Return of Private Foundation

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

OMB No 1545-0052 2017

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For e	alend	ar year 2017 or tax year beginning	, 2017,	and ending	9		, 20
Na	me of fo	pundation			A Employer	identification number	
Jo	an G	& Michael R Potter Foundation			32-0238	1957	
Nu	mber ar	nd street (or P O box number if mail is not delivered to street address)] (Room/suite	B Telephone	number (see instructions)	1
75	Ced	ar Hills Circle			(919)96	7-5474	
Cit	y or tow	n, state or province, country, and ZiP or foreign postal code			C If exempt	ion application is pending,	check here
Cł	apel	Hill, NC 27514				,	
			of a former public cha	arity	D 1. Foreig	n organizations, check hei	e▶
		Final return Amended ret	tum	-	2 Eoroig	n organizations meeting th	
		Address change Name chang	ie			here and attach computate	
H C	heck to	ype of organization X Section 501(c)(3) exempt priv		PG.	1	•	<u></u>
			axable private founda	\mathcal{V}^{Ation}		foundation status was tern 07(b)(1)(A), check here	
		rket value of all assets at J Accounting method	X Cash	Accrual	1		
		rear (from Part II, col (c), Other (specify)			1	ndation is in a 60-month te ction 507(b)(1)(B), check h	
	ne 16)		e on cash basis.)				
	rt I	Analysis of Revenue and Expenses (The total of		T		· · · · · · · · · · · · · · · · · · ·	(d) Disbursements
	••••	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions))	books	in	come	income	purposes (cash basis only)
	4		14,59	2			(data) data daily
7	1	Contributions, gifts, grants, etc., received (attach schedule) Check ► if the foundation is not required to attach Sch. B	14,33	-			
	2		<u> </u>				
ス	3	Interest on savings and temporary cash investments		-	250		
`	4	Dividends and interest from securities	26	-	262		· · · · · · · · · · · · · · · · · · ·
	5a	Gross rents		 			
	b	Net rental income or (loss)	ļ				
e	6a	Net gain or (loss) from sale of assets not on line 10	20)2			
Revenue	b	Gross sales price for all assets on line 6a 7,658		 			
ě	7	Capital gain net income (from Part IV, line 2)	· · · · · · · · · · · · · · · · · · ·	 	202		
œ	8	Net short-term capital gain				202	
	9	Income modifications					
		Gross sales less returns and allowances		4		<u> </u>	·
	b	Less Cost of goods sold	<u> </u>	<u> </u>		<u> </u>	
	С	Gross profit or (loss) (attach schedule)				<u> </u>	
	11	Other income (attach schedule)				<u> </u>	
	12	Total. Add lines 1 through 11	15,05	6	464	202	
	13	Compensation of officers, directors, trustees, etc					
S	14	Other employee salaries and wages					
enses	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule) RECEIVED					
Щ	b	Accounting fees (attach schedule)					
Š	С	Other professional fees (lattach) sehedule) 20:8				ļ	
쿏	17						
ist	18	Taxes (attach schedule) (see instructions)					
౼	19	Depreciation (attach schedule) and deptetion					
E	20	Occupancy					
¥	21	Travel, conferences, and meetings	85	5 9			859
) Le	22	Printing and publications					
ğ	23	Other expenses (attach schedule) STM103	99	96			
H	24	Total operating and administrative expenses.					
er	1	Add lines 13 through 23	1,85	55	c		859
6	25	Contributions, gifts, grants paid	3,25			 	3,250
ž	26	Total expenses and disbursements. Add lines 24 and 25.	5,10				4,109
Z	27	Subtract line 26 from line 12	1	7-			-/
SCANNEGBERRING and Administrative Exp	a	Excess of revenue over expenses and disbursements .	9,95	53		[
Ŭ.	ь	Net investment income (if negative, enter -0-)	7,3.	7	464		
	C	Adjusted net income (if negative, enter -0-)		-	707	202	
		rajacion not mount (ii negative, ciner -0-)	<u> </u>			£ 02	L

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2017)

Net Assets or Fund Balances Total net assets or fund balances (see instructions) 40,047 55,617 31 Total liabilities and net assets/fund balances (see 40,975 55,617 Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 40,047 9,951 3 Other increases not included in line 2 (itemize) ▶___ 4 49,998 5 Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 49,998

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

and complete lines 27 through 31.

