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As Filed Data -

vate Foundation

OMB No. 1545-0052

DLN: 93491318002077

2016

Form 990-PF	Return of Priv
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or Section 4947(a)(1) Trust Treated as Private Foundation Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. Inspection For calendar year 2016, or tax year beginning 01-01-2016 , and ending 12-31-2016 Name of foundation THE PAUL AND MARGARET PORTER A Employer identification number CHARITABLE FOUNDATION Number and street (or P O box number if mail is not delivered to street address) NC1-028-26-09 150 N COLLEGE STREET Room/suite B Telephone number (see instructions) (980) 387-5846 City or town, state or province, country, and ZIP or foreign postal code CHARLOTTE, NC 28255 $\boldsymbol{C}\,$ If exemption application is pending, check here \square Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here ☐ Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change E If private foundation status was terminated under section 507(b)(1)(A), check here ✓ Section 501(c)(3) exempt private foundation **H** Check type of organization \square Section 4947(a)(1) nonexempt charitable trust \square Other taxable private foundation I Fair market value of all assets at end ✓ Cash ☐ Accrual J Accounting method F If the foundation is in a 60-month termination of year (from Part II, col (c), line 16)▶\$ 6,248,753 under section 507(b)(1)(B), check here Other (specify) (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total (d) Disbursements (a) Revenue and Net investment (b) (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) income equal the amounts in column (a) (see instructions)) Contributions, gifts, grants, etc , received (attach schedule) Check ► ✓ If the foundation is **not** required to attach 2 157 3 Interest on savings and temporary cash investments 157 4 Dividends and interest from securities 163,361 163,361 Gross rents 5a b Net rental income or (loss) -185,902 6a Net gain or (loss) from sale of assets not on line 10 Revenue Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain 8 9 Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold b Gross profit or (loss) (attach schedule) c Other income (attach schedule) اروه 32,282 132 12 Total. Add lines 1 through 11 9.898 163,650 Compensation of officers, directors, trustees, etc 0 13 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses اروه 16a Legal fees (attach schedule) . 500 0 9 32,500 Accounting fees (attach schedule) n 32,500 روه 66.047 46.161 Other professional fees (attach schedule) 15.386 17 Interest ارچە 5.537 4,737 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 21 Travel, conferences, and meetings 8,055 4,02 4,027 22 Printing and publications . Other expenses (attach schedule) (بەت 5,635 2,423 28 23 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 118,274 57,348 51,941 25 Contributions, gifts, grants paid 185.991 185.991 26 Total expenses and disbursements. Add lines 24 and 25 304,265 57,348 237,932 27 Subtract line 26 from line 12 Excess of revenue over expenses and -294,367

Net investment income (if negative, enter -0-) **Adjusted net income**(If negative, enter -0-)

disbursements

C

106.302

5,939,609

47

47

5,939,562

5,939,562

5,939,609

2

3

4

5

6

6,206,553

-294,367

5,939,562

5,939,562 Form 990-PF (2016)

27,376

6,248,753

6,206,553

6,206,553

6,206,553

6,206,553

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14

15

16

17

18

19 20

21

22

23

24

25

28

29

31 Part III

Liabilities

Balances

Fund 26

ō

Assets 27

Net 30

2

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Temporarily restricted

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Paid-in or capital surplus, or land, bldg , and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Analysis of Changes in Net Assets or Fund Balances

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

year (or tax year beginning in)

2015

2014

2013

2012

2011

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

Capital Gaills allu	LOSSES IOI TAX OII TIIVESLIIIEII	it Tilcome			
	(a) and(s) of property sold (e g , real est se, or common stock, 200 shs MLC ((b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a See Addıtıonal Data Table					
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basıs ense of sale	Gain o	h) r (loss)) mınus (g)
a See Additional Data Table					
b					
С					
d					
e					
Complete only for assets show	ving gain in column (h) and owned b	y the foundation	on 12/31/69	(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (յ), ıf any	Gains (Col (col (k), but not	h) gain minus less than -0-) or om col (h))
a See Additional Data Table					
b					
С					
d					
e					

