**Return of Private Foundation** 

OMB No 1545-0052

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

▶ Do not enter social security numbers on this form as it may be made public.

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

| For  | aler  | dar year 2016 or tax year beginning  |                                    | , and end  | ling                                   |   |   |
|--|-------|--|------------------------------------|--|--|---|---|
| Nar  | ne of | foundation   |                                    |  |  | A Employer identification                               | number  |
| BILL AND SHARON ALLEN FAMILY FOUNDATION 20-5854617  Number and street (or P O box number if mail is not delivered to street address) Room/suite R Talaphone number |       |  |                                    |  |  |   |   |
| Number and street (or PO box number if mail is not delivered to street address)  810 COLVILLE ROAD   |       |  |                                    |  | loom/suite                             | B Telephone number 704-375-59                           | 37  |
|  |       | own, state or province, country, and ZIP or foreign p  | ostal code                         |  |  | C If exemption application is po                        |   |
|  |       | RLOTTE, NC 28207   |                                    |  | <del></del>                            |   |   |
| Gil  | neck  | all that apply: Initial return  Final return   | Initial return of a fo             | ormer public cha                                 | arity                                  | D 1. Foreign organizations                              | , check here  |
|  |       | Address change   | Amended return  Name change        |  |  | 2. Foreign organizations me<br>check here and attach co | eting the 85% test,   |
| H (  | heck  | type of organization: X Section 501(c)(3) ex   |                                    |  |  |   |   |
|  | _     | · · · · · · · · · · · · · · · · · · ·  | Other taxable private found        | ation  |  | E If private foundation stat<br>under section 507(b)(1) |   |
| I Fa   |       | irket value of all assets at end of year   J   Accounti  | <del></del>                        | Accrua   | ıl                                     | F If the foundation is in a 6                           |   |
| (fr  | om l  | · I —  | ther (specify)                     |  |  | under section 507(b)(1)                                 |   |
|  |       | 13,725,294. (Part I, colu  | mn (d) must be on cash             | basis)   |  | , , ,   |   |
| Pa   | rt 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)) | (a) Revenue and expenses per books | (b) Net inve                                     |  | (c) Adjusted net income                                 | (d) Disbursements<br>for charitable purposes<br>(cash basis only) |
|  | 1     | Contributions, gifts, grants, etc., received   | 821,640.                           | ,  |  | N/A   | . \$355   |
|  | 2     | Check If the foundation is not required to attach Sch. B   | },,                                | <b>₹</b> 14                                      | 43                                     | · · · · · · · · · · · · · · · · · · ·                   |   |
|  | 3     | Interest on savings and temporary cash investments   | 67,165.                            |  | ,165.                                  |   | STATEMENT 1   |
|  | 4     | Dividends and interest from securities   | 139,051.                           | 136  | ,027.                                  |   | STATEMENT 2   |
|  | 5a    | Gross rents  |                                    |  |  |   |   |
|  | _     | Net rental income or (loss)  | 400 170                            | \$4°   |  |   | <u> </u>  |
| e  | ба    | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all  | 428,179.                           |  |  |   |   |
| Revenue  | 7     | Gross sales price for all assets on line 6a 5, 272, 472.  Capital gain net income (from Part IV, line 2)                                 | ***                                | , 33   | ,179.                                  |   | / 18 48 x 3   |
| æ  | 8     | Net short-term capital gain  | * */-                              | ¥20  | ,1/9.                                  | N 78.3%-  |   |
|  | 9     | Income modifications   | , 1974                             | 77X-20   | ······································ |   |   |
|  | 10a   | Gross sales less returns 1   | · * (*                             | - X &  | · · · · ·                              | , ž, »  | * 2 *   |
|  | _     | Less Cost of goods sold  | * ` ` * /                          |  | ***                                    | 12 1  | ***   |
|  | C     | Gross profit or (loss)   |                                    | À:   | ······································ |   | <i>f</i>  |
|  | 11    | Other income   | 131,751.                           | 103  | ,187.                                  | _1  | STATEMENT 3   |
|  | 12    | Total. Add lines 1 through 11  | 1,587,786.                         | 734  | , 55,8-                                |   | Y Z   |
|  | 13    | Compensation of officers, directors, trustees, etc   | 0.                                 |  | 7 <u>==0-</u>                          | Ċ,,   | 0.  |
|  | 14    | Other employee salaries and wages  |                                    |  |  | 37.   |   |
| တ္ဆ  | 15    | Pension plans, employee benefits   | \ 5                                | CAT SELLE  | E 2617                                 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\                    |   |
| seuses   |       | Legal fees Accounting fees STMT 4  | 3,850;                             |  | , 85 <u>0.</u> ,                       | 1001  | 0.  |
| ğ  |       | Other professional fees STMT 5   | 117,38Qc                           |  | 380                                    | T   | 0.  |
| ē<br>E   | 17    | Interest   | 117,3000                           | 100  | ENVO                                   |   | 0.  |
| ati  | 18    | Taxes STMT 6   | 80,946                             | 000  | 389.                                   |   | 0.  |
| istr   | 19    | Depreciation and depletion   |                                    |  |  |   | ***   |
| Ē  | 20    | Occupancy  |                                    |  |  |   |   |
| Ā  | 21    | Travel, conferences, and meetings  |                                    |  |  |   |   |
| anc  | 22    | Printing and publications  |                                    |  |  |   |   |
| Operating and Administrative Exp   | 23    | Other expenses STMT 7  | 6,629.                             | 6  | ,629.                                  |   | 0.  |
| rati   | 24    | Total operating and administrative   | 222 225                            | 400  |  |   |   |
| Ope  |       | expenses. Add lines 13 through 23  | 208,805.                           | <del></del>                                      | ,248.                                  |   | 0.  |
| _  |       | Contributions, gifts, grants paid  | 626,000.                           | *  |  |   | 626,000.  |
|  | 26    | Total expenses and disbursements.  | 834,805.                           | 1 20   | 240                                    |   | 626 000   |
|  | 27    | Add lines 24 and 25 Subtract line 26 from line 12;   | 034,003.                           | 128  | ,248.                                  |   | 626,000.  |
|  |       | Excess of revenue over expenses and disbursements  | 752,981.                           |  |  |   |   |
|  |       | Net investment income (if negative, enter -0-)   | , 32, 331.                         | 606  | ,310.                                  |   |   |
|  |       | Adjusted net income (if penative enter -0-)  |                                    | <del>                                     </del> | ,                                      | N/A   |   |

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

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SCANNED MAY 1 9 2017

| Part III | Analysis | of Change | es in Net | Assets or | · Fund B | lalances |
|----------|----------|-----------|-----------|-----------|----------|----------|

29 Retained earnings, accumulated income, endowment, or other funds

30 Total net assets or fund balances

31 Total liabilities and net assets/fund balances

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30                 |   |             |
|---|---|---|-------------|
|   | (must agree with end-of-year figure reported on prior year's return)                                  | 1 | 12,016,292. |
| 2 | Enter amount from Part I, line 27a  | 2 | 752,981.    |
| 3 | Other increases not included in line 2 (itemize)  | 3 | 0.          |
| 4 | Add lines 1, 2, and 3   | 4 | 12,769,273. |
| 5 | Decreases not included in line 2 (itemize)   CAPITAL LOSS ADJUSTMENT                                  | 5 | 20,264.     |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 12,749,009. |

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10,792,227.

12,016,292.

12,016,292.

11,524,944

12,749,009.

