

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](http://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 06-01-2019 , and ending 05-31-2020**

|  |  |   |  |
|--|--|---|--|
| Name of foundation<br>DHG FOUNDATION INC   |  | <b>A Employer identification number</b><br>54-1847474   |  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br>4350 CONGRESS STREET NO 900   |  | <b>B Telephone number</b> (see instructions)<br>(757) 624-5100  |  |
| City or town, state or province, country, and ZIP or foreign postal code<br>CHARLOTTE, NC 28209  |  | <b>C</b> If exemption application is pending, check here <input type="checkbox"/>   |  |
| <b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |  | <b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/><br><b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>           |  |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation   |  | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>  |  |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ <u>54,334</u>  |  | <b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____<br><i>(Part I, column (d) must be on cash basis.)</i> |  |
|  |  | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>   |  |

| <b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i> |   | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|---|------------------------------------|---------------------------|-------------------------|---|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, etc., received (attach schedule)                           | 287,555                            |                           |                         |   |
|   | <b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B |                                    |                           |                         |   |
|   | <b>3</b> Interest on savings and temporary cash investments                                       |                                    |                           |                         |   |
|   | <b>4</b> Dividends and interest from securities   |                                    |                           |                         |   |
|   | <b>5a</b> Gross rents   |                                    |                           |                         |   |
|   | <b>b</b> Net rental income or (loss)  |                                    |                           |                         |   |
|   | <b>6a</b> Net gain or (loss) from sale of assets not on line 10                                   |                                    |                           |                         |   |
|   | <b>b</b> Gross sales price for all assets on line 6a  |                                    |                           |                         |   |
|   | <b>7</b> Capital gain net income (from Part IV, line 2)   |                                    |                           | 0                       |   |
|   | <b>8</b> Net short-term capital gain  |                                    |                           |                         |   |
|   | <b>9</b> Income modifications   |                                    |                           |                         |   |
|   | <b>10a</b> Gross sales less returns and allowances  |                                    |                           |                         |   |
| <b>b</b> Less: Cost of goods sold   |   |                                    |                           |                         |   |
| <b>c</b> Gross profit or (loss) (attach schedule)   |   |                                    |                           |                         |   |
| <b>11</b> Other income (attach schedule)  |   |                                    |                           |                         |   |
| <b>12 Total.</b> Add lines 1 through 11   | 287,555   |                                    | 0                         |                         |   |
| <b>Operating and Administrative Expenses</b>  | <b>13</b> Compensation of officers, directors, trustees, etc.                                     | 0                                  |                           | 0                       | 0   |
|   | <b>14</b> Other employee salaries and wages   |                                    |                           |                         |   |
|   | <b>15</b> Pension plans, employee benefits  |                                    |                           |                         |   |
|   | <b>16a</b> Legal fees (attach schedule)   |                                    |                           |                         |   |
|   | <b>b</b> Accounting fees (attach schedule)  |                                    |                           |                         |   |
|   | <b>c</b> Other professional fees (attach schedule)  |                                    |                           |                         |   |
|   | <b>17</b> Interest  |                                    |                           |                         |   |
|   | <b>18</b> Taxes (attach schedule) (see instructions)  |                                    |                           |                         |   |
|   | <b>19</b> Depreciation (attach schedule) and depletion  |                                    |                           |                         |   |
|   | <b>20</b> Occupancy   |                                    |                           |                         |   |
|   | <b>21</b> Travel, conferences, and meetings   |                                    |                           |                         |   |
|   | <b>22</b> Printing and publications   |                                    |                           |                         |   |
|   | <b>23</b> Other expenses (attach schedule)  | 634                                |                           | 0                       | 0   |