Page 3

(col (b) divided by col (c))

0 033390

0 046479

0 053990

0 044781

0 044403

0 223043

0 044609

6,150,422

274,364

275,427

237,932

Form 990-PF (2016)

1,063

6,470,418

3,038,551

968,453

931,282

959,217

2

3

4

5

6 7

8

If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 2 -185,902 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0-3 in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Yes 🗸 No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see instructions before making any entries (a) (d) Distribution ratio Base period years Calendar Adjusted qualifying distributions Net value of noncharitable-use assets

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

216,047

141,230

52,287

41,704

42,592

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Form 990-PF (2016)		Page 7
Part VIII Information About Officers, Directors, Trus and Contractors (continued)	stees, Foundation Managers, Highly Paid E	imployees,
3 Five highest-paid independent contractors for professiona	l services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
US TRUST	INVESTMENT/ADVISORY	61,547
150 N COLLEGE ST STE 2800 CHARLOTTE, NC 28255		
Total number of others receiving over \$50,000 for professional service	es	0
Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. In organizations and other beneficiaries served, conferences convened, research paper.		Expenses
1		_
2		
3		
4		_
Part IX-B Summary of Program-Related Investments	s (see instructions)	
Describe the two largest program-related investments made by the foundation		Amount
1		
2		
All other program-related investments See instructions		
3		-
Total. Add lines 1 through 3		0
		Form 990-PF (2016)

1a

1b

2

3a 3b

4

5

237,932

237.932

237.932

Form 990-PF (2016)

Part XII

1

2

3

4

5

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

e From 2015.

XII, line 4 ▶ \$

indicated below:

f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part

a Applied to 2015, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

(If an amount appears in column (d), the

line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount —see instructions e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017

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) 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2017.

10 Analysis of line 9

a Excess from 2012. . . **b** Excess from 2013. . c Excess from 2014. . . . d Excess from 2015. . . e Excess from 2016. . .

Subtract lines 7 and 8 from line 6a

same amount must be shown in column (a))

Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2015 2015 2016 299.085 1 Distributable amount for 2016 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2016 90,277 a Enter amount for 2015 only. **b** Total for prior years Excess distributions carryover, if any, to 2016 a From 2011. **b** From 2012. c From 2013. . . **d** From 2014.

0

Page 9

147,655

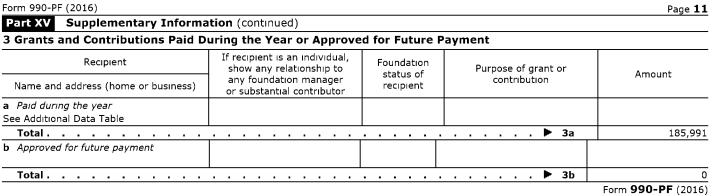
151,430

Form **990-PF** (2016)

90,277

d Applied to 2016 distributable amount. e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2016 6 Enter the net total of each column as a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract

