efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491259003040

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/Form990PF* for instructions and the latest information.**

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 05-01-2019 , and ending 04-30-2020

Name of foundation
SHUGART FAMILY FOUNDATION

A Employer identification number
56-2230054

Number and street (or P.O. box number if mail is not delivered to street address)
4004 LONG MEADOW LANE

Room/suite

B Telephone number (see instructions)
(336) 765-9661

City or town, state or province, country, and ZIP or foreign postal code
WINSTONSALEM, NC 27106

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here..... ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ..... ▶ ☐

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16)* ▶$ 206,623

J Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify) _____
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check ▶ ☑ if the foundation is **not** required to attach Sch. B				
	3 Interest on savings and temporary cash investments	82	82		
	4 Dividends and interest from securities	7,623	7,623		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	68,075			
	b Gross sales price for all assets on line 6a 68,080				
	7 Capital gain net income (from Part IV, line 2)		68,075		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 **Total.** Add lines 1 through 11	75,780	75,780		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,935	1,935		0
	c Other professional fees (attach schedule)				
	17 Interest	44	44		0
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	4,356	4,356		0
	24 **Total operating and administrative expenses.** Add lines 13 through 23	6,335	6,335		0
	25 Contributions, gifts, grants paid	108,046			108,046
	26 **Total expenses and disbursements.** Add lines 24 and 25	114,381	6,335		108,046
	27 Subtract line 26 from line 12:				
	a **Excess of revenue over expenses and disbursements**	-38,601			
	b **Net investment income** (if negative, enter -0-)		69,445		
	c **Adjusted net income** (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	170,114	81,907	81,907
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	275,371	324,977	124,716
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	445,485	406,884	206,623
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities**(add lines 17 through 22)	0	0	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	445,485	406,884	
	29 **Total net assets or fund balances** (see instructions)	445,485	406,884	
	30 **Total liabilities and net assets/fund balances** (see instructions)	445,485	406,884	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	445,485
2	Enter amount from Part I, line 27a	2	-38,601
3	Other increases not included in line 2 (itemize) ▶	3	0
4	Add lines 1, 2, and 3	4	406,884
5	Decreases not included in line 2 (itemize) ▶	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	406,884

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	STOCK AND MUTUAL FUND SALES	P	2019-05-01	2020-04-30
b	K-1 GAIN LOSS	P	2019-12-31	2019-12-31
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	68,080			68,080
b			5	-5
c				
d				
e				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				68,080
b				-5
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	68,075
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	122,542	345,703	0.354472
2017	136,514	356,403	0.383033
2016	115,749	360,931	0.320696
2015	140,547	385,769	0.364329
2014	147,417	529,715	0.278295

2	**Total** of line 1, column (d)	2	1.700825
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.340165
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	281,000
5	Multiply line 4 by line 3	5	95,586
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	694
7	Add lines 5 and 6	7	96,280
8	Enter qualifying distributions from Part XII, line 4	8	108,046

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	694
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	694
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	694
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 509		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c: 0		
d	Backup withholding erroneously withheld — 6d: 0		
7	Total credits and payments. Add lines 6a through 6d	7	509
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	0
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	185
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ **Refunded** ▶	11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ NC			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation* .	8b	Yes	
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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ N/A

14 The books are in care of ▶ GROVER F SHUGART JR Telephone no. ▶ (336) 765-9661

Located at ▶ 221 JONESTOWN ROAD WINSTONSALEM NC ZIP+4 ▶ 27104

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶

Part 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.