|   | <b>24 Total operating and administrative expenses.</b> Add lines 13 through 23                    | 634                                |                           | 0                       | 0   |
|   | <b>25</b> Contributions, gifts, grants paid   | 374,800                            |                           |                         | 374,800   |
| <b>26 Total expenses and disbursements.</b> Add lines 24 and 25   | 375,434   |                                    | 0                         | 374,800                 |   |
| <b>27</b> Subtract line 26 from line 12:  |   |                                    |                           |                         |   |
| <b>a Excess of revenue over expenses and disbursements</b>  | -87,879   |                                    |                           |                         |   |
| <b>b Net investment income</b> (if negative, enter -0-)   |   |                                    | 0                         |                         |   |
| <b>c Adjusted net income</b> (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 | End of year    |                       |
|---|--|-------------------|----------------|-----------------------|
|   |  | (a) Book Value    | (b) Book Value | (c) Fair Market Value |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   |                   |                |                       |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 142,213           | 54,334         | 54,334                |
|   | <b>3</b> Accounts receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____  |                   |                |                       |
|   | <b>4</b> Pledges receivable ▶ _____<br>Less: allowance for doubtful accounts ▶ _____   |                   |                |                       |
|   | <b>5</b> Grants receivable . . . . .   |                   |                |                       |
|   | <b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .       |                   |                |                       |
|   | <b>7</b> Other notes and loans receivable (attach schedule) ▶ _____<br>Less: allowance for doubtful accounts ▶ _____                             |                   |                |                       |
|   | <b>8</b> Inventories for sale or use . . . . .   |                   |                |                       |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                   |                |                       |
|   | <b>10a</b> Investments—U.S. and state government obligations (attach schedule)   |                   |                |                       |
|   | <b>b</b> Investments—corporate stock (attach schedule) . . . . .   |                   |                |                       |
|   | <b>c</b> Investments—corporate bonds (attach schedule) . . . . .   |                   |                |                       |
|   | <b>11</b> Investments—land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                  |                   |                |                       |
|   | <b>12</b> Investments—mortgage loans . . . . .   |                   |                |                       |
|   | <b>13</b> Investments—other (attach schedule) . . . . .  |                   |                |                       |
|   | <b>14</b> Land, buildings, and equipment: basis ▶ _____<br>Less: accumulated depreciation (attach schedule) ▶ _____                              |                   |                |                       |
| <b>15</b> Other assets (describe ▶ _____)   |  |                   |                |                       |
| <b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) | 142,213  | 54,334            | 54,334         |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  |                   |                |                       |
|   | <b>18</b> Grants payable . . . . .   |                   |                |                       |
|   | <b>19</b> Deferred revenue . . . . .   |                   |                |                       |
|   | <b>20</b> Loans from officers, directors, trustees, and other disqualified persons   |                   |                |                       |
|   | <b>21</b> Mortgages and other notes payable (attach schedule) . . . . .  |                   |                |                       |
|   | <b>22</b> Other liabilities (describe ▶ _____)   |                   |                |                       |
|   | <b>23 Total liabilities</b> (add lines 17 through 22) . . . . .  | 0                 | 0              |                       |
| <b>Net Assets or Fund Balances</b>  | <b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/><br><b>and complete lines 24, 25, 29 and 30.</b>               |                   |                |                       |
|   | <b>24</b> Net assets without donor restrictions . . . . .  |                   |                |                       |
|   | <b>25</b> Net assets with donor restrictions . . . . .   |                   |                |                       |
|   | <b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/><br><b>and complete lines 26 through 30.</b> |                   |                |                       |
|   | <b>26</b> Capital stock, trust principal, or current funds . . . . .   | 0                 | 0              |                       |
|   | <b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund   | 0                 | 0              |                       |
|   | <b>28</b> Retained earnings, accumulated income, endowment, or other funds   | 142,213           | 54,334         |                       |
| <b>29 Total net assets or fund balances</b> (see instructions) . . . . .                              | 142,213  | 54,334            |                |                       |
| <b>30 Total liabilities and net assets/fund balances</b> (see instructions) .                         | 142,213  | 54,334            |                |                       |