55,617

26

30

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

Form	990-PF (2017) Joan G & Michael R Potter Foundation		<u>32-(</u>	23895	7	Р	age 4	<u> </u>
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8 -	see	instruc	tion	5)		_
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	٦						-
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	П						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	$ \cdot $	1			_	ţ	5
	here ► X and enter 1% of Part I, line 27b	П						_
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			İ				
	Part I, line 12, col. (b).	ا ك		1				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2				(0
3	Add lines 1 and 2	.	3	<u> </u>				5
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	<u> </u>			. (0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		5	<u> </u>			!	5
6	Credits/Payments.			ĺ				
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a							
b	Exempt foreign organizations - tax withheld at source 6b							
C	Tax paid with application for extension of time to file (Form 8868)			1				
d	Backup withholding erroneously withheld			1				
7	Total credits and payments. Add lines 6a through 6d		7				_	_
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ !	9					5
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	_10					_
11	Enter the amount of line 10 to be: Credited to 2018 estimated ta≫ Refunded	•	11					_
Pai	rt VII-A Statements Regarding Activities							_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it					Yes	No	-
	participate or intervene in any political campaign?	•		[1a		X	_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			i				
	instructions for the definition			• •	1b		X	_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			- 1	1			
	published or distributed by the foundation in connection with the activities.				1	,		
	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 year				İ			
	(1) On the foundation. > \$ (2) On foundation managers. > \$				ŀ			
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			- [İ			
	on foundation managers. \$			l	l			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			••	2		X	~
	If "Yes," attach a detailed description of the activities.			i	İ		l	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	of			ĺ			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•			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?	•		•••	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.			į	[
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			-				
	By language in the governing instrument, or				ı			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				İ		ł	
	conflict with the state law remain in the governing instrument?			· · · _	6	X	L	_
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c)	, an	d Pa	rtXX/	7	X	<u> </u>	_
8a	Enter the states to which the foundation reports or with which it is registered. See instructions			1				
	NC							
b	•				Ì		}	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	٠			8b	X		_
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				l			1
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See instructions for Part XIV)? If "Yes,"			İ	l			À
	complete Part XIV			· • •	9		X	- V
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			1	.	.,	}	

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b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

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

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

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Pa	t VII-B Statements Regarding Activitie	s for V	Nhich Forn	14720	May Be F	Requir	ed (continued)			
5a	Dunng the year, did the foundation pay or incur any ar	nount to:				_			Yes	No
	(1) Carry on propaganda, or otherwise attempt to infli	uence le	gislation (section	on 4945((e))?	[Yes X No			
	(2) Influence the outcome of any specific public election	on (see :	section 4955);	or to car	rry on,	_				
	directly or indirectly, any voter registration drive?						Yes X No	1	1 1	
	(3) Provide a grant to an individual for travel, study, o	r other si	imilar purposes	3?		[Yes X No			
	(4) Provide a grant to an organization other than a ch	aritable,	etc., organizati	on desci	nbed in					
	section 4945(d)(4)(A)? See instructions					[Yes X No			
	(5) Provide for any purpose other than religious, chari	table, sci	ientific, literary,	or educ	ational	•				
	purposes, or for the prevention of cruelty to children	en or an	mals?				Yes X No		}	
b	If any answer is "Yes" to 5a(1)-(5), did any of the train	sactions	s fail to qualify	under th	ne exception:	s descri	bed in			
	Regulations section 53.4945 or in a current notice reg	arding d	isaster assista	nce? Se	e instructions			5b	l i	
	Organizations relying on a current notice regarding di	_								
С	If the answer is "Yes" to question 5a(4), does the foun									
	because it maintained expenditure responsibility for th					1	Yes No	1		
	If "Yes," attach the statement required by Regulations	-								
6a	Did the foundation, during the year, receive any funds			pav pre	emiums					
-	on a personal benefit contract?						Yes X No			
b	Did the foundation, during the year, pay premiums, dir							6b		Х
	If "Yes" to 6b, file Form 8870.		,,	P 0/00				<u> </u>		
7a	At any time during the tax year, was the foundation a p	arty to a	prohibited tax	shelter	transaction?	1	Yes X No			
	If "Yes," did the foundation receive any proceeds or hi	•	•			,		76		
	t VIII Information About Officers, Dire								Vees	
	and Contractors	,	,	. • • • • • • • • • • • • • • • • • • •		.ugo.	o, mgmy raid	p.,	,,,,,,,,,	',
4 1	ist all officers, directors, trustees, and foundation n	12020	s and their co	mnenes	tion See in	struction				
	sac an ornord, aboutors, tradition, and roundadorn		e, and average		ompensation		Contributions to	(a) Eyn	ense ac	
	(a) Name and address		rs per week ed to position		not pald, nter -0-)		oyee benefit plans ferred compensation		allowan	
Mia	nael R Potter	Presi		 -	101 -0-7	<u> </u>	icirco compensuacii			
	Cedar Hills Circle, NC 27514	1031	5.00	[0	ĺ	0			0
	n G Potter	Vice	President	 						<u> </u>
	Cedar Hills Circle, NC 27514	1100	3.00		0		0			0
	hael O Potter	Secre		f		 				
	75 Cedar Hills Circle, NC 27514	Pecre	1.00	ļ	0		o]		0
	iel K Potter	Treas								
	75 Cedar Hills Circle, NC 27514	11005	1.00	l	0	1	0			0
_	Compensation of five highest-paid employees (other	than the		on line 1		ctions)		<u> </u>		
	NONE."	CHONICA	USO IIICIGICOLI (J11 1113 0 1	- 5 00 11150 U	wors).	in none, enter			
	NORL	-	T	· 	T		(d) Contributions to	 		
	(a) Name and address of each employee paid more than \$50	.000	(b) Title, and hours per v		(c) Compe	neation	employee benefit	(e) Exp		
	,-, -,		devoted to p		(6) 00	1000011	plans and deferred compensation	omer	allowan	ices
NON					 		<u> </u>			
11011										
							 	 		