1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
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		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No		
b	If any answer is "Yes" to 5a(1)–(5), 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	5b		
	Organizations relying on a current notice regarding disaster assistance check here ▶	☐		
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?	☐ Yes ☐ No		
	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 personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	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?	☐ Yes ☑ No		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
GROVER F SHUGART JR 4004 LONG MEADOW LANE WINSTONSALEM, NC 27106	DIRECTOR 4.00	0	0	0
KAY W SHUGART 4004 LONG MEADOW LANE WINSTONSALEM, NC 27106	DIRECTOR 4.00	0	0	0

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				

Total number of other employees paid over $50,000 ▶ 0

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of others receiving over $50,000 for professional services. ▶		0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. **3**	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	186,430
b	Average of monthly cash balances	1b	98,849
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	285,279
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	285,279
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,279
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	281,000
6	**Minimum investment return.** Enter 5% of line 5	6	14,050

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6			1	14,050
2a	Tax on investment income for 2019 from Part VI, line 5	2a	694		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	694
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	13,356
4	Recoveries of amounts treated as qualifying distributions			4	0
5	Add lines 3 and 4			5	13,356
6	Deduction from distributable amount (see instructions)			6	0
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	13,356

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	108,046
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	108,046
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	694
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	107,352

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				13,356
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014. 121,843				
b From 2015. 122,183				
c From 2016. 97,702				
d From 2017. 118,824				
e From 2018. 105,309				
f **Total** of lines 3a through e.	565,861			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 108,046				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				13,356
e Remaining amount distributed out of corpus	94,690			
5 Excess distributions carryover applied to 2019.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	660,551			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b. Taxable amount —see instructions		0		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .	121,843			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	538,708			
10 Analysis of line 9:				
a Excess from 2015. . . . 122,183				
b Excess from 2016. . . . 97,702				
c Excess from 2017. . . . 118,824				
d Excess from 2018. . . . 105,309				
e Excess from 2019. . . . 94,690				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part 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 exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: **a** "Assets" alternative test—enter: **(1)** Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . .					
c "Support" alternative test—enter: **(1)** Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

GROVER F SHUGART JR

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				108,046
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	82	
4 Dividends and interest from securities			14	7,623	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	68,075	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		75,780	0
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	75,780

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

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

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

******	2020-09-01	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
TIMOTHY H HAYWORTH				P00187750
Firm's name ▶ SHARRARD MCGEE & COMPANY PA				Firm's EIN ▶56-1146197
Firm's address ▶ PO BOX 10439 GREENSBORO, NC 27404				Phone no. (336) 272-9777