**Part III Analysis of Changes in Net Assets or Fund Balances**

|   |          |         |
|---|----------|---------|
| <b>1</b> 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) . . . . . | <b>1</b> | 142,213 |
| <b>2</b> Enter amount from Part I, line 27a . . . . .   | <b>2</b> | -87,879 |
| <b>3</b> Other increases not included in line 2 (itemize) ▶ _____   | <b>3</b> | 0       |
| <b>4</b> Add lines 1, 2, and 3 . . . . .  | <b>4</b> | 54,334  |
| <b>5</b> Decreases not included in line 2 (itemize) ▶ _____   | <b>5</b> | 0       |
| <b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .  | <b>6</b> | 54,334  |

**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)<br>How acquired<br>P—Purchase<br>D—Donation | (c)<br>Date acquired<br>(mo., day, yr.) | (d)<br>Date sold<br>(mo., day, yr.) |
|--|---|---|-------------------------------------|
| <b>1a</b>  |   |   |                                     |
|  |   |   |                                     |
|  |   |   |                                     |
|  |   |   |                                     |

| (e)<br>Gross sales price | (f)<br>Depreciation allowed<br>(or allowable) | (g)<br>Cost or other basis<br>plus expense of sale | (h)<br>Gain or (loss)<br>(e) plus (f) minus (g) |
|--------------------------|---|--|---|
| <b>a</b>                 |   |  |   |
| <b>b</b>                 |   |  |   |
| <b>c</b>                 |   |  |   |
| <b>d</b>                 |   |  |   |
| <b>e</b>                 |   |  |   |

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

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

**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)<br>Base period years Calendar<br>year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|--|--|--|---|
| 2018   | 632,279                                  | 254,983                                      | 2.479691  |
| 2017   | 828,634                                  | 234,134                                      | 3.539144  |
| 2016   | 986,691                                  | 295,781                                      | 3.335884  |
| 2015   | 906,383                                  | 266,343                                      | 3.403067  |
| 2014   | 957,320                                  | 241,295                                      | 3.967426  |

|   |          |           |
|---|----------|-----------|
| <b>2</b> Total of line 1, column (d)  | <b>2</b> | 16.725212 |
| <b>3</b> 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 | <b>3</b> | 3.345042  |
| <b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5   | <b>4</b> | 136,598   |
| <b>5</b> Multiply line 4 by line 3  | <b>5</b> | 456,926   |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)   | <b>6</b> | 0         |
| <b>7</b> Add lines 5 and 6  | <b>7</b> | 456,926   |
| <b>8</b> Enter qualifying distributions from Part XII, line 4   | <b>8</b> | 374,800   |

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)

Table with 11 rows for excise tax calculations. Includes questions about exempt foundations, tax under section 511, and tax due/overpayment. Sub-table for credits/payments (6a-6d).

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting requirements. Columns for 'Yes' and 'No'.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 11-14.

Located at 440 MONTICELLO AVENUE SUITE 1400 NORFOLK VA ZIP+4 23510

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.

Table with 3 columns: Question number, Question text, and Yes/No columns. Row 16.

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.

Main table for Part VII-B with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a-4b.

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

**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**  Yes  No  
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**  Yes  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**  Yes  No

**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 |
|---|---|---|---|---------------------------------------|
| PATRICK SHULER<br>440 MONTICELLO AVENUE SUITE 1400<br>NORFOLK, VA 23510 | PRESIDENT<br>0.10   | 0   | 0   | 0                                     |
| FRANK GRAHAM<br>4350 CONGRESS STREET SUITE 900<br>CHARLOTTE, NC 28209   | SECRETARY-TREASURER<br>0.10                               | 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)**

| <b>3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".</b> |                     |                  |
|---|---------------------|------------------|
| (a) Name and address of each person paid more than \$50,000   | (b) Type of service | (c) Compensation |
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
| <b>Total</b> 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 |
|--|----------|
| <b>1</b>   |          |
|  |          |
| <b>2</b>   |          |
|  |          |
| <b>3</b>   |          |
|  |          |
| <b>4</b>   |          |
|  |          |

**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 |
|---|--------|
| <b>1</b>  |        |
|   |        |
| <b>2</b>  |        |
|   |        |
| All other program-related investments. See instructions.  |        |
| <b>3</b>  |        |
|   |        |
| <b>Total.</b> Add lines 1 through 3 . . . . . ▶   | 0      |

| <b>Part X Minimum Investment Return</b> (All domestic foundations must complete this part. Foreign foundations, see instructions.) |  |                   |
|--|--|-------------------|
| <b>1</b>   | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:        |                   |
| <b>a</b>   | Average monthly fair market value of securities. . . . .   | <b>1a</b> 0       |
| <b>b</b>   | Average of monthly cash balances. . . . .  | <b>1b</b> 138,678 |
| <b>c</b>   | Fair market value of all other assets (see instructions). . . . .  | <b>1c</b> 0       |
| <b>d</b>   | <b>Total</b> (add lines 1a, b, and c). . . . .   | <b>1d</b> 138,678 |
| <b>e</b>   | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . . | <b>1e</b> 0       |
| <b>2</b>   | Acquisition indebtedness applicable to line 1 assets. . . . .  | <b>2</b> 0        |
| <b>3</b>   | Subtract line 2 from line 1d. . . . .  | <b>3</b> 138,678  |
| <b>4</b>   | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . . | <b>4</b> 2,080    |
| <b>5</b>   | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4        | <b>5</b> 136,598  |
| <b>6</b>   | <b>Minimum investment return.</b> Enter 5% of line 5. . . . .  | <b>6</b> 6,830    |