12,749,009

| (a) Base period years Calendar year (or tax year beginning in)   | (b)<br>Adjusted qualifying distributions    | (c)<br>Net value of noncharitable-use assets | ( | (d) Distribution ratio col. (b) divided by col. (c)) |
|--|---|--|---|--|
| 2015   | 570,000.                                    | 13,416,068.                                  |   | .042486  |
| 2014   | 503,756.                                    | 11,517,663.                                  |   | .043738  |
| 2013   | 430,447.                                    | 10,320,114.                                  |   | .041710  |
| 2012   | 344,460.                                    | 8,873,446.                                   |   | .038819  |
| 2011   | 307,773.                                    | 7,049,481.                                   |   | .043659  |
| <ul><li>2 Total of line 1, column (d)</li><li>3 Average distribution ratio for the 5-year ba</li></ul> | se period - divide the total on line 2 by 5 | or by the number of years                    | 2 | .210412  |
| the foundation has been in existence if less   | • •   | or by the number of years                    | 3 | .042082  |
| 4 Enter the net value of noncharitable-use as  | sets for 2016 from Part X, line 5           |  | 4 | 13,032,277.  |
| 5 Multiply line 4 by line 3  |   |  | 5 | 548,424.   |
| 6 Enter 1% of net investment income (1% of   | f Part I, line 27b)                         |  | 6 | 6,063.   |
| 7 Add lines 5 and 6  |   |  | 7 | 554,487.   |
| 8 Enter qualifying distributions from Part XII.  | , line 4                                    |  | 8 | 626,000.   |

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.

| Form 990-PF (2016) BILL AND SHARON ALLEN FAMILY FOR Part VI   Excise Tax Based on Investment Income (Section 4940)      |  | 20-5854<br><b>948 - see</b> |                        | 4   |
|---|--|-----------------------------|------------------------|---|
| 1a Exempt operating foundations described in section 4940(d)(2), check here and ent                                     |  | 2° 2 2°                     | } \\ \                 | ŧ   |
| Date of ruling or determination letter: (attach copy of letter if nece  | essary-see instructions)                 |                             | * .                    |   |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here                                 |  | 1 ""                        | 6,063.                 | ,   |
| of Part I, line 27b   |  |                             | *                      | 3   |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of                         | of Part I, line 12, col. (b). 丿          |                             |                        | and because                                   |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth                           | ers enter -0-)                           | 2                           | 0.                     | <u>,                                     </u> |
| 3 Add lines 1 and 2   |  | 3                           | 6,063.                 | <u>,                                     </u> |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other                       | hers enter -0-)                          | 4                           | 0.                     | <u>,                                     </u> |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                               |  | 5                           | 6,063.                 | <u>.</u>                                      |
| 6 Credits/Payments:   |  | 3. 3                        | *                      | Ä   |
| a 2016 estimated tax payments and 2015 overpayment credited to 2016   | 6a 41,960.                               |                             | · Š                    | ; 4   |
| b Exempt foreign organizations - tax withheld at source   | 6b                                       | ļ ,                         | ₹,                     |   |
| c Tax paid with application for extension of time to file (Form 8868)   | 6c                                       |                             | . Add                  |   |
| d Backup withholding erroneously withheld   | 6d                                       |                             | 41 060                 | î   |
| 7 Total credits and payments. Add lines 6a through 6d   |  | 7                           | 41,960                 | <u>-</u>                                      |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac                                 | hed                                      | 8                           | 35.                    | <u>-</u>                                      |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   | <b>P</b>                                 | 9                           | 25 060                 | _   |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                            | C 000 l                                  | 10                          | 35,862                 |   |
| 11 Enter the amount of line 10 to be: Credited to 2017 estimated tax  | 6,080 • Refunded ►                       | 11                          | 29,782.                | <u>-</u>                                      |
| Part VII-A Statements Regarding Activities  |  |                             | Yes No                 | _   |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legisla                   | ation or did it participate or intervene | : 111                       | 1a X                   | _   |
| any political campaign?   | on (and instructions for the definition  | ,\o                         | 1b X                   | _   |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purpose                    |  |                             | 3                      | 900   |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an                                  | id copies of any materials publis.       | rieu oi                     | 1 3                    | 7895  |
| distributed by the foundation in connection with the activities  c Did the foundation file Form 1120-POL for this year? |  |                             | 1c   * X               |   |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the                          | vear                                     |                             | 7.5                    | _   |
| (1) On the foundation. > \$ 0 • (2) On foundation managers.   | _  |                             | 82 T                   | 387   |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expendition                     | · ·                                      | -                           |                        |   |
| managers. > \$ 0.   |  |                             |                        |   |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IR                         | S?                                       |                             | 2 X                    |   |
| If "Yes," attach a detailed description of the activities   | _  |                             |                        | <u>~</u>                                      |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its governing in                          | strument, articles of incorporation,     | or                          |                        |   |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change                                   |  |                             | 3   ~ X                |   |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year                           |  |                             | 4a X                   | _   |
| b If "Yes," has it filed a tax return on Form 990-T for this year?  |  | N/A                         | 4b                     | _   |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?                        |  |                             | 5 X                    |   |
| If "Yes," attach the statement required by General Instruction T  |  |                             | 3                      | _   |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit                         | her:                                     |                             |                        |   |
| <ul> <li>By language in the governing instrument, or</li> </ul>   |  |                             |                        | ς.<br>ξ                                       |
| <ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory</li> </ul>          | directions that conflict with the stat   | e law                       |                        | >   |
| remain in the governing instrument?   |  |                             | 6 X                    | _   |
| 7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com                         | nplete Part II, col (c), and Part X      | /                           | 7 X                    | _   |
|   |  |                             |                        | Con.  |
| 8a Enter the states to which the foundation reports or with which it is registered (see instruction                     | ns) ►                                    |                             |                        | 200   |
| NC  |  |                             | ,.  \$                 | 4   |
| <b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At                 | torney General (or designate)            |                             | 3 - 3                  |   |
| of each state as required by General Instruction G? If "No," attach explanation   |  |                             | 8b X                   | _   |
| 9 Is the foundation claiming status as a private operating foundation within the meaning of sec                         |  | endar                       | - ,   *-  <sub>+</sub> | ,,  |
| year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," co                           |  |                             | 9 X<br>10 X            |   |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul                      | le listing their names and addresses     |                             | 10 X                   | _   |

3b 4a

Yes X No

N/A

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

during the year?