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ABANDONED CHILDREN'S FUND PO BOX 5031 HAGARSTOWN, MD 21741			CHARITABLE	300
ALAMANCE COUNTY MEALS ON WHEELS 411 W 5TH STREET STE A BURLINGTON, NC 27215			CHARITABLE	300
ALZHEIMERS DISEASE RESEARCH 22512 GATEWAY CENTER DR CLARKSBURG, MD 20871			CHARITABLE	600
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN BIBLE SOCIETY PO BOX 96812 WASHINGTON, DC 20090			CHARITABLECHARITABLE	1,300
AMERICAN CANCER SOCIETY PO BOX 41912 RALEIGH, NC 27629			CHARITABLE	600
AMERICAN DIABETES ASSOC PO BOX 1833 MERRIFIELD, VA 22116			CHARITABLE	350
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN HEART ASSOC 7029 ALBERT PICK ROAD STE 200 GREENSBORO, NC 27409			CHARITABLE	600
AMERICAN KIDNEY FUNDPO BOX 1837 MERRIFIELD, VA 22116			CHARITABLE	600
AMERICAN LEPROSY MISSIONS 1 ALM WAY GREENVILLE, SC 29601			CHARITABLE	900
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AMERICAN LUNG ASSOCIATION PO BOX 11039 LEWISTON, ME 04243			CHARITABLE	300
AMERICAN PARKINSON DISEASE ASSOCIATION PO BOX 97217 WASHINGTON, DC 20090			CHARITABLE	600
AMERICAN RED CROSS 690 COLISEUM DRIVE WINSTON SALEM, NC 27106			CHARITABLE	400
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARTHRITIS FOUNDATION 1355 PEACHTREE ST NE STE 600 ATLANTA, GA 30309			CHARITABLE	600
ASSO IN CHRISTIAN COUNSELING 8025 N POINT BLVD STE 231 WINSTON SALEM, NC 27106			CHARITABLE	1,100
AUTISM SPEAKS 1 EAST 33RD STREET 4TH FLOOR NEW YORK, NY 10016			CHARITABLE	100
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BAPTIST MIDMISSIONS FOUNDATION PO BOX 308011 CLEVELAND, OH 44130			CHARITABLE	300
BELIEVER'S BAPTIST CHURCH PO BOX 2318 KING, NC 27021			CHARITABLE	7,411
BIBLE LEAGUE INTERNATIONAL 1 BIBLE LEAGUE PLAZA CRELE, IL 60417			CHARITABLE	600
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BILLY GRAHAM EVANGELISTIC ASSOC 1 BILLY GRAHAM PKWY CHARLOTTE, NC 28201			CHARITABLE	2,830
BOYS AND GIRLS CLUBPO BOX 2834 HIGH POINT, NC 27261			CHARITABLE	300
BOYS TOWN234 MONSKY DR BOYS TOWN, NE 68010			CHARITABLE	300
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CAMPUS CRUSADE (CRU) PO BOX 628222 ORLANDO, FL 32862			CHARITABLE	2,150
CAREPO BOX 1870 MERRIFIELD, VA 22116			CHARITABLE	900
CENTRAL MISSIONARYPO BOX 210228 HOUSTON, TX 77218			CHARITABLE	1,000
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILDREN INTERNATIONAL PO BOX 219055 KANSAS CITY, MO 64121			CHARITABLE	300
CHILDREN'S CANCER RESEARCH FUND 7301 OHMS LN STE 355 MINNEAPOLIS, MN 55439			CHARITABLE	600
CHILDREN'S HOPE ALLIANCE 209 BARIUM SPRINGS DR STATESVILLE, NC 28677			CHARITABLE	250
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHRISTIAN APPALACHIAN PROJECT PO BOX 55911 LEXINGTON, KY 40555			CHARITABLE	600
CHRISTIANS IN DEFENSE OF ISRAEL PO BOX 540209 ORLANDO, FL 32854			CHARITABLE	600
CITIZENS UNITEDPO BOX 96408 WASHINGTON, DC 20090			CHARITABLE	1,100
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CLEMMONS FOOD PANTRYPO BOX 871 CLEMMONS, NC 27012			CHARITABLE	1,000
COALITION TO SALUTE AMERICA'S HEROES PO BOX 96440 WASHINGTON, DC 20090			CHARITABLE	1,100
COMMUNITY CARE CENTER 2135 NEW WALKERTOWN RD WINSTON SALEM, NC 27101			CHARITABLE	300