COMPASSIONATE CARE FOR THE ELDERLY



Enter gross amounts unless otherwise indicated 1 Program service revenue 2 A Manual Secution code Amount (See instructions) 3	Form 990-PF (2016)					Page 12
Enter gross amounts unless otherwise indicated (a) (b) (c) (d) (function income (See instructions) (b) (c) (d) (function income (See instructions) (c) (d) (See instructions) (d) (Exclusion code Amount (See instructions) (e) (function income (See instructions) (g) Fees and contracts from government agencies 2 Membership dues and assessments	Part XVI-A Analysis of Income-Producing	Activities				
Program service revenue Business code Amount Exclusion code Amount (See instructions) Amount (See instructions) Amount Exclusion code Amount (See instructions) In the second instructions of the second instructions of the second instruction in the second in the second instruction in the second i	Enter gross amounts unless otherwise indicated	Unrelated bus	iness income	Excluded by section	n 512, 513, or 514	Related or exempt
b c d d d d d d d d d d d d d d d d d d	3					
c d d						
g Fees and contracts from government agencies 2 Membership dues and assessments	c					
f gese and contracts from government agencies 2 Membership dues and assessments						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities	3 Interest on savings and temporary cash			14	157	
a Debt-financed property				14	163,361	
b Not debt-financed property	·					
7 Other investment income	b Not debt-financed property					
8 Gain or (loss) from sales of assets other than inventory						
Inventory		721110	43,498	14	132	
10 Gross profit or (loss) from sales of inventory 11 Other revenue a b c d e 12 Subtotal Add columns (b), (d), and (e). 13 Total. Add line 12, columns (b), (d), and (e). 14 Substated In line 13 instructions to verify calculations) 15 Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	inventory			14	-185,902	
11 Other revenue a b c d e 12 Subtotal Add columns (b), (d), and (e). 13 Total. Add line 12, columns (b), (d), and (e). 14 Substated In line 13 instructions to verify calculations) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See						
c d d d d d d d d d d d d d d d d d d d	11 Other revenue a					
d						
12 Subtotal Add columns (b), (d), and (e)						
13 Total. Add line 12, columns (b), (d), and (e)						
(See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See		L	43,498		· · · · · · · · · · · · · · · · · · ·	
Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See	(See worksheet in line 13 instructions to verify calculation	ons)				
	Line No. Explain below how each activity for which the accomplishment of the foundation's ex	income is reported	d in column (e) of	Fart XVI-A contribi		

Page **13**

Part XVII

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

М	GI C AVA		Exempt Organi	zations											
1			nization directly or in de (other than sectio									ion 501		Yes	No
а	Transfer	s from	n the reporting foun	dation to a n	oncha	arıtable ex	empt organizati	on (of						
	(1) Cas	sh.											1a(1)		No
	(2) Oth	ner as	ssets										1a(2)		No
b	Other tra	ansad	tions												
	(1) Sale	es of	assets to a nonchar	ıtable exemp	t orga	inization.							1b(1)		No
	(2) Pur	chase	es of assets from a r	noncharitable	exem	npt organiz	zation						1b(2)		No
	(3) Rer	ntal o	f facılıtıes, equipmer	nt, or other a	ssets.								1b(3)		No
	(4) Rei	mbur	sement arrangemen	ts									1b(4)		No
	(5) Loa	ns or	loan guarantees.										1b(5)		No
	(6) Perf	orma	nce of services or m	embership oi	r fund	raising so	licitations						1b(6)		No
	_		cilities, equipment, r			-							1c		No
d			to any of the above												
			other assets, or ser ction or sharing arra										е		
	,						.,		5 ,						
(a)	Line No	(I) Amount involved	(c) Name of	nonch	arıtable exe	mpt organization	\perp	(d) Descrip	tion of	transfers, transactions	s, and shar	rıng arra	ngemen	ts
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-	T- +b- 6-	حام جررر			حاجد روي الم										
Za			tion directly or indire									г	∃Yes	☑ N	_
			section 501(c) of the	•	tnan	section 50	J1(c)(3)) or in s	ecti	on 52//.			∟	⊥ res	I ▼ I N	0
b	If "Yes,"		plete the following s (a) Name of organization			1 4	b) Type of organiz	zatioi	n I		(c) Descriptio	n of rolatio	nehin		
			(a) Name of Organization	211		 	b) Type of organiz	Latio			(c) Descriptio	ii oi relacio	лізіпр		
			penalties of perjury,												
c:			nowledge and belief preparer has any kno		orrect	, and com	piete Deciarati	on c	or preparer (otner	than taxpayer) is t	ased on	all Infor	matior	1 01
	9"		***				2017-09-27		\ ****	** *		May the IF	RS discus	s this r	eturn
П	ere						2017 03 27		—) —			with the p	reparer :	shown b	elow
		Sıgı	nature of officer or t	rustee			Date		/ Title			(see ınstr)? 🗹 Y	es 🗆 N	lo
			Print/Type preparer's	name	Pren	arer's Sigi	nature		Data			PTIN			
		'	, i , po propurer s		=	c. 5 5.gi			Date		Check if self-		D0005	456	
			DALILA D TILLEV								employed ▶ 🔲		P00051	.456	
Pā	nid		PAULA P TILLEY						2017-09	-27					
Pr	epare	r 📙	ırm's name ► GRE	ERWALKER L	L						1				
	e Onl											Firm's E	IN ▶56	-14347	'47
-			ırm's address ▶ 22	7 WEST TRA	DE ST	SUITE 11	100								
			CF	HARLOTTE, N	C ኃይ	202						Phone n	o (704	377-0	0239
			Cr	" TILLO I IE, IV	_ 20.										