| <b>Part XI Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here <input type="checkbox"/> and do not complete this part.) |  |                |
|---|--|----------------|
| <b>1</b>  | Minimum investment return from Part X, line 6. . . . .   | <b>1</b> 6,830 |
| <b>2a</b>   | Tax on investment income for 2019 from Part VI, line 5. . . . .  | <b>2a</b>      |
| <b>b</b>  | Income tax for 2019. (This does not include the tax from Part VI.). . . . .  | <b>2b</b>      |
| <b>c</b>  | Add lines 2a and 2b. . . . .   | <b>2c</b> 0    |
| <b>3</b>  | Distributable amount before adjustments. Subtract line 2c from line 1. . . . .                                     | <b>3</b> 6,830 |
| <b>4</b>  | Recoveries of amounts treated as qualifying distributions. . . . .   | <b>4</b> 0     |
| <b>5</b>  | Add lines 3 and 4. . . . .   | <b>5</b> 6,830 |
| <b>6</b>  | Deduction from distributable amount (see instructions). . . . .  | <b>6</b> 0     |
| <b>7</b>  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . . | <b>7</b> 6,830 |

| <b>Part XII Qualifying Distributions</b> (see instructions) |  |                   |
|---|--|-------------------|
| <b>1</b>  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:   |                   |
| <b>a</b>  | Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .   | <b>1a</b> 374,800 |
| <b>b</b>  | Program-related investments—total from Part IX-B. . . . .  | <b>1b</b> 0       |
| <b>2</b>  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .   | <b>2</b>          |
| <b>3</b>  | Amounts set aside for specific charitable projects that satisfy the:   |                   |
| <b>a</b>  | Suitability test (prior IRS approval required). . . . .  | <b>3a</b>         |
| <b>b</b>  | Cash distribution test (attach the required schedule). . . . .   | <b>3b</b>         |
| <b>4</b>  | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4  | <b>4</b> 374,800  |
| <b>5</b>  | 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. . . . . | <b>5</b> 0        |
| <b>6</b>  | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .   | <b>6</b> 374,800  |

**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)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|--|---------------|----------------------------|-------------|-------------|
| <b>1</b> Distributable amount for 2019 from Part XI, line 7  |               |                            |             | 6,830       |
| <b>2</b> Undistributed income, if any, as of the end of 2019:  |               |                            |             |             |
| <b>a</b> Enter amount for 2018 only. . . . .   |               |                            | 0           |             |
| <b>b</b> Total for prior years: 20____, 20____, 20____   |               | 0                          |             |             |
| <b>3</b> Excess distributions carryover, if any, to 2019:  |               |                            |             |             |
| <b>a</b> From 2014. . . . .  | 945,255       |                            |             |             |
| <b>b</b> From 2015. . . . .  | 894,157       |                            |             |             |
| <b>c</b> From 2016. . . . .  | 971,902       |                            |             |             |
| <b>d</b> From 2017. . . . .  | 816,927       |                            |             |             |
| <b>e</b> From 2018. . . . .  | 619,530       |                            |             |             |
| <b>f</b> Total of lines 3a through e. . . . .  | 4,247,771     |                            |             |             |
| <b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____ 374,800   |               |                            |             |             |
| <b>a</b> Applied to 2018, but not more than line 2a  |               |                            | 0           |             |
| <b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .  |               | 0                          |             |             |
| <b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .  | 0             |                            |             |             |
| <b>d</b> Applied to 2019 distributable amount. . . . .   |               |                            |             | 6,830       |
| <b>e</b> Remaining amount distributed out of corpus  | 367,970       |                            |             |             |
| <b>5</b> Excess distributions carryover applied to 2019.<br>(If an amount appears in column (d), the same amount must be shown in column (a).)   | 0             |                            |             | 0           |
| <b>6</b> Enter the net total of each column as indicated below:  |               |                            |             |             |
| <b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5   | 4,615,741     |                            |             |             |
| <b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b . . . . .  |               | 0                          |             |             |
| <b>c</b> 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                          |             |             |
| <b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .  |               | 0                          |             |             |
| <b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .   |               |                            | 0           |             |
| <b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . .   |               |                            |             | 0           |
| <b>7</b> 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             |                            |             |             |
| <b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions). . . . .  | 945,255       |                            |             |             |
| <b>9</b> Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a . . . . .   | 3,670,486     |                            |             |             |
| <b>10</b> Analysis of line 9:  |               |                            |             |             |
| <b>a</b> Excess from 2015. . . . .   | 894,157       |                            |             |             |
| <b>b</b> Excess from 2016. . . . .   | 971,902       |                            |             |             |
| <b>c</b> Excess from 2017. . . . .   | 816,927       |                            |             |             |
| <b>d</b> Excess from 2018. . . . .   | 619,530       |                            |             |             |
| <b>e</b> Excess from 2019. . . . .   | 367,970       |                            |             |             |