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CONGRESSIONAL PRAYER CAUCUS FOUNDATION 524 JOHNSTOWN ROAD CHESAPEAKE, VA 23322			CHARITABLE	2,100
CONQUER CANCERPO BOX 896076 CHARLOTTE, NC 28289			CHARITABLE	600
COVENANT HOUSE5 PENN PLAZA NEW YORK, NY 10001			CHARITABLE	500
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CRISIS CONTROL MINISTRY - WS 200 EAST TENTH STREET WINSTON SALEM, NC 27101			CHARITABLE	800
CRISIS MINISTRY OF DAVIDSON CO 107 EAST FIRST AVENUE LEXINGTON, NC 27292			CHARITABLE	600
CYSTIC FIBROSIS FOUNDATION 7101 CREEDMOOR RD STE 130 RALEIGH, NC 27613			CHARITABLE	300
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DALLAS THEOLOGICALPO BOX 734215 DALLAS, TX 75373			CHARITABLE	3,150
DAVIE PREGANCY CARE CENTER PO BOX 296 MOCKSVILLE, NC 27028			CHARITABLE	600
DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI, OH 45250			CHARITABLE	600
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
DOCTORS WITHOUT BORDERS 333 7TH AVE 2ND FLOOR NEW YORK, NY 10001			CHARITABLE	400
EPILEPSY FOUNDATIONPO BOX 86548 WASHINGTON, DC 20077			CHARITABLE	550
FAITH & FREEDOM COALITION PO BOX 957736 DULUTH, GA 30095			CHARITABLE	100
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FEED THE CHILDRENPO BOX 272186 OKLAHOMA CITY, OK 73137			CHARITABLE	700
FEED THE HUNGRY530 E IRELAND RD SOUTH BEND, IN 46699			CHARITABLE	300
FIRST PENTECOSTAL HOLINESS CHURCH PO BOX 6252 WINSTON SALEM, NC 27133			CHARITABLE	2,000
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK, FL 33097			CHARITABLE	700
FOR YOU CHRIST MINISTRIES 2015 OLD SALISBURY RD WINSTON SALEM, NC 27127			CHARITABLE	250
FORSYTH FRIENDS MEETING 800 JONESTOWN RD WINSTON SALEM, NC 27103			CHARITABLE	300
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
FREEDOM ALLIANCEPO BOX 97242 WASHINGTON, DC 20000			CHARITABLE	630
FRIENDSHIP BAPITST 1317 CHERRY STREET WINSTON SALEM, NC 27105			CHARITABLE	3,150
FUNDAMENTAL BAPTIST HOME MISSIONS PO BOX 1510 BESSEMER CITY, NC 28016			CHARITABLE	250
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GOD'S WORD TO THE NATIONS MISSION SOCIETY 4138 PEPSI PLACE CHANTILLY, VA 20151			CHARITABLE	250
GRACE BAPTIST CHURCH MINISTRIES 520 ROBERTS RD NEWPORT, NC 28570			CHARITABLE	300
GREENSBORO URBAN MINISTRIES 305 WEST LEE STREET GREENSBORO, NC 27406			CHARITABLE	250
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
HANES BAPTIST CHURCH 4210 SABRINA LAKE RD WINSTON SALEM, NC 27127			CHARITABLE	500
HELP HEAL VETERANSPO BOX 98088 WASHINGTON, DC 20090			CHARITABLE	300
HOPSICE OF THE PIEDMONT 1801 WESTCHESTER DR HIGH POINT, NC 27262			CHARITABLE	600
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IMMANUEL BAPTIST CHURCH 2432 W GATE CITY BLVD GREENSBORO, NC 27403			CHARITABLE	300
INTERNATIONAL CHRISTIAN EMBASSY JERUSALEM PO BOX 415000 NASHVILLE, TN 37241			CHARITABLE	600
INTERNATIONAL EYE FOUNDATION PO BOX 38018 BALTIMORE, MD 21297			CHARITABLE	700
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INTERNATIONAL FELLOWSHIP CHRISTIANS & JEWS PO BOX 97339 WASHINGTON, DC 20077			CHARITABLE	250
JERUSALEM PRAYER TEAM INTERNATIONAL PO BOX 30000 PHOENIX, AZ 85046			CHARITABLE	2,500
JEWS FOR JESUS60 HAIGHT ST SAN FRANCISCO, CA 94102			CHARITABLE	200