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| orm 990-PF (2016) BILL AND SHARON ALLEN FAMILY   |   | 85461/ Page 7    |
|--|---|------------------|
| Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued) |   |                  |
| 3 Five highest-paid independent contractors for professional services. If non                              |   |                  |
| (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      | ant statistical information such as the |                  |
| number of organizations and other beneficiaries served, conferences convened, research pa                  | pers produced, etc.                     | Expenses         |
| ı N/A  |   |                  |
|  |   |                  |
|  | ·                                       |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
| 3  |   |                  |
|  | · · · · · · · · · · · · · · · · · · ·   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
| Part IX-B   Summary of Program-Related Investments   |   |                  |
| Describe the two largest program-related investments made by the foundation during the tax                 | x year on lines 1 and 2.                | Amount           |
| 1 N/A  |   |                  |
|  |   |                  |
|  |   |                  |
| 2  |   |                  |
|  |   |                  |
|  |   |                  |
| All other program-related investments. See instructions.   |   |                  |
| 3  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
|  |   |                  |
| Total Add lines 1 through 3  | <b>•</b>                                | 0.               |

| Р  | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four  | idations,    | see instructions)        |
|----|--|--------------|--------------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:  |              |                          |
| а  | Average monthly fair market value of securities  | 1a           | 9,676,424.<br>1,826,066. |
| b  | Average of monthly cash balances   | 1b           | 1,826,066.               |
| C  | Fair market value of all other assets  | 1c           | 1,728,248.               |
| d  | Total (add lines 1a, b, and c)   | 1d           | 13,230,738.              |
| е  | 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            | 13,230,738.              |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  | 4            | 198,461.                 |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4   | 5            | 13,032,277.              |
| 6  | Minimum investment return. Enter 5% of line 5  | 6            | 651,614.                 |
| P  | <b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part.) | d certain    |                          |
| 1  | Minimum investment return from Part X, line 6  | 1            | 651,614.                 |
| 2a | Tax on investment income for 2016 from Part VI, line 5 2a 6, 063.  |              |                          |
| b  | Income tax for 2016. (This does not include the tax from Part VI.)   |              |                          |
| C  | Add lines 2a and 2b  | 2c           | 6,063.                   |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1  | 3            | 645,551.                 |
| 4  | Recoveries of amounts treated as qualifying distributions  | 4            | 0.                       |
| 5  | Add lines 3 and 4  | 5            | 645,551.                 |
| 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            | 645,551.                 |
| P  | art XII <sup>3</sup> Qualifying Distributions (see instructions)   |              |                          |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:   | ũ            | 505 000                  |
| a  | Expenses, contributions, gifts, etc total from Part I, column (d), line 26   | 1a           | 626, <u>000</u> .        |
| 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:   | * \ \ \28    |                          |
| а  | 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            | 626,000.                 |
| 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  | 5            | 6.063.                   |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6            | 6,063.<br>619,937.       |
| U  | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (   |              |                          |
|    | 4040(a) reduction of tax in these years  | qualifies it | ) (116 960fi011          |

| Part XIII Undistributed Income (   | see instructions) |   |                                       |   |
|--|-------------------|---|---------------------------------------|---|
| ·  | (a)<br>Corpus     | (b)<br>Years prior to 2015              | (c)<br>2015                           | ( <b>d)</b><br>2016                     |
| 1 Distributable amount for 2016 from Part XI, line 7   |                   | · / / / / / / / / / / / / / / / / / / / |                                       | 645,551.                                |
| 2 Undistributed income, if any, as of the end of 2016  | <b>***</b> ****   |   |                                       |   |
| a Enter amount for 2015 only   | 7.53              | ^ \                                     | 625,482.                              | / // 3 <b>%</b> ^                       |
| b Total for prior years:   | , , , ,           | 0.                                      |                                       |   |
| 3 Excess distributions carryover, if any, to 2016:   |                   |   |                                       | <u> </u>                                |
| a From 2011  |                   | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  | *                                     |   |
| <b>b</b> From 2012   | 1, ,              | - 3                                     |                                       |   |
| c From 2013  |                   | †                                       |                                       |   |
| dFrom 2014   |                   |   |                                       |   |
| eFrom 2015   |                   |   |                                       |   |
| f Total of lines 3a through e  | 0.                | · *                                     |                                       | ***                                     |
| 4 Qualifying distributions for 2016 from   |                   | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\  |                                       |   |
| Part XII, line 4: ►\$ 626,000.   |                   | •                                       |                                       |   |
| a Applied to 2015, but not more than line 2a   |                   |   | 625,482.                              |   |
| <b>b</b> Applied to undistributed income of prior  |                   |   |                                       |   |
| years (Election required - see instructions)   |                   | 0.                                      | <b>₩</b> * `                          | , 1 4 3                                 |
| c Treated as distributions out of corpus   | 0.                |   | \$                                    |   |
| (Election required - see instructions)   | <b>U</b> .        |   | 450. 7 650. 8                         | 518.                                    |
| d Applied to 2016 distributable amount e Remaining amount distributed out of corpus  | 0.                |   |                                       | 210.                                    |
| 5 Excess distributions carryover applied to 2016   | 0.                | , , , , , , , , , , , , , , , , , , ,   |                                       | 0.                                      |
| (If an amount appears in column (d), the same amount   | <del></del>       |   | <i>y</i> }>                           |   |
| 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  | 0.                | 124 35 Å                                |                                       | <u> </u>                                |
| b Prior years' undistributed income. Subtract  |                   |   | ***                                   |   |
| line 4b from line 2b   | 988 J 65          | 0.                                      |                                       | *                                       |
| c Enter the amount of prior years'<br>undistributed income for which a notice of<br>deficiency has been issued, or on which<br>the section 4942(a) tax has been previously<br>assessed |                   | 0.                                      |                                       |   |
| d Subtract line 6c from line 6b. Taxable   | : %               |   | <b>*</b> 1875 :                       |   |
| amount - see instructions  |                   | 0.                                      | 2 E                                   |   |
| e Undistributed income for 2015. Subtract line   |                   |   |                                       |   |
| 4a from line 2a. Taxable amount - see instr.   |                   |   |                                       | j * ; ?                                 |
| f Undistributed income for 2016. Subtract  | * * * *           |   |                                       |   |
| lines 4d and 5 from line 1. This amount must   |                   |   | *                                     | 645,033                                 |
| be distributed in 2017   | <u>-</u>          |   |                                       | <u> </u>                                |
| 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.                | ,                                       |                                       | 1 ( 1 ) ( 1 )                           |
| 8 Excess distributions carryover from 2011   |                   | · · · · · · · · · · · · · · · · · · ·   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |   |
| not applied on line 5 or line 7  | 0.                |   |                                       | 2. **                                   |
| 9 Excess distributions carryover to 2017.  |                   | <del></del>                             | 7 .                                   | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| Subtract lines 7 and 8 from line 6a  | 0.                |   |                                       |   |
| 10 Analysis of line 9:   |                   | · , ,                                   | * ,                                   | 40                                      |
| a Excess from 2012   | , x               | ,                                       |                                       | 5 7, 7                                  |
| b Excess from 2013   |                   |   |                                       | , ·                                     |
| c Excess from 2014   | 1                 |   | 1                                     |   |

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dExcess from 2015 e Excess from 2016