**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 |           |
| <b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .                      |          |               |          |          |           |
| <b>b</b> 85% of line 2a . . . . .  |          |               |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .   |          |               |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .   |          |               |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .                                   |          |               |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:  |          |               |          |          |           |
| <b>a</b> "Assets" alternative test—enter:  |          |               |          |          |           |
| <b>(1)</b> Value of all assets . . . . .   |          |               |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)   |          |               |          |          |           |
| <b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . . . .                                |          |               |          |          |           |
| <b>c</b> "Support" alternative test—enter:   |          |               |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . . |          |               |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .                                       |          |               |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization   |          |               |          |          |           |
| <b>(4)</b> 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).)

**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   | 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  |
|---|---|--------------------------------|----------------------------------|---------|
| Name and address (home or business)                               |   |                                |                                  |         |
| <b>a</b> <i>Paid during the year</i><br>See Additional Data Table |   |                                |                                  |         |
| <b>Total . . . . .</b> ▶ <b>3a</b>                                |   |                                |                                  | 374,800 |
| <b>b</b> <i>Approved for future payment</i>                       |   |                                |                                  |         |
| <b>Total . . . . .</b> ▶ <b>3b</b>                                |   |                                |                                  | 0       |



Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

Table with 3 columns: Question, Yes, No. Contains questions 1, a, b, c, and d regarding transfers and transactions with noncharitable exempt organizations.

Table with 4 columns: (a) Line No., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

Section 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? Includes a schedule table with columns (a) Name of organization, (b) Type of organization, and (c) Description of relationship.

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.

Sign Here section with signature, date, and title fields. Includes a box for 'May the IRS discuss this return with the preparer shown below' and a 'Paid Preparer Use Only' section with fields for name, signature, date, firm name, address, and PTIN/EIN.

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

| Recipient  | 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  |
|--|---|--------------------------------|---|---------|
| Name and address (home or business)  |   |                                |   |         |
| <b>a</b> <i>Paid during the year</i>   |   |                                |   |         |
| APPALACHIAN STATE UNIVERSITY<br>3124 PEACKOCK HALL<br>BOONE, NC 28608        | NONE  | PC                             | EDUCATION - TO SUPPORT ACCOUNTING PROGRAMS AND BUSINESS SCHOOLS | 32,000  |
| CLEMSON UNIVERSITY<br>PO BOX 1889<br>CLEMSON, SC 29633                       | NONE  | PC                             | EDUCATION - TO SUPPORT ACCOUNTING PROGRAMS AND BUSINESS SCHOOLS | 9,000   |
| COLLEGE OF CHARLESTON<br>THE BEATTY CENTER SUITE 400<br>CHARLESTON, SC 29424 | NONE  | PC                             | EDUCATION - TO SUPPORT ACCOUNTING PROGRAMS AND BUSINESS SCHOOLS | 7,500   |
| <b>Total . . . . .</b> ▶ <b>3a</b>   |   |                                |   | 374,800 |

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

| Recipient  | 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  |
|--|---|--------------------------------|---|---------|
| Name and address (home or business)  |   |                                |   |         |
| <b>a</b> <i>Paid during the year</i>   |   |                                |   |         |
| MISSISSIPPI STATE UNIVERSITY<br>PO BOX 6149<br>MISSISSIPPI STATE, MS 39762             | NONE  | PC                             | EDUCATION - TO SUPPORT ACCOUNTING PROGRAMS AND BUSINESS SCHOOLS | 10,000  |
| NORTH CAROLINA AT&T STATE<br>1601 EAST MARKET STREET SUITE 401<br>GREENSBORO, NC 27411 | NONE  | PC                             | EDUCATION - TO SUPPORT ACCOUNTING PROGRAMS AND BUSINESS SCHOOLS | 20,000  |
| THE PHD PROJECT ASSOCIATION<br>THREE CHESTNUT RIDGE RD<br>MONTVALE, NJ 07645           | NONE  | PC                             | EDUCATION - TO SUPPORT ACCOUNTING PROGRAMS AND BUSINESS SCHOOLS | 35,000  |
| <b>Total . . . . .</b> ▶ <b>3a</b>   |   |                                |   | 374,800 |