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e g , real estate, (b) (d) (c) (a) 2-story brick warehouse, or common stock, 200 shs MLC Co) How acquired Date acquired Date sold P-Purchase (mo, day, yr) (mo, day, yr) D-Donation US TRUST 4031 Ρ US TRUST 4031 Р US TRUST 4032 Р US TRUST 4032 Р US TRUST 4033 Ρ US TRUST 4033 Ρ FROM K-1 I-85 - HIGHWAY 29/74 BYPASS LLC Ρ Р FROM K-1 SANDESTIN BEACH HOTEL, LTD CAPITAL GAINS DIVIDENDS Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) (f) 564,475 531,414 -33,061 36,797 40,101 -3,304163,305 133,656 29,649 263,875 265,569 -1,6941,363,419 1,559,438 -196,019 1,328 1,328 139 -139 17,338 17,338 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col (h) gain minus col (k), but not less than -0-) or (i) F M V as of 12/31/69 Adjusted basis Excess of col (i) **(I)** Losses (from col (h)) (j) as of 12/31/69 (k) over col (j), if any 0 -33,061 -3,30429,649 -1,694-196,019 1,328 -139 17,338

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 or substantial contributor	recipient			
a Paid during the year					
CROSSROADS RESCUE MISSION PO BOX 2090 SHELBY, NC 281512090		PC	NEW VAN	8,000	
CLEVELANDRUTHERFORD KIDNEY ASSOCIATION 1017 N WASHINGTON ST SHELBY, NC 281503818		PC	ENLARGE FACILITY TO ACCOMODATE ALL SERVICES IN A MORE EFFICIENT AND EFFECTIVE MANNER	12,500	
LIFE ENRICHMENT CENTER OF CLEVELAND COUNTY INC 110 LIFE ENRICHMENT BLVD SHELBY, NC 281503689		PC	SCHOLARSHIP FUNDS TO ASSIST ECONOMICALLY DISADVANTAGED FAMILIES' ACCESS LEC'S OVERNIGHT RESPITE PROGRAM	20,000	
THE CHILDREN'S HOMES OF CLEVELAND COUNTY INC 425 C CHERRYVILLE ROAD SHELBY, NC 28150		PC	CAPITAL CAMPAIGN	20,000	
SOUTH MOUNTAINS CHRISTIAN YOUTH CAMP INC 1129 SOUTH MOUNTAIN ROAD BOSTIC, NC 28018		PC	SCHOLARSHIPS FOR CAMPERS	1,800	

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment										
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount						
Name and address (home or business)	any foundation manager or substantial contributor	recipient								
a Paid during the year										
CLEVELAND COUNTY ABUSE PREVENTION COUNCIL INC PO BOX 2589 SHELBY, NC 281512589		PC	SHELTER SERVICES FOR HOMELESS WOMEN & CHILDREN	15,000						
BOYS AND GIRLS CLUB OF CLEVELAND COUNTY INC PO BOX 2001 SHELBY, NC 281512001		PC	OPENING/OPERATING A NEW TEEN CENTER FOR 2016	10,000						
FROM K-1 - SANDESTIN BEACH 4000 SANDESTIN BLVD SOUTH MIRAMAR BEACH, FL 32550		PC	GENERAL	291						
SPREAD THE HEALTH INC 2310 CHANCELLOR ROAD N CHESTERFIELD, VA 232352714		PC	NURSE MIDWIFE AT THE NAMUMU CLINIC	11,400						
CLEVELAND COUNTY SCHOOLS EDUCATION FOUNDATION INC 400 WEST MARION STREET SHELBY, NC 28150		PC	ACADEMIC AWARDS PROGRAM	10,000						