			 		 		 			——
]							
			 		 		 			
			 				 	 		
7-4	I number of other ampleuses said over \$50,000		L		L		<u> </u>			
	I number of other employees paid over \$50,000	• • • •	<u> </u>	••••	·····	• • • •		Ea 2	00.85	0 (2047)
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Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional services. See inst	ructions. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE `		
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta organizations and other beneficianes served, conferences convened, research papers produced, e		Expenses
1 Consistent with our Foundation Mission Grant		
Recipients Provide Health Care, Housing, Food,		
Emergency Aid To Those In Need		3,250
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instr	uctions)	
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2	Amount
1 None		
2		0
All other program-related investments See instructions		
3		
Total Add lines 4 through 2		

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

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

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

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

C

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4,109

4,104

3a

3b

4

5

d Excess from 2016

e Excess from 2017

<u>1,3</u>39

		Michael R Potte		V/II A guartier (1)	32-0238957	Page
Part					/	
1a	If the foundation has received a ruling or			ng		
	foundation, and the ruling is effective for		-			
b	Check box to indicate whether the found		ting foundation describ		4942(j)(3) or 49	142(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Totai
	investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(0)
	each year listed					
b	85% of line 2a			/		
c	Qualifying distributions from Part XII, line 4 for each year listed				}	
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
8	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c		/			
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter: (1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test - enter					
	(1) Total support other than gross investment income (interest,	1				
	dvidends, rents, payments on secunties loans (section]]	
	512(a)(5)), or royalties)					
	(2) Support from general public	/				
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income	<i>2</i>				
Par	XV Supplementary Informa	tion (Complete t	his part only if th	e foundation had	\$5,000 or more in	assets at
L	any time during the yea					
1	Information Regarding Foundation M		<u> </u>		······································	
a	List any managers of the foundation wh before the close of any tax year (but on	o have contributed mo				
						<u> </u>
b	List any managers of the foundation wh ownership of a partnership or other enti				portion of the	
2	Information Regarding Contribution,				······································	
	Check here ► X if the foundation on unsolicited requests for funds. If the foundation of the foundati	ndation makes gifts, g				
a	complete items 2a, b, c, and d. See inst The name, address, and telephone num		of the person to whom a	applications should be a	ddressed	
b	The form in which applications should be	pe submitted and inform	nation and materials the	ey should include:		
c	Any submission deadlines			-		
d	Any restrictions or limitations on awards factors:	s, such as by geograph	nical areas, chantable fi	elds, kinds of institution	s, or other	
	idadis.					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	e Year or Approve	d for Future P	ayment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Todpion		
a Paid during the year				
Partners In Health				
800 Boylston Street Suite 400				
Boston, MA 02199		PC	Hospital Care	1,500
Table			Meals For	
209 East Main Street			elementary School	
Carrboro, NC 27510		PC	Children	1,000
Habitat For Humanity				
121 Habitat St				
Americus, GA 31709		PC	Home Building	250
AMELICUS, GA 31/03			l nome bullding	230
Dominican Friars St Albert Priory				
3150 Vince Hagan Drive			Religious	
Irving, TX 75062		PC	Teachers	250
		- 0		230
Jubilee Partners				
PO Box 68			1	
Comer, GA 30629		PC	Refugee Care	250
			·	
			[
			†	
			1	
		<u> </u>		
Total	<u> </u>			3,250
b Approved for future payment				
		į		
		}	}	
]	
Tabl				
Total				