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

| Recipient   | 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  |
|---|---|--------------------------------|---|---------|
| Name and address (home or business)   |   |                                |   |         |
| <b>a</b> <i>Paid during the year</i>  |   |                                |   |         |
| UNIVERSITY OF GEORGIA FOUNDATION<br>394 SOUTH MILLEDGE AVENUE SUITE 100<br>ATHENS, GA 30602 | NONE  | PC                             | EDUCATION - TO SUPPORT ACCOUNTING PROGRAMS AND BUSINESS SCHOOLS | 32,400  |
| UNIVERSITY OF NORTH CAROLINA - GREENSBORO<br>PO BOX 26170<br>GREENSBORO, NC 27402           | NONE  | PC                             | EDUCATION - TO SUPPORT ACCOUNTING PROGRAMS AND BUSINESS SCHOOLS | 3,000   |
| UNIVERSITY OF NORTH CAROLINA - WILMINGTON<br>601 S COLLEGE ROAD<br>WILMINGTON, NC 28403     | NONE  | PC                             | EDUCATION - TO SUPPORT ACCOUNTING PROGRAMS AND BUSINESS SCHOOLS | 30,000  |
| <b>Total . . . . .</b> ▶ <b>3a</b>  |   |                                |   | 374,800 |

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

| Recipient  | 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  |
|--|---|--------------------------------|---|---------|
| Name and address (home or business)                                      |   |                                |   |         |
| <b>a</b> <i>Paid during the year</i>                                     |   |                                |   |         |
| UNIVERSITY OF SOUTH CAROLINA<br>1027 BARNWELL ST<br>COLUMBIA, SC 29208   | NONE  | PC                             | EDUCATION - TO SUPPORT ACCOUNTING PROGRAMS AND BUSINESS SCHOOLS | 35,000  |
| UNIVERSITY OF TENNESSEE<br>1525 UNIVERSITY AVENUE<br>KNOXVILLE, TN 37996 | NONE  | PC                             | EDUCATION - TO SUPPORT ACCOUNTING PROGRAMS AND BUSINESS SCHOOLS | 35,000  |
| WAKE FOREST UNIVERSITY<br>PO BOX 7659<br>WINSTONSALEM, NC 27109          | NONE  | PC                             | EDUCATION - TO SUPPORT ACCOUNTING PROGRAMS AND BUSINESS SCHOOLS | 10,000  |
| <b>Total . . . . .</b> ▶ <b>3a</b>                                       |   |                                |   | 374,800 |

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

| Recipient   | 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  |
|---|---|--------------------------------|---|---------|
| Name and address (home or business)   |   |                                |   |         |
| <b>a</b> <i>Paid during the year</i>  |   |                                |   |         |
| WESTERN CAROLINA UNIVERSITY<br>1 UNIVERSITY WAY<br>CULLOWHEE, NC 28723                    | NONE  | PC                             | EDUCATION - TO SUPPORT ACCOUNTING PROGRAMS AND BUSINESS SCHOOLS | 105,900 |
| BUSINESS CONSORTIUM FOR ARTS SUPPORT<br>101 W MAIN STREET SUITE 4500<br>NORFOLK, VA 23510 | NONE  | PC                             | GENERAL SUPPORT   | 6,000   |
| ELIADA2 COMPTON DRIVE<br>ASHEVILLE, NC 28806  | NONE  | PC                             | GENERAL SUPPORT   | 4,000   |
| <b>Total . . . . .</b> ▶ <b>3a</b>  |   |                                |   | 374,800 |

**TY 2019 Other Expenses Schedule****Name:** DHG FOUNDATION INC**EIN:** 54-1847474**Other Expenses Schedule**

| Description    | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|----------------|--------------------------------|-----------------------|---------------------|---------------------------------------|
| OTHER EXPENSES | 634                            | 0                     |                     | 0                                     |

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2019**

Name of the organization  
DHG FOUNDATION INC

**Employer identification number**  
54-1847474

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization  
DHG FOUNDATION INC