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LIBERTY BAPTIST CHURCH 1548 OLD HOLLOW RD WINSTON SALEM, NC 27105			CHARITABLE	2,000
LIBERTY COUNSELPO BOX 540774 ORLANDO, FL 32854			CHARITABLE	300
LIFE OUTREACH INTERNATIONAL PO BOX 982000 FORT WORTH, TX 76182			CHARITABLE	200
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LUPUS FOUNDATION OF AMERICAN PO BOX 96864 WASHINGTON, DC 20090			CHARITABLE	600
MACULAR DEGENERATION RESEARCH PO BOX 1952 CLARKSBURG, MD 20871			CHARITABLE	600
MARCH OF DIMESPO BOX 2547 DECATUR, IL 62525			CHARITABLE	600
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MEADOWVIEW BAPTIST CHURCH 105 NATHAN AVE WINSTON SALEM, NC 27107			CHARITABLE	5,100
MEMORIAL SLOAN KETTERING CANCER CENTER PO BOX 5028 HAGERSTOWN, MD 21741			CHARITABLE	800
MENTAL HEALTH ASSOC 1509 S HAWTHORNE RD WINSTON SALEM, NC 27103			CHARITABLE	300
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MERCY CORPSPO BOX 2669 PORTLAND, OR 97208			CHARITABLE	300
MERCY HOMES FOR BOYS AND GIRLS 1140 WEST JACKSON BLVD CHICAGO, IL 60607			CHARITABLE	1,000
MERCY SHIPSPO BOX 1930 GARDEN VALLEY, TX 76771			CHARITABLE	900
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MISSIONARY KELLY CHILDREN PO BOX 121 WASHINGTON, NC 27889			CHARITABLE	1,000
MUSCULAR DYSTOPHYPO BOX 97075 WASHINGTON, DC 20090			CHARITABLE	400
NATIONAL MULTIPLE SCLEROSIS SOCIETY PO BOX 25489 RALEIGH, NC 27611			CHARITABLE	300
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL POLICE ASSOCIATION PO BOX 1427 STAFFORD, TX 77497			CHARITABLE	100
NATIONAL PSORIASIS FOUNDATION PO BOX 3469 PORTLAND, OR 97209			CHARITABLE	200
ON WINGS LIKE A DOVEPO BOX 557 CLEMMONS, NC 27012			CHARITABLE	2,000
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
OPERATION HOMEFRONTPO BOX 8209 TOPEKA, KS 66608			CHARITABLE	200
PARALYZED VETERANS OF AMERICA PO BOX 921 WILTON, NH 03086			CHARITABLE	300
PARKINSON'S FOUNDATION 445 N PATTERSON AVE WINSTON SALEM, NC 27101			CHARITABLE	300
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PAUL'S CHAPEL 2791 W CENTER STREET EXT LEXINGTON, NC 27295			CHARITABLE	7,000
PERKINS SCHOOL FOR BLIND 175 NORTH BEACON STREET WATERTOWN, MA 02472			CHARITABLE	700
PIEDMONT CHALLENGEPO BOX 77914 GREENSBORO, NC 27417			CHARITABLE	600
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PIEDMONT INTERNATIONAL UNIVERSITY 420 S BROAD STREET WINSTON SALEM, NC 27101			CHARITABLE	300
POLITICAL HEADQUARTERS PO BOX 96425 WASHINGTON, DC 20090			CHARITABLE	300
PRAY IN JESUS' NAME MINISTRIES PO BOX 96959 WASHINGTON, DC 20090			CHARITABLE	1,150
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PROSTATE CANCER FOUNDATION PO BOX 7015 ALBERT LEA, MN 58007			CHARITABLE	600
REDEEMER PRESBYTERIAN CHURCH 1046 MILLER ST WINSTON SALEM, NC 27103			CHARITABLE	3,000
ROCK OF AGES MINISTRIES PO BOX 2308 CLEVELAND, TN 37320			CHARITABLE	500
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALDS HOUSE 419 S HAWTHORNE RD WINSTON SALEM, NC 27103			CHARITABLE	300
ROOM AT THE INN OF THE TRIAD PO BOX 13936 GREENSBORO, NC 27415			CHARITABLE	300
SAMARITAN MINISTRIES 414 E NORTHWEST BLVD WINSTON SALEM, NC 27105			CHARITABLE	800
