASES	IN NET	WORTH	OR	FUND	BALANCES
=======================================	:=======	=====	======	====	=====	=======
DESCRIPTION						AMOUNT
MUTUAL FUND TAX EFFECTIVE DATE	E BEFORE T	YE				2,300.
CHANGE IN VALUE OF INVESTMENTS	s - SCHWAB	3				417,288.
WASH SALES ADJUSTMENT						122.
	TOTA	AL.				419,710.
						=======================================

FORM 990PF, PART III - OTHER DECRE	SES IN NET WORTH OR FUND BALANCES
DESCRIPTION	, AMOUNT
MUTUAL FUND POSTING DATE AFTER TYPEROC BASIS ADJUSTMENT ROUNDING	5,013. 1,877. 1.
	TOTAL 6,891.

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: WELLS FARGO BANK NA

ADDRESS: 100 NORTH MAIN STREET D4001-065

WINSTON SALEM, NC 27101

TELEPHONE NUMBER: (855)739-2921

TOTAL COMPENSATION:

70,155.

STATEMENT 13

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