**Employer identification number**  
54-1847474

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| —          | See Additional Data Table         | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |
| —          |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |
| —          |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |
| —          |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |
| —          |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |
| —          |                                   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br><br>(Complete Part II for noncash contribution.) |

Name of organization  
DHG FOUNDATION INC

**Employer identification number**  
54-1847474

**Part II Noncash Property**

| (a)<br>No. from<br>Part I | (b)<br>Description of noncash property given<br><small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small> | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|---------------------------|---|--|----------------------|
| -                         | _____<br>_____<br>_____   | _____<br>\$                                    | _____                |
| -                         | _____<br>_____<br>_____   | _____<br>\$                                    | _____                |
| -                         | _____<br>_____<br>_____   | _____<br>\$                                    | _____                |
| -                         | _____<br>_____<br>_____   | _____<br>\$                                    | _____                |
| -                         | _____<br>_____<br>_____   | _____<br>\$                                    | _____                |

Name of organization  
DHG FOUNDATION INC

Employer identification number  
54-1847474

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a)<br>No. from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---------------------------------------|---------------------|--|-------------------------------------|
|                                       | _____               | _____                                    | _____                               |
|                                       | _____               | _____                                    | _____                               |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |

| (a)<br>No. from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---------------------------------------|---------------------|--|-------------------------------------|
|                                       | _____               | _____                                    | _____                               |
|                                       | _____               | _____                                    | _____                               |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |

| (a)<br>No. from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---------------------------------------|---------------------|--|-------------------------------------|
|                                       | _____               | _____                                    | _____                               |
|                                       | _____               | _____                                    | _____                               |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |

| (a)<br>No. from<br>Part I             | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---------------------------------------|---------------------|--|-------------------------------------|
|                                       | _____               | _____                                    | _____                               |
|                                       | _____               | _____                                    | _____                               |
| (e) Transfer of gift                  |                     |  |                                     |
| Transferee's name, address, and ZIP 4 |                     | Relationship of transferor to transferee |                                     |
| _____                                 |                     | _____                                    |                                     |
| _____                                 |                     | _____                                    |                                     |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1847474

**Name:** DHG FOUNDATION INC

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 1          | DIXON HUGHES GOODMAN LLP<br><hr/> 4350 CONGRESS STREET STE 900<br><hr/> CHARLOTTE, NC 28209 | \$ 228,055                 | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 2          | DAVID DILLS<br>500 RIDGEFIELD COURT<br><hr/> ASHEVILLE, NC 28806                            | \$ 19,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 3          | ROGER CLARY<br>2501 BLUE RIDGE RD STE 500<br><hr/> RALEIGH, NC 27607                        | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 4          | WILLIAM NEERIEMER<br>4350 CONGRESS STREET STE 900<br><hr/> CHARLOTTE, NC 28209              | \$ 5,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 5          | SUSAN MCCRACKEN<br>P O BOX 426<br><hr/> EASLEY, SC 29641                                    | \$ 10,000                  | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 6          | MATTHEW SNOW<br>4350 CONGRESS STREET STE 900<br><hr/> CHARLOTTE, NC 28209                   | \$ 1,000                   | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | JOHN ROBERTS<br>4350 CONGRESS STREET STE 900<br><hr/> CHARLOTTE, NC 28209 | <hr/> \$ 1,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 8          | MITCHELL CRISP<br>500 RIDGEFIELD COURT<br><hr/> ASHEVILLE, NC 28806       | <hr/> \$ 6,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 9          | ED SAMS<br>5608 FOXBURY DRIVE<br><hr/> OAK RIDGE, NC 27310                | <hr/> \$ 5,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 10         | BRIAN ANDREWS<br>220 VILLAGE GLEN WAY<br><hr/> MT HOLLY, NC 28120         | <hr/> \$ 1,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 11         | GARY MATHES<br>500 RIDGEFIELD COURT<br><hr/> ASHEVILLE, NC 28806          | <hr/> \$ 1,000             | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |
| 12         | TIM YORK<br>4350 CONGRESS STREET STE 900<br><hr/> CHARLOTTE, NC 28209     | <hr/> \$ 500               | <b>Person</b> <input checked="" type="checkbox"/><br><b>Payroll</b> <input type="checkbox"/><br><b>Noncash</b> <input type="checkbox"/><br>(Complete Part II for noncash contribution.) |