185,991

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment										
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount						
Name and address (home or business)	any foundation manager or substantial contributor	recipient								
a Paid during the year										
INTER-FAITH ALLIANCE CORP DBA CLEVELAND COUNTY RESCUE MISSION PO BOX 1272 SHELBY, NC 281511722		PC	OPERATIONS	15,000						
CENTRAL UNITED METHODIST CHURCH 200 E MARION ST SHELBY, NC 28150		PC	OPERATIONS	6,000						
CLEVELAND COUNTY FAMILY YMCA INC PO BOX 2272 SHELBY, NC 281512272		PC	THE FIRST TEE NATIONAL SCHOOL PROGRAM	10,000						
CURE JM FOUNDATION 836 LYNWOOD DRIVE ENCINITAS, CA 92024		PC	RESEARCH FOR TREATMENT & CURE FOR JUVENILE MYOSITIS	4,000						
TEACH FOR AMERICA 5855 EXECUTIVE CENTER DR STE 200 CHARLOTTE, NC 28212		PC	EDUCATION	5,000						
Total				185,991						

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or Amount Recipient show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CLEVELAND COUNTY POTATO PROJECT PC. BUILD A COOLED STORAGE 2,000 INC FACILITY 1175 WYKE ROAD SHELBY, NC 281504258 COMMUNITY MATH ACADEMY INC. PC. OPERATIONS 10,000 2712 SHOAL CREEK CHURCH RD SHELBY, NC 28152 PC HARDIN PARK ELEMENTARY PTO INCLUSIVE PLAYGROUND 10,000 361 JEFFERSON ROAD **FACILITY BOONE, NC 28607** HOWARD COUNTY PUBLIC SCHOOL GOV **OPERATIONS** 2.500 SYSTEM 6101 OLD DOBBIN RD COLUMBIA, MD 21045 HOWARD HOSPITAL FOUNDATION INC. SO III FI CLAUDIA MAYER CANCER 2.500

3910 KESWICK RD S BLDG 4300A RESEARCH CENTER

BALTIMORE, MD 212112226

185,991 Total . . 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

THE LEARNING COLLABORATIVE 3241 SAM DRENAN RD CHARLOTTE, NC 282057621	PC	OPERATIONS	5,000
UNIVERSITY OF VIRGINIA HEALTH FOUNDATION	PC	HEART FAMILY FUND	5,000

UNIVERSITY OF VIRGINIA HEALTH	PC	HEART FAMILY FUND	
FOUNDATION			
PO BOX 800773			
CHARLOTTESVILLE, VA 229080773			

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

185,991 Total . За

efile GRAPHIC print - DO NOT PROCE	SS As Filed D	ata -	D	LN: 93491318002077							
TY 2016 Accounting Fees S	TY 2016 Accounting Fees Schedule										
		L AND MARGARET I BLE FOUNDATION 571	PORTER								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes							
ACCOUNTING FEES	32,500	0		32,500							



DLN: 93491318002077

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Grantee's Name	Grantee's Address	Grant Date	Grant Amount	Grant Purpose	Amount Expended By Grantee	Any Diversion By Grantee?	Dates of Reports By Grantee	Date of Verification	Results of Verification
HOWARD HOSPITAL FOUNDATION	3910 KESWICK RD S BLDG NO 4300A BALTIMORE, MD 212112226	2016-12-13	2,500	FOR THE CLAUDIA MAYER CANCER RESEARCH CENTER	2,500	NO	12/13/2016	2016-12-13	GRANT USED FOR INTENDED PURPOSE OF GRANT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491318002077
TY 2016 Investments Corpora	te Stock Schedule	
Name:	THE PAUL AND MARGARET POR	RTER
	CHARITABLE FOUNDATION	
ETN:	59-1750571	

EIN: 59-1750571		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
ML 728-74031	1,536,123	1,488,400
ML 728-74032	2,351,864	2,404,932
ML 728-74033	1,424,218	1,497,902