| Form 990-PF       |   | ID SHARON AL                |                              |   | 20-58                        | 54617 Page 10 |
|-------------------|---|-----------------------------|------------------------------|---|------------------------------|---------------|
| Part XIV          | Private Operating F   | oundations (see in          | structions and Part VI       | I-A, question 9)                        | N/A                          |               |
| 1 a If the for    | undation has received a ruling o                                  | or determination letter tha | t it is a private operating  |   |                              |               |
| foundati          | on, and the ruling is effective fo                                | or 2016, enter the date of  | the ruling                   | ▶ 1                                     |                              |               |
| <b>b</b> Check be | ox to indicate whether the foun                                   | dation is a private operati | ng foundation described      | in section                              | 4942(j)(3) or 494            | 42(j)(5)      |
|                   | e lesser of the adjusted net                                      | Tax year                    |                              | Prior 3 years                           |                              |               |
|                   | from Part I or the minimum  | (a) 2016                    | (b) 2015                     | (c) 2014                                | (d) 2013                     | (e) Total     |
|                   | ent return from Part X for  |                             |                              | <del></del>                             |                              |               |
| each yea          |   |                             |                              |   |                              |               |
| <b>b</b> 85% of   |   |                             | -                            | -                                       |                              |               |
|                   | ng distributions from Part XII.                                   | -                           | <u> </u>                     |   | <del> </del>                 |               |
| •                 | r each year listed  |                             |                              |   |                              |               |
|                   | s included in line 2c not   |                             |                              |   |                              |               |
|                   |   |                             |                              |   |                              |               |
|                   | ectly for active conduct of                                       |                             |                              |   |                              |               |
|                   | activities  |                             |                              |   |                              |               |
| -                 | ng distributions made directly                                    |                             |                              |   |                              |               |
|                   | e conduct of exempt activities.                                   |                             |                              |   |                              |               |
|                   | t line 2d from line 2c  |                             |                              |   | ļ                            |               |
|                   | te 3a, b, or c for the<br>ve test relied upon:                    |                             |                              |   |                              |               |
|                   | alternative test - enter:   |                             |                              | İ                                       |                              |               |
| (1) Val           | ue of all assets  |                             |                              |   |                              |               |
|                   | ue of assets qualifying<br>ler section 4942(j)(3)(B)(i)           |                             |                              |   |                              |               |
|                   | ment" alternative test - enter                                    |                             |                              |   |                              |               |
| shown i           | ninmum investment return<br>n Part X, line 6 for each year        |                             |                              |   |                              |               |
| listed            | t" alternative test - enter:                                      |                             |                              | -                                       | -                            |               |
| • • •             |   |                             |                              |   |                              |               |
|                   | al support other than gross estment income (interest,             |                             |                              |   |                              |               |
|                   | dends, rents, payments on   |                             |                              |   |                              |               |
|                   | urities loans (section  |                             |                              |   |                              |               |
|                   | 2(a)(5)), or royalties)   |                             |                              |   |                              |               |
| (2) Sup           | pport from general public<br>I 5 or more exempt                   |                             |                              |   |                              |               |
| org               | anizations as provided in   |                             | Ì                            |   |                              |               |
|                   | tion 4942(j)(3)(B)(iii)   |                             |                              |   |                              |               |
| ٠.                | gest amount of support from                                       | 1                           |                              |   |                              |               |
|                   | exempt organization   |                             |                              |   | ļ                            |               |
|                   | ss investment income  | <u> </u>                    | <u> </u>                     | 1011                                    | 1 105 000                    | <del></del>   |
| Part XV           | Supplementary Info  |                             |                              | it the foundation                       | n nad \$5,000 or mo          | ore in assets |
|                   | at any time during  |                             | ructions.)                   |   |                              |               |
|                   | ation Regarding Foundati  | -                           |                              |   |                              |               |
|                   | managers of the foundation wi<br>it only if they have contributed |                             |                              | itributions received by the             | e foundation before the clos | e of any tax  |
| , ,               | •   | more man \$5,000). (See     | section 307 (d)(2).)         |   |                              |               |
| BILL A            |   |                             | <del> </del>                 | , |                              |               |
|                   | managers of the foundation w<br>ntity) of which the foundation h  |                             |                              | i (or an equally large port             | ion of the ownership of a pa | irtnersnip or |
| NONE              |   |                             |                              |   |                              |               |
| 2 Inform          | ation Regarding Contribu  | tion, Grant, Gift, Loar     | n, Scholarship, etc., F      | Programs:                               |                              | -             |
|                   | iere <b>X</b> if the foundation indation makes gifts, grants, etc |                             |                              |   |                              |               |
|                   |   |                             |                              |   | <del></del>                  | <u></u>       |
| a The nan         | ne, address, and telephone nur                                    | nder or e-mail address of   | the person to whom app       | nications should be addre               | essed.                       |               |
|                   |   |                             |                              |   |                              |               |
| <b>b</b> The form | n in which applications should                                    | be submitted and inform     | ation and materials they     | should include:                         |                              |               |
| c Any sub         | omission deadlines:   |                             |                              |   |                              |               |
| — — —             |   |                             |                              |   |                              |               |
| d Any res         | trictions or limitations on award                                 | ds, such as by geographi    | cal areas, charitable fields | s, kınds of ınstitutions, or            | other factors:               |               |
|                   |   |                             |                              |   |                              |               |
|                   |   |                             |                              |   |                              |               |

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of any foundation manager contribution Name and address (home or business) or substantial contributor recipient a Paid during the year ALEXANDER YOUTH NETWORK NONE PUBLIC CHARITY CHILDREN'S BEHAVIORAL 6220 THERMAL ROAD HEALTHCARE CHARLOTTE, NC 28211 20,000. BRIGHT BLESSINGS NONE PUBLIC CHARITY SUPPORT FOR HOMELESS 1150-C CREWS ROAD CHILDREN MATTHEWS, NC 28105 10,000. CAMP LUCK, INC NONE PUBLIC CHARITY PROVIDES SUPPORT FOR 5655 COHN EAKER ROAD FAMILIES AND YOUTH CHERRYVILLE, NC 28021 CAMP PROGRAM 15,000. CAROLINA THREAD TRAIL FUND NONE PUBLIC CHARITY THREAD TRAIL THAT WILL 220 N TRYON STREET PRESERVE CAROLINAS' CHARLOTTE, NC 28202 NATURAL AREAS 30,000. CHARLOTTE KNIGHTS CHARITIES PUBLIC CHARITY HEALTH, FITNESS, AND NONE EDUCATION PROGRAMS 324 S. MINT STRET CHARLOTTE, NC 28202 15,000. SEE CONTINUATION SHEET(S) ▶ 3a 626,000. Total **b** Approved for future payment NONE Total **▶** 3b 0.

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| Part XVI-A | Analysis of | Income-Producing | <b>Activities</b> |
|------------|-------------|------------------|-------------------|