	er gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by s	ection 512, 513, or 514	(e)
	_,	(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Prògram service revenue:	code		 		
	a None	ļ		ļ'		
	b					
	c					
	d					
	ө					
	f					
	g Fees and contracts from government agencies					
	Membership dues and assessments					· · · · · · · · · · · · · · · · · · ·
	Interest on savings and temporary cash investments .					
	Dividends and interest from securities			 		
						
Ð	Net rental income or (loss) from real estate:					
	a Debt-financed property	ļ		 		
	b Not debt-financed property	l				
	Net rental income or (loss) from personal property	ļ		ļ		
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory					
9	Net income or (loss) from special events					
	Gross profit or (loss) from sales of inventory			T		
	Other revenue: a		· · · · · · · · · · · · · · · · · · ·			
• •	_			 		
		 		 		· · · · · · · · · · · · · · · · · · ·
	<u> </u>			 		
	d			 		
	θ	ļ				
	Subtotal. Add columns (b), (d), and (e)		. —— <u>———</u>	1		<u></u>
13	Total. Add line 12, columns (b), (d), and (e)		· • • • • • • • • • • • • • • • • • • •	• • • • • • •	13	
	e worksheet in line 13 instructions to verify calculations.)					
Pi	art XVI-B Relationship of Activities to the	Accompl	ishment of Exe	empt Purpo	ses	
	Euplain halani have anah activity for which ma	ama ia rapad	od in column (a) of			lho.
	Explain below how each activity for which include accomplishment of the foundation's exempt positive accomplishment of the foundation.			Part XVI-A con	tributed importantly to	
L	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
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	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	
	ine No. accomplishment of the foundation's exempt p			Part XVI-A con	tributed importantly to	

·om	990-1			<u>l R Potter Foundati</u>		32-023895			ige 13
	t XV	II Information	Regarding Trans	fers to and Transactions	and Relation	onships With Noncharitable Ex	kemp	t	
		Organization		·	· · · · · · · · · · · · · · · · · · ·				
1			•	ge in any of the following with				Yes	No
	in se	ction 501(c) (other th	an section 501(c)(3)	organizations) or in section 52	27, relating to	political			
	òrga	nizations?					·		
а	Tran	sfers from the reporti	ng foundation to a ne	oncharitable exempt organizati	on of:		•		
	(1)	Cash					1a(1)		X
	(2)	Other assets					1a(2)		Х
b	Othe	r transactions:							
	(1)	Sales of assets to a	noncharitable exemp	t organization			16(1)		X
	(2)	Purchases of assets	from a noncharitable	exempt organization			1b(2)		Х
	(3)	Rental of facilities, ed	quipment, or other as	ssets			16(3)		X X X
	(4)	Reimbursement arra	ngements				1b(4)		X
							1b(5)		X
	(6)	Performance of serve	ces or membership	or fundraising solicitations .			1b(6)		Х
C	Sha	ring of facilities, equip	oment, mailing lists, o	ther assets, or paid employees			1c		Х
d						should always show the fair market			
	valu	e of the goods, other	assets, or services of	given by the reporting foundate	on. If the found	dation received less than fair market			
	valu	e in any transaction	or sharing arrangem	ent, show in column (d) the va	lue of the go	ods, other assets, or services receive	ed.		
(a) Lu	ne no	(b) Amount involved	(c) Name of non	charitable exempt organization	(d) Desc	cription of transfers, transactions, and share	ng am	angeme	ents
		· · · · · · · · · · · · · · · · · · ·							
									
			<u> </u>						-
2a	le th	e foundation directly	or indirectly affiliated	with, or related to, one or mo	re tax-exempt	organizations			
20		•	-	n 501(c)(3)) or in section 5277			☐ Y€	s X	No D
h		es," complete the fol	. , ,	11 00 1(0)(0))			ш .		J
		(a) Name of organ		(b) Type of organizat	ion	(c) Description of relation	nshin		
		(a) Name or organ	ilzauori	(b) Type of organizat		(b) Description of relation	Юпир		
					······································				
									
—									
									
—	т.	Index panalties of particular	declare that I have exemin	ad this return. Including accompanying	schedules and sta	tements, and to the best of my knowledge and b	obef. It is	true.	
Sig	10	correct, and complete Deck	aration of preparer (other th	an texpayer) is based on all information	of which preparer	has any knowledge		,	
310	311	11/1/		MAY 11,2018	2	May the IR			
He			12 2/12- 2	~ (~~~/////////////////////////////////	Preside	ant with the pre			

Print/Type preparer's name

Preparer

Prim's name

Firm's address

Proparer's signature

Date

Check If PTIN

Self-employed

Firm's EIN

Phone no

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No 1545-0047

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

► Go to www.irs.gov/Form990 for the latest information.