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SECOND HARVEST FOOD BANK 3655 REED ST WINSTON SALEM, NC 27107			CHARITABLE	1,500
SEDGEFIELD PRESBYTERIAN 4216 WAYNE RD GREENSBORO, NC 27407			CHARITABLE	200
SENIOR SERVICES MEALS ON WHEELS 2895 SHOREFAIR DR WINSTON SALEM, NC 27105			CHARITABLE	1,000
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SOLUS CHRISTUSPO BOX 416 EAST BEND, NC 27018			CHARITABLE	550
SPECIAL OLYMPICS6835 S CANTON AVE TUSLA, OK 74136			CHARITABLE	200
ST JUDE CHILDREN HOSPITAL PO BOX 50 MEMPHIS, TN 38101			CHARITABLE	1,200
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STAND FOR AMERICA 64 BEAVER STREET STE 503 NEW YORK, NY 10004			CHARITABLE	250
SUSAN G KOMEN901 E ST NW WASHINGTON, DE 20004			CHARITABLE	700
TARGET ISRAELPO BOX 701 FOREST, VA 24551			CHARITABLE	300
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE ALS ASSOCIATIONPO BOX 37022 BOONE, IA 50037			CHARITABLE	600
THE CENTER FOR MEDI 15333 CULVER DR STE 340-819 IRVINE, CA 92604			CHARITABLE	250
THE CENTERS FOR EXCEPTIONAL CHILDREN 2315 COLSEUM DR WINSTON SALEM, NC 27106			CHARITABLE	300
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE FOUNDATION OF FORSYTH TECH 2100 SILAS CREEK PARKWAY WINSTON SALEM, NC 27103			CHARITABLE	2,000
THE FRIENDS OF ISRAELPO BOX 908 BELLMAWR, NJ 08059			CHARITABLE	300
THE GIDEONS INTERNATIONAL PO BOX 140800 NASHVILLE, TN 37214			CHARITABLE	300
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE GLAUCOMA FOUNDATION 80 MAIDEN LN STE 700 NEW YORK, NY 10273			CHARITABLE	600
THE HERITAGE FOUNDATION PO BOX 97057 WASHINGTON, DC 20002			CHARITABLE	300
THE LEUKEMIA & LYMPHOMA SOCIETY PO BOX 4281 PITTSFIELD, MA 01202			CHARITABLE	700
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE SALVATION ARMYPO BOX 1176 WINSTON SALEM, NC 27102			CHARITABLE	2,000
THE SMILE TRAIN41 MADISON AVE NEW YORK, NY 10010			CHARITABLE	1,375
TRELLIS SUPPORTIVE 101 HOSPICE LANE WINSTON SALEM, NC 27103			CHARITABLE	300
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
TRINITY CENTER640 HOLLY AVE WINSTON SALEM, NC 27101			CHARITABLE	800
TURNING POINTPO BOX 3838 SAN DIEGO, CA 92163			CHARITABLE	800
UNITED AMERICAN PATRIOTS 110 SHIELDS PARK DR STE A KERNERSVILLE, NC 27284			CHARITABLE	800
Total . . . . . ▶ **3a**				108,046

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINSTON-SALEM RESCUE MISSION PO BOX 20424 WINSTON SALEM, NC 27120			CHARITABLE	1,500
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 32682			CHARITABLE	550
Total . . . . . ▶ **3a**				108,046

TY 2019 Accounting Fees Schedule

Name: SHUGART FAMILY FOUNDATION

EIN: 56-2230054

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SHARRARD MCGEE & CO	1,935	1,935		0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491259003040

TY 2019 Investments Corporate Stock Schedule

Name: SHUGART FAMILY FOUNDATION

EIN: 56-2230054

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VARIOUS CORPORATE STOCK	324,977	124,716

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491259003040

TY 2019 Other Expenses Schedule

Name: SHUGART FAMILY FOUNDATION

EIN: 56-2230054

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVISORY FEES	1,453	1,453		0
OTHER EXPENSES	2,903	2,903		0