| Enter group amounts upless otherwise indicated                                     | Unrelated            | business income       | Excluded by                   | y section 512, 513, or 514 | (2)                                   |
|--|----------------------|-----------------------|-------------------------------|----------------------------|---------------------------------------|
| Enter gross amounts unless otherwise indicated.                                    | (a)<br>Business      | (b)<br>Amount         | (C)<br>Exclu-<br>sion<br>code | (d)<br>Amount              | (e) Related or exempt function income |
| 1 Program service revenue:   | code                 |                       | code                          |                            |                                       |
| a  | _                    |                       | + +                           |                            | -                                     |
| <del></del>  | -                    |                       | + + -                         |                            |                                       |
| 4  | <del>-</del>         |                       | <del></del>                   |                            |                                       |
|  | _                    |                       | <del></del>                   |                            | <del></del>                           |
| •  | _                    |                       | +                             |                            | · · · · · · · · · · · · · · · · · · · |
| g Fees and contracts from government agencies                                      | -                    |                       |                               |                            |                                       |
| 2 Membership dues and assessments  |                      |                       |                               |                            |                                       |
| 3 Interest on savings and temporary cash   |                      |                       | + +                           |                            |                                       |
| investments  |                      |                       | 14                            | 67 165                     |                                       |
| 4 Dividends and interest from securities   | -                    |                       | 14                            | 67,165.                    |                                       |
| 5 Net rental income or (loss) from real estate:                                    |                      |                       | 3 /                           | 133,031.                   | <u> </u>                              |
|  | ****                 | * > -                 | <del></del>                   |                            | * , ',                                |
| <ul> <li>a Debt-financed property</li> <li>b Not debt-financed property</li> </ul> |                      |                       |                               |                            |                                       |
| 6 Net rental income or (loss) from personal  |                      | <u> </u>              | <del></del>                   |                            |                                       |
| • • •  |                      |                       |                               |                            |                                       |
| property   |                      |                       | 14                            | 131,751.                   |                                       |
| 7 Other investment income  |                      |                       | 14                            | 131,731.                   | <del></del>                           |
| 8 Gain or (loss) from sales of assets other  |                      |                       | 1 1 0                         | 420 170                    |                                       |
| than inventory   | <del>   </del>       |                       | 18                            | 428,179.                   | ·····                                 |
| 9 Net income or (loss) from special events   | 1                    |                       |                               |                            |                                       |
| 10 Gross profit or (loss) from sales of inventory                                  | <del></del>          |                       | <u> </u>                      |                            | <del> </del>                          |
| 11 Other revenue:  |                      |                       |                               |                            |                                       |
| a  | <del></del>          |                       |                               |                            |                                       |
| b  | _                    |                       |                               |                            | <u> </u>                              |
| c  | _                    |                       |                               |                            |                                       |
| d  |                      |                       |                               |                            |                                       |
| 6  |                      |                       | $\leftarrow$                  | 766 146                    |                                       |
| 12 Subtotal. Add columns (b), (d), and (e)   | *, '}                |                       | ) • 🤻 📗                       | 766,146.                   | 766,146.                              |
| 13 Total. Add line 12, columns (b), (d), and (e)                                   |                      |                       |                               | 13                         | /00,140.                              |
| (See worksheet in line 13 instructions to verify calculations                      |                      |                       |                               |                            | <u></u>                               |
| Part XVI-B Relationship of Activitie   | s to the Acco        | mplishment of         | Exempt Po                     | urposes                    |                                       |
| Line No. Explain below how each activity for which                                 | income is reported u | column (e) of Part XV | I-A contributed               | importantly to the accomi  | nlishment of                          |
| the foundation's exempt purposes (other t  |                      |                       |                               | importantly to the accomp  | JIISTITICITE OF                       |
|  |                      |                       |                               |                            | <del></del>                           |
|  |                      |                       |                               | <del></del>                |                                       |
|  | -                    |                       |                               |                            |                                       |
|  |                      |                       |                               |                            |                                       |
|  |                      |                       |                               |                            |                                       |
|  |                      |                       |                               |                            | ,                                     |
|  |                      | · ·                   |                               |                            |                                       |
|  |                      | <del>,</del> ,        |                               |                            | <del></del>                           |
| 1  |                      |                       |                               | •                          |                                       |
|  |                      |                       |                               |                            |                                       |
|  |                      |                       |                               |                            |                                       |
|  |                      |                       |                               |                            |                                       |
|  |                      |                       |                               |                            |                                       |
|  |                      |                       |                               |                            |                                       |
|  |                      |                       |                               | <del></del>                |                                       |
|  |                      |                       |                               |                            |                                       |
|  |                      |                       |                               |                            |                                       |
|  |                      |                       |                               |                            |                                       |
|  |                      |                       |                               |                            |                                       |

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|  | LL AND SHARON ALL   |                                    |  | 854617 Page 13                                    |
|--|---|------------------------------------|--|---|
|  |   | and Transactions ar                | nd Relationships With None   | charitable  |
|  | rganizations<br>or indirectly engage in any of the follow | ung with any other organization    | a described in section 501(s) of   | Yes No  |
|  | 501(c)(3) organizations) or in section                    |                                    |  | 163 110   |
| ·  | foundation to a noncharitable exempt                      |                                    |  |   |
| (1) Cash   | Touristant to a nononanasio oxompt                        | organization of                    |  | 1a(1) X   |
| (2) Other assets   |   |                                    |  | 1a(2) X   |
| <b>b</b> Other transactions;                                     |   |                                    |  |   |
| (1) Sales of assets to a none                                    | charitable exempt organization                            |                                    |  | 1b(1) X   |
| (2) Purchases of assets from                                     | m a noncharitable exempt organization                     | l                                  |  | 1b(2) X   |
| (3) Rental of facilities, equip                                  | ment, or other assets                                     |                                    |  | 1b(3) X   |
| (4) Reimbursement arrange  | ments   |                                    |  | 1b(4) X   |
| (5) Loans or loan guarantee                                      |   |                                    |  | 1b(5) X   |
| • •  | or membership or fundraising solicita                     |                                    |  | 1b(6) X<br>1c X                                   |
| • • • • •  | ent, mailing lists, other assets, or paid                 | · ·                                |  |   |
| •  | , ·   | • •                                | ays show the fair market value of the go<br>an any transaction or sharing arrangem |   |
| = :  | loods, other assets, or services receive                  |                                    | sili any transaction of snaring arrangem   | GIIL, SHOW III                                    |
| (a) Line no (b) Amount involve                                   |   | ible exempt organization           | (d) Description of transfers, transactions   | s, and sharing arrangements                       |
|  | N/A   |                                    |  |   |
|  |   |                                    |  |   |
|  |   |                                    |  |   |
|  |   | · ·                                |  |   |
|  |   |                                    | <u> </u>   |   |
|  |   |                                    |  |   |
|  |   |                                    | · · · · · · · · · · · · · · · · · · ·  |   |
|  |   |                                    |  |   |
|  |   |                                    | <del>                                     </del>                                   | <u>.                                    </u>      |
| -  |   |                                    |  |   |
|  |   |                                    |  |   |
|  |   |                                    |  |   |
|  |   |                                    |  |   |
|  |   |                                    |  |   |
|  |   |                                    |  |   |
|  | indirectly affiliated with, or related to, o              |                                    | ations described   |   |
| • •  | e (other than section 501(c)(3)) or ın s                  | section 527?                       |  | Yes X No  |
| b If "Yes," complete the follows                                 | ng schedule.<br>e of organization                         | (b) Type of organization           | (c) Description of rela  | ationshin   |
|  | /A  | (b) Type of organization           | (e) Bosonphon of for   |   |
|  | 78  |                                    |  | <u> </u>  |
|  |   |                                    |  |   |
|  | 1   |                                    |  |   |
|  |   |                                    |  |   |
| Under penalties of perjury I<br>and belief, it is tree, correct, | declare that I have examined this return, inclu-          | uding accompanying schedules and a | statements, and to the best of my knowledge  | May the IRS discuss this return with the preparer |
| Sign Sign  |   |                                    | ation of which oreparer has any knowledge PRESIDENT/DIREC                          |   |
| Here   | L) Weller   | 3/12/17                            | TOR  | _ LXL Yes L No                                    |
| Signature of officer or<br>Print/Type prepa                      |   | Date '                             | Title  Date   Check   if   | PTIN  |
| гини тур <del>е</del> ргера                                      | repare  | Solution to                        | self- employed   | 1114  |
| Paid ELIZABE   | TH P. MURPHY  | my                                 | 05/11/17   | P00653168   |
|  |   | OMAN LLP                           |  | 5-0747981   |
| Use Only   |   | <del>.</del>                       |  | <del></del>                                       |