2017

Employer Identification number

<u>Joan</u>	G & Michael R Po	<u>tte:</u>	: Foundation	32-0238957
Organi	ization type (check one).			
Filers o	of:	Sec	tion:	
Form 9	90 or 990-EZ		501(c)() (enter number) organization	
			4947(a)(1) nonexempt charitable trust not treated as a private foundation	
			527 political organization	
Form 9	90-PF	X	501(c)(3) exempt private foundation	
			4947(a)(1) nonexempt charitable trust treated as a private foundation	
			501(c)(3) taxable private foundation	
Check	if your organization is cov	ered	by the General Rule or a Special Rule.	
Note: ((8), or	(10) organization can check boxes for both the General Rule and a Specia	l Rule. See
Genera	al Rule			
X	•	perty	990, 990-EZ, or 990-PF that received, during the year, contributions totaling from any one contributor. Complete Parts I and II See instructions for determined.	
Specia	i Rules			
	regulations under section 13, 16a, or 16b, and that	ns 50: t rece	in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 9(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), ived from any one contributor, during the year, total contributions of the grent on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete F	, Part II, line ater of (1)
	contributor, during the ye	ear, to	in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from stal contributions of more than \$1,000 exclusively for religious, charitable, sees, or for the prevention of cruelty to children or animals. Complete Parts I, II,	cientific,
۵	contributor, during the ye contributions totaled mor during the year for an ex General Rule applies to	ear, c re tha c <i>clusi</i> this c	in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ontributions exclusively for religious, charitable, etc., purposes, but no such \$1,000. If this box is checked, enter here the total contributions that were revely religious, charitable, etc., purpose. Don't complete any of the parts unleading animalist of the parts unleading animalist in the grant such that were received nonexclusively religious, charitable, etc., on the year	oceived ess the contributions
990-E2	Z, or 990-PF), but it must	answ	vered by the General Rule and/or the Special Rules doesn't file Schedule B er "No" on Part IV, line 2, of its Form 990; or check the box on line H of its f act it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ,	Form 990-EZ or on its

Name of organization

Joan G & Michael R Potter Foundation

Employer identification number

32-0238957

Part I	Contributors (see instructions). Use duplicate copie	ributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
1	Michael R Potter 75 Cedar Hills Circle Chapel Hill, NC 27514	\$	Person 🔀 Payroll 🗍 Noncash 🔀 (Complete Part II for noncash contributions)							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
2	Joan G Potter 75 Cedar Hills Circle Chapel Hill, NC 27514	\$ 6,992	Person 🖫 Payroll 🗍 Noncash 🖫 (Complete Part II for noncash contributions.)							
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution							
		\$	Person							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
		\$	Person							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
		\$	Person							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution							
		\$	Person							

Name of organization

Employer identification number

Joan G & Michael R Potter Foundation 32-0238957 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions) 200 Shares BPTRX 1 7,600 01-05-2017 (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions) Part I 184 Shares BPTRX 2_ 6,992 01-05-2017 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions)

	Federal Supporting Sta	tements	201	17 PG01
Name(s) as shown on return			FEIN	
Joan G & Michael H	R Potter Foundation		<u> </u>	<u> 32-0238957</u>
	orm 990PF - Part II - L estments: Corporate Sto	• •	1	Statement #137
Category	BO	. Book	Value	EOY FMV
Corporate Stock	18,	474	33,028	33,028
Totals	18,4	174	33,028	33,028

Federal Supporting Statements

Name(s) as shown on return

Joan G & Michael R Potter Foundation

Form 990PF - Part I - Line 23 - Other Expenses Schedule

	Revenue	Net	Adjusted	Charitable
Description	and expenses	investment	net income	purpose
Other Expenses	0	0	0	o
Office Expense Supplies	322	0	0	0
Telephone Internet	565	0	0	0
Travel	0	0	0	0
Meals	109	0	0	0
Totals	996	0	0	0