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TY 2016 Investments - Other S	Schodulo		
11 2010 Hivestillents - Other s	Scriedule		
Name:	THE PAUL AND MAI	RGARET PORTER	
(CHARITABLE FOUN	DATION	

208,669

20,812

EIN: 59-			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ALBEMARLE ROAD LLC	AT COST	5,295	8,820
BELMONT #1	AT COST	51,782	96,469
I-85	AT COST	19,147	28,733
PALMETTO CLUB PROPERTIES LP	AT COST	15,540	0

AT COST

SANDESTIN BEACH HOTEL LTD

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DLN	N: 93491318002077	
TY 2016 Legal Fees Schedu	ule				
_					
Nar	me: THE PAUL AI	ND MARGARET PO	RTER		
	CHARITABLE	CHARITABLE FOUNDATION			
E	IN: 59-1750571				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
LEGAL FEES	500	0		0	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491318002077			
TY 2016 Other Expenses Sch	TY 2016 Other Expenses Schedule						
Name	THE PAUL AND	MARGARET PORT	ER				
	CHARITABLE FO	DUNDATION					
EIN	EIN: 59-1750571						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
FROM K-1 - ALBEMARLE ROAD, LLC	94	94		0			
FROM K-1 - BELMONT #1	427	427		0			
FROM K-1 - I-85	221	221		0			
SANDPIPER RUN 3G PARTNERHIP	1,681	1,681		0			

3,184

28

28

MISCELLANOUS

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TY 2016 Other Income Schedule

Name: THE PAUL AND MARGARET PORTER

CHARITABLE FOUNDATION

EIN: 59-1750571

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FROM K-1 - I-85	10	10	10
FROM K-1 - BELMONT #1	26	26	26
FROM K-1 - ALBEMARLE ROAD	2	2	2
FROM K-1 - SANDESTIN BEACH HOTEL	43,498	0	43,498
FROM K-1 - PALMETTO CLUB PROPERTIES LP	-11,048	0	-11,048
FROM K-1 - PALMETTO CLUB PROPERTIES LP	-300	0	-300
LITIGATION SETTLEMENT	94	94	94

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491318002077				
TY 2016 Other Increases Schedule							
Name:	THE PAUL AND	MARGARET PORTER					
	CHARITABLE F	OUNDATION					
EIN:	59-1750571						
De	escription		Amount				
NONDIVIDEND DISTRIBUTION			1,178				
NONDIVIDEND DISTRIBUTION			26,198				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DI	LN: 93491318002077		
TY 2016 Other Liabilities Schedule						
Name:	THE PAUL AND	MARGARET	PORTER			
	_	_	_			
	CHARITABLE F	-OUNDATION				
EIN:	59-1750571					
Description	n		Beginning of Year - Book Value	End of Year - Book Value		
ALBEMARLE ROAD, LLC			0	47		

efile GRAPHIC print - DO NOT PROC	ESS As Filed Data	-	DL	N: 93491318002077	
TY 2016 Other Professional Fees Schedule					
Name: THE PAUL AND MARGARET PORTER CHARITABLE FOUNDATION EIN: 59-1750571					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
INVESTMENT FEES 728-74031	9,290	9,290		0	
INVESTMENT FEES 728-74032	15,608	15,608		0	
INVESTMENT FEES 728-74033	10,325	10,325		0	

10,938

15,386

10,938

15,386 4,500

INVESTMENT FEES 728-74034

ADVISORY FEES

ANNUAL FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491318002077	
Y 2016 Taxes Schedule					
Name:	THE PAUL AI	ND MARGARET PO	RTER		
	CHARITABLE	FOUNDATION			
EIN:	59-1750571				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXCISE TAX	800	0		0	
FOREIGN TAXES 728-74032	2,637	2,637		0	
FOREIGN TAXES 728-74033	884	884		0	
FROM K-1 - ALBEMARLE ROAD, LLC	36	36		0	
FROM K-1 - BELMONT #1	614	614		0	
FROM K-1 - I-85	47	47		0	
SANDPIPER RUN 3G PARTNERHIP	519	519		0	