Phone no. 704 - 367 - 7020

Firm's address ▶ 4350 CONGRESS STREET, SUITE 900

CHARLOTTE, NC 28209

| 3 ' Grants and Contributions Paid During the Y | ear (Continuation)   |                      |                                  |                                       |
|--|--|----------------------|----------------------------------|---------------------------------------|
| Recipient Name and address (home as humans)    | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation status of | Purpose of grant or contribution | Amount                                |
| Name and address (home or business)            | or substantial contributor   | recipient            |                                  |                                       |
|  |  |                      |                                  |                                       |
| CLASSROOM CENTRAL                              | NONE   | PUBLIC CHARITY       | COLLECTS AND                     |                                       |
| 2116 WILKINSON BLVD                            |  |                      | DISTRIBUTES FREE                 |                                       |
| CHARLOTTE, NC 28208                            |  |                      | SCHOOL SUPPLIES                  | 20,000                                |
|  |  |                      |                                  |                                       |
| COMMUNITY SCHOOL OF THE ARTS                   | NONE   | PUBLIC CHARITY       | ARTS EDUCATION                   |                                       |
| 345 N. COLLEGE ST, #413                        |  |                      | ORGANIZATION                     |                                       |
| CHARLOTTE, NC 28202                            |  |                      |                                  | 20,000                                |
| EXTRA MILE EDUCATION FOUNDATION                | NONE   | PUBLIC CHARITY       | FINANCIAL ASSISTANCE             |                                       |
| TWO GATEWAY CENTER, SUITE 348, 603             |  |                      | AND SCHOLARSHIP                  |                                       |
| STANWIX STREET PITTSBURGH, PA 15222            |  |                      | SUPPORT TO                       |                                       |
|  |  |                      | UNDER-RESOURCED                  |                                       |
|  |  | ļ                    | CHILDREN FOR PAROCHIAL           | 2,500                                 |
|  |  | `                    |                                  |                                       |
| GIRLS ON THE RUN INTERNATIONAL                 | NONE   | PUBLIC CHARITY       | PROGRAMS FOR PRETEEN             |                                       |
| 120 COTTAGE PLACE                              |  |                      | GIRLS                            |                                       |
| CHARLOTTE, NC 28207                            |  |                      | !                                | 20,000                                |
|  |  |                      |                                  |                                       |
| KINDERMOURN                                    | NONE   | PUBLIC CHARITY       | HELPS FAMILIES AND               |                                       |
| 1320 HARDING PLACE                             |  |                      | CHILDREN COPE WITH               |                                       |
| CHARLOTTE, NC 28204                            |  |                      | Loss                             | 10,000                                |
| LIFESPAN, INC                                  | NONE   | PUBLIC CHARITY       | ENRICHMENT                       | · · · · · · · · · · · · · · · · · · · |
| 200 CLANTON ROAD                               |  |                      | OPPORTUNITUES FOR                |                                       |
| CHARLOTTE, NC 28217                            |  |                      | CHILDREN AND ADULTS              |                                       |
|  |  |                      | WITH INTELLECTUAL AND            |                                       |
|  |  | <u> </u>             | DEVELOPMENTAL                    | 30,000                                |
| MYERS PARK TRINITY LITTLE LEAGUE               | NONE   | PUBLIC CHARITY       | SPORTS AND YOUTH                 |                                       |
| INC.   |  |                      | FITNESS                          |                                       |
| PO BOX 11556                                   |  |                      |                                  |                                       |
| CHARLOTTE, NC 28220                            |  |                      |                                  | 157,500                               |
|  |  |                      |                                  |                                       |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY            | NONE   | PUBLIC CHARITY       | RESEARCH AND AWARENESS           |                                       |
| 3101 INDUSTRIAL DRIVE, SUITE 210               |  |                      | FOR MULTIPLE SCLEROSIS           |                                       |
| RALEIGH, NC 27609                              |  | 1                    |                                  | 20,000                                |
| PHILIPS ACADEMY OF NORTH CAROLINA,             | NONE   | PUBLIC CHARTTY       | SCHOOL FOR STUDENTS              |                                       |
| INC.   |  |                      | WITH LEARNING                    |                                       |
| 3115 PROVIDENCE ROAD                           |  |                      | DISABILITIES AND                 |                                       |
| CHARLOTTE, NC 28211                            |  |                      | AUTISM                           | 30,000                                |
|  |  |                      |                                  |                                       |
| PIRATES CHARITIES                              | NONE   | PUBLIC CHARITY       | YOUTH HEALTH, FITNESS,           |                                       |
| 115 FEDERAL STREET                             |  |                      | AND EDUCATION PROGRAMS           |                                       |
| PITTSBURGH, PA 15212                           |  |                      |                                  | 20,000                                |
| Total from continuation sheets                 | •  | •                    | -                                | 536,000                               |

| 3 Grants and Contributions Paid During the         | Year (Continuation)                                     |                      |                                      |         |
|--|---|----------------------|--------------------------------------|---------|
| Recipient  | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution     | Amount  |
| Name and address (home or business)                | any foundation manager<br>or substantial contributor    | recipient            | Contribution                         |         |
| RIGHT MOVES FOR YOUTH, INC.                        | NONE  | PUBLIC CHARITY       | WORK WITH STUDENTS TO                |         |
| 2211 W. MOREHEAD STREET                            |   |                      | IMPROVE SCHOOL                       |         |
| CHARLOTTE, NC 28208                                |   |                      | ATTENDANCE, IMPROVE                  |         |
|  |   |                      | BEHAVIOR, AND ENGAGE                 |         |
|  |   |                      | IN EDUCATION.                        | 20,000  |
|  |   |                      |                                      |         |
| TEXAS RANGERS BASEBALL FOUNDATION                  | NONE  | PUBLIC CHARITY       | YOUTH HEALTH, FITNESS,               |         |
| 1000 BALLPARK WAY                                  |   |                      | AND EDUCATION PROGRAMS               |         |
| ARLINGTON, TX 76011                                |   |                      |                                      | 20,000  |
| THE IVEY   | NONE  | PUBLIC CHARITY       | SUPPORT AND ACTIVITY                 |         |
| 6030 SOUTH PARK DRIVE                              |   |                      | CENTER FOR ADULTS                    |         |
| CHARLOTTE, NC 28210                                |   |                      | LIVING WITH MEMORY                   |         |
|  |   |                      | LOSS AND THEIR                       |         |
|  |   |                      | CAREGIVERS                           | 100,000 |
|  |   |                      |                                      |         |
| YMCA OF GREATER CHARLOTTE                          | NONE  | PUBLIC CHARITY       | HEALTH, FITNESS, AND                 |         |
| 8100 OLD MALLARD CREEK ROAD                        |   |                      | EDUCATION PROGRAMS                   |         |
| CHARLOTTE, NC 28262                                |   |                      |                                      | 25,000  |
|  |   |                      |                                      |         |
| CHARLOTTE SPEECH AND HEARING CENTER                | NONE  | PUBLIC CHARITY       |                                      |         |
| 741 KENILWORTH AVE, STE 100                        |   |                      | -LANGUAGE AND HEARING                |         |
| CHARLOTTE, NC 28204                                |   |                      | SERVICES TO THOSE IN                 |         |
|  |   |                      | NEED                                 | 15,000  |
| THE PRESTON BRADLEY CENTER                         | NONE  | PUBLIC CHARITY       | CENTER FOR ARTS,                     |         |
| 941 W LAWRENCE AVE                                 |   |                      | CULTURE, AND                         |         |
| CHICAGO, IL 60640                                  |   | 1                    | COMMUNITY, FREE LUNCH                |         |
|  |   |                      | PROGRAM.                             | 1,000   |
| MUSCULAR DYSTROPHY ASSOCIATION                     | NONE  | DIIDI TO CUADITY     | HELP FOR SUPPORT                     |         |
| _  | NONE  | FORDIC CHARITI       | i I                                  |         |
| 1515 MOCKINGBIRD LANE, #701<br>CHARLOTTE, NC 28209 |   |                      | GROUPS, EQUIPMENT                    |         |
| CHARLOTTE, NC 20209                                |   |                      | ASSITANCE, AND SUMMER CAMPS FOR KIDS | 12 500  |
| <del></del>  |   |                      | CAMPS FOR KIDS                       | 12,500  |
| OVER THE TRAIN CHARLES AT THE                      | , , , , , , , , , , , , , , , , , , ,                   |                      | OVAL TWA PROGRAMS TO                 |         |
| OVER THE EDGE CYCLING CLUB                         | NONE  | PUBLIC CHARITY       | CYCLING PROGRAMS FOR                 |         |
| 2325 CROYDON RD                                    |   |                      | THOSE IN NEED                        | 0.50    |
| CARCUINAS HEALENGARE HOVERNATION                   | NONE  | DUDI TO CULBITA      | FUND DEVELOPMENT                     | 2,500   |
| CAROLINAS HEALTHCARE FOUNDATION                    | NONE  | FUBLIC CHARITY       |                                      |         |
| 1221 E MOREHEAD ST.                                |   |                      | PROGRAMS THAT ENHANCE                |         |
| CHARLOTTE, NC 28204                                |   |                      | WELLNESS, MEDICAL                    |         |
|  |   |                      | EDUCATION AND RESEARCH               | 10.00   |
|  |   |                      | AND THE HEALTHCARE                   | 10,000  |
|  |   |                      |                                      |         |
|  |   |                      |                                      |         |
|  |   |                      |                                      |         |

| BILL AND SHARON ALLEN FAMILY FOUNDATION 20-5854617  Part XV. Supplementary Information            |
|---|
| 3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution |
| NAME OF DECENTARY STATES FROM TON BOUNDARYON  |
| NAME OF RECIPIENT - EXTRA MILE EDUCATION FOUNDATION   |
| FINANCIAL ASSISTANCE AND SCHOLARSHIP SUPPORT TO UNDER-RESOURCED                                   |
| CHILDREN FOR PAROCHIAL SCHOOLS  |
|   |
| NAME OF RECIPIENT - LIFESPAN, INC   |
| ENRICHMENT OPPORTUNITUES FOR CHILDREN AND ADULTS WITH INTELLECTUAL AND                            |
| DEVELOPMENTAL DISABILITIES  |
|   |
| NAME OF RECIPIENT - CAROLINAS HEALTHCARE FOUNDATION   |
| FUND DEVELOPMENT PROGRAMS THAT ENHANCE WELLNESS, MEDICAL EDUCATION AND                            |
| RESEARCH AND THE HEALTHCARE DELIVERY SYSTEM   |
|   |
|   |
|   |
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|   |

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

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

OMB No 1545-0047

Name of the organization

Employer identification number

20-5854617 BILL AND SHARON ALLEN FAMILY FOUNDATION Organization type (check one): Filers of: Section: □ 501(c)( Form 990 or 990-EZ ) (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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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-FF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

## BILL AND SHARON ALLEN FAMILY FOUNDATION

20-5854617

| 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) Total contributions    | (d)<br>Type of contribution  |
|------------|--|----------------------------|--|
| 1          | BILL ALLEN  810 COLVILLE ROAD  CHARLOTTE, NC 28207   | \$\$ <u>410,820.</u>       | Person X Payroll Complete Part II for noncash contributions.)        |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                    | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          | SHARON ALLEN  810 COLVILLE ROAD  CHARLOTTE, NC 28207 | \$\$                       | Person X Payroll   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                    | (c) Total contributions    | (d) Type of contribution   |
|            |  | \$                         | Person Payroll Oncash Complete Part II for noncash contributions.)   |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                    | (c) Total contributions    | (d)<br>Type of contribution  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                    | (c) Total contributions    | (d)<br>Type of contribution  |
|            |  | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                    | (c) Total contributions    | (d) Type of contribution   |
| 622452 10  |  | \$Sabadula B (Farm         | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Employer identification number

# BILL AND SHARON ALLEN FAMILY FOUNDATION

20-5854617

| Part II                      | Noncash Property (See instructions). Use duplicate copies of Pa | art II if additional space is needed.          |                         |
|------------------------------|---|--|-------------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received    |
|                              |   |  |                         |
|                              |   | \$   |                         |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received    |
|                              |   |  |                         |
|                              |   | \$   |                         |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received    |
|                              |   |  |                         |
|                              |   | s  |                         |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received    |
|                              |   |  |                         |
|                              |   |  |                         |
| (a)                          |   |  |                         |
| No.<br>from<br>Part I        | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received    |
|                              |   | _  |                         |
|                              |   | \$   |                         |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                      | (c) FMV (or estimate) (See instructions)       | (d)<br>Date received    |
|                              |   |  |                         |
|                              |   |  |                         |
| 3453 10-18                   |   | \$   | 990, 990-EZ, or 990-PF) |

| ame of orga               | nization  |   | Employer identification number  |
|---------------------------|---|---|---|
| ILL A                     | ND SHARON ALLEN FAMILY  | FOUNDATION  | 20-5854617  |
| Part III                  | Exclusively religious, charitable, etc., cont<br>the year from any one contributor. Complete of<br>completing Part III, enter the total of exclusively religiou | ributions to organizations described columns (a) through (e) and the follo s, chantable, etc., contributions of \$1,000 o | I in section 501(c)(7), (8), or (10) that total more than \$1,000 for |
| a) No.                    | Use duplicate copies of Part III if addition  | ai space is needed  |   |
| from<br>Part I            | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held                                   |
| -                         |   | (e) Transfer of git   | it t  |
|                           | Transferee's name, address, a   | nd ZIP + 4  | Relationship of transferor to transferee                              |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held                                   |
|                           |   | (e) Transfer of gi  | Tt  |
| -                         | Transferee's name, address, a   | nd ZIP + 4  | Relationship of transferor to transferee                              |
| (a) No.                   |   |   |   |
| from Part I               | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held                                   |
| -                         |   | (a) Transfer of si  |   |
|                           | Transferee's name, address, a   | (e) Transfer of gi  | Relationship of transferor to transferee                              |
|                           |   |   |   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift   | (d) Description of how gift is held                                   |
|                           |   |   |   |
| -                         |   | (e) Transfer of gi  | <u> </u>  |
| -                         | Transferee's name, address, a   | nd ZIP + 4  | Relationship of transferor to transferee                              |
|                           |   |   |   |
| 3454 10-18-1              | 40  |   | Schedule B (Form 990, 990-F7, or 990-PF) (2                           |

| FORM 990-PF INTE  | REST O                           | N SAVINO             | S ANI  | TEMPOR                     | ARY (                    | CASH                 | IN7 | /ESTMENTS                                      | STAT           | EMENT         | r 1  |
|---|----------------------------------|----------------------|--------|----------------------------|--------------------------|----------------------|-----|--|----------------|---------------|------|
| SOURCE  |                                  |                      | 1      | (A)<br>REVENUE<br>PER BOOK |                          |                      | IN  | (B)<br>VESTMENT<br>COME                        |                | (C)<br>JUSTI  |      |
| AMORTIZATION - BO<br>MERRILL LYNCH - 5<br>OID ADJUSTMENT<br>PNC INTEREST INCO<br>SALEM INVESTMENT<br>SALEM INVESTMENT<br>US GOVT INTEREST | 7174E4<br>ME<br>PARTNE<br>PARTNE | 1<br>RS III<br>RS IV |        | 51,1<br>1,2<br>6,9         | 62.<br>72.<br>28.<br>69. |                      |     | <7,659.> 51,191. 1,262. 6,972. 28. 69. 15,302. | ,-             |               |      |
| TOTAL TO PART I,  | LINE 3                           |                      |        | 67,1                       | 65.                      |                      |     | 67,165.  |                |               |      |
| FORM 990-PF   | DI                               | VIDENDS              | AND :  | INTEREST                   | FROI                     | 4 SEC                | UR. | ITIES  | STAT           | EMEN          | r 2  |
| SOURCE  |                                  | ROSS<br>MOUNT        | GZ     | PITAL<br>AINS<br>IDENDS    | REV                      | (A)<br>JENUE<br>BOOK |     | (B)<br>NET INVEST<br>MENT INCOM                |                | (C)<br>ADJUS  | STED |
| MERRILL LYNCH - 57174E41  | 1                                | 43,966.              |        | 4,915.                     | 13                       | 39,05                | 1.  | 136,027  | — —<br>7.      |               |      |
| TO PART I, LINE 4   | 1                                | 43,966.              |        | 4,915.                     | 13                       | 39,05                | 1.  | 136,027  | -<br>7.<br>= = |               |      |
| FORM 990-PF   |                                  |                      | OTI    | HER INCO                   | ME                       |                      |     |  | STAT           | EMEN          | r 3  |
| DESCRIPTION   |                                  |                      |        |                            | (A)<br>VENUI<br>BOOI     |                      |     | (B)<br>ET INVEST-<br>ENT INCOME                |                | (C)<br>ADJUST |      |
| CLASS ACTION FUND<br>SETTLEMENT<br>INCOME FROM SALEM  |                                  |                      |        | <u> </u>                   | ,                        | 30.                  |     | 30.  |                |               |      |
| PARTNERS III, LP<br>INCOME FROM SALEM<br>PARTNERS IV, LP  | INVES                            | TMENT                |        |                            |                          | ,395.<br>,326.       |     | 73,585.<br>29,572.                             |                |               |      |
| TOTAL TO FORM 990   | -P <b>F</b> , P.                 | ART I, 1             | LINE : | 11                         | 131                      | ,751.                | _   | 103,187  | •              |               |      |

| FORM 990-PF   | ACCOUNTI                     | NG FEES                           | S.                            | TATEMENT 4                    |  |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |  |
| ACCOUNTING FEES   | 3,850.                       | 3,850.                            |                               | 0.                            |  |
| TO FORM 990-PF, PG 1, LN 16B  | 3,850.                       | 3,850.                            |                               | 0.                            |  |
| FORM 990-PF O   | THER PROFES                  | SIONAL FEES                       | S                             | FATEMENT 5                    |  |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |  |
| CUSTODIAN FEES BOOKKEEPING FEES   | 105,380.<br>12,000.          | 105,380.<br>12,000.               |                               | 0.                            |  |
| TO FORM 990-PF, PG 1, LN 16C  | 117,380.                     | 117,380.                          |                               | 0.                            |  |
| FORM 990-PF   | TAX                          | ES                                | STATEMENT 6                   |                               |  |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |  |
| FOREIGN TAXES EXCISE TAX  | 389.<br>80,557.              | 389.                              |                               | 0.                            |  |
| TO FORM 990-PF, PG 1, LN 18 =   | 80,946.                      | 389.                              |                               | 0.                            |  |
| FORM 990-PF   | OTHER E                      | XPENSES                           | S'                            | ratement 7                    |  |
| DESCRIPTION   | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |  |
| OTHER DEDUCTIONS FROM SALEM<br>INVESTMENT PARTNERS III, LLC<br>INVESTMENT MANAGMENT FEES- | 4,774.                       | 4,774.                            |                               | 0.                            |  |
| PNC OTHER DEDUCTIONS FROM SALEM   | 711.                         | 711.                              |                               | 0.                            |  |
| INVESTMENT PARTNERS IV, LLC   | 1,144.                       | 1,144.                            |                               | 0.                            |  |
|   | 6,629.                       | 6,629.                            |                               | 0.                            |  |

26 STATEMENT(S) 4, 5, 6, 7 11020511 797738 45945 2016.03040 BILL AND SHARON ALLEN FAMIL 45945\_\_1

TO FORM 990-PF, PG 1, LN 23

| FORM 990-PF U.S. AND STATE/C                                   | CITY GOVERNMENT           | OBLIGATIONS | STATEMENT 8          |
|--|---------------------------|-------------|----------------------|
| DESCRIPTION  | U.S. OTHER<br>GOV'T GOV'T | BOOK VALUE  | FAIR MARKET<br>VALUE |
| TOTAL GOVERNMENT SECURITIES - SEE ATTACHED                     | х                         | 1,618,040.  | 1,600,820.           |
| TOTAL U.S. GOVERNMENT OBLIGATIONS                              | -                         | 1,618,040.  | 1,600,820.           |
| TOTAL STATE AND MUNICIPAL GOVERNMEN                            | T OBLIGATIONS             |             |                      |
| TOTAL TO FORM 990-PF, PART II, LINE                            | E 10A<br>=                | 1,618,040.  | 1,600,820.           |
| FORM 990-PF COR  | RPORATE STOCK             |             | STATEMENT 9          |
| DESCRIPTION  |                           | BOOK VALUE  | FAIR MARKET<br>VALUE |
| TOTAL CORPORATE STOCKS (ML 571-15340,74E41,17668,22906,28731)- | - SEE ATTACHED            | 6,765,186.  | 7,740,222.           |
| TOTAL TO FORM 990-PF, PART II, LINE                            | -<br>- 10B<br>            | 6,765,186.  | 7,740,222.           |
| FORM 990-PF COF  | RPORATE BONDS             |             | STATEMENT 10         |
|  |                           |             | DATE MADEEM          |
| DESCRIPTION  |                           | BOOK VALUE  | FAIR MARKET<br>VALUE |
| DESCRIPTION TOTAL CORPORATE BONDS - SEE ATTACHE                | -<br>ED                   | 815,650.    |                      |

| FORM 990-PF                     | OTHER  | INVESTMENTS         |            | STATEMENT            | 11  |
|---------------------------------|--------|---------------------|------------|----------------------|-----|
| DESCRIPTION                     |        | VALUATION<br>METHOD | BOOK VALUE | FAIR MARKET<br>VALUE | ľ   |
| SALEM III INVESTMENTS           |        | COST                | 716,726.   | 716,72               | 26. |
| PNC BANK CD/MMA                 |        | COST                | 1,220,465. | 1,220,46             | 55. |
| SALEM IV INVESTMENTS            |        | COST                | 1,011,522. | 1,011,52             | 22. |
| TOTAL MUTUAL FUNDS/CEF (ML      |        | COST                |            |                      |     |
| 571-22906,74E41,15340,28731) SE | E      |                     |            |                      |     |
| ATTACHED                        |        |                     | 416,634.   | 420,88               | 39. |
| BONDS- ACCRUED INTEREST         |        | COST                | 0.         | 11,26                | 54. |
| BONDS- ACCRUED INTEREST         |        | COST                | 0.         | 4,76                 | 56. |
| TOTAL TO FORM 990-PF, PART II,  | LINE 3 | -<br>13             | 3,365,347. | 3,385,63             | 32. |