Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0052

2017

6 20#CA	
100 3 6 20ff	
Ť	
2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

For calendar year 2017 or tax year beginning and ending A Employer identification number The Perper Family Foundation 81-4462390 Number and street (or PO box number if mail is not delivered to street address) Room/suite B Telephone number (see Instructions) 3715 Columbine Circle (704)905-1710 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here Charlotte, NC 28211 Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test Address change Name change check here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization 0 E If private foundation status was terminated under Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation section 507(b)(1)(A), check here Fair market value of all assets at J Accounting method X Cash If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col (c), under section 507(b)(1)(B), check here . . . line 16) \triangleright \$ 4,025,348. Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per ıncome income purposes books the amounts in column (a) (see instructions)) (cash basis only) 2,018,400 Contributions, gifts, grants, etc , received (attach schedule) 2 Check ▶☐ if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 47.433 Dividends and interest from securities 47,433. **5a** Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 evenue b Gross sales price for all assets on line 6a 82,647 Capital gain net income (from Part IV, line 2) 82,647 10 a Gross sales less returns and allowances **b** Less Cost of goods sold...... c Gross profit or (loss) (attach schedule) 2,065,833. 82,647 130,080 12 13 Compensation of officers, directors, trustees, etc Operating and Administrative Expenses 30,768. 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion Travel, conferences, and meetings Printing and publications...... 24 Total operating and administrative expenses. 30,768 113,200 30,768 26 Total expenses and disbursements. Add lines 24 and 25. 113,200. Subtract line 26 from line 12 2,035,065 a Excess of revenue over expenses and disbursements 82,647 b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.





Form 990-PF(2017)

130,080

81-4462390 Page 2

Form 990-PF(2017)

Form 990-PF (2017) The Perper Family Foundation

	0.PF (2017) The Perper Family Foundation 81-440			age 4				
Part		instr	uctio	ns)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			į				
	Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)			26.				
b								
	here Mand enter 1% of Part I, line 27b			į				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			j				
	Part i, line 12, col (b)							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 2							
3	Add lines 1 and 2		8	<u> 26.</u>				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)							
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		8	<u> 26.</u>				
6	Credit/Payments							
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			1				
Þ	Exempt foreign organizations - tax withheld at source							
С	Tax paid with application for extension of time to file (Form 8868) 6c			1				
d	Backup withholding erroneously withheld							
7	Total credits and payments Add lines 6a through 6d							
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			24.				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		8	<u>50.</u>				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.				
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11			<u>0.</u>				
Part	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 participate or	<u> </u>	Yes	No				
	Intervene in any political campaign?	1a		X				
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the 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 published or							
	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 year			İ				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$							
0	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			1				
	managers > \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> X</u>				
_	If "Yes," attach a detailed description of the activities	1		i				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			ال ـــــا				
_	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		<u> </u>				
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							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1						
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation that the governing instrument so that no mandatory directions that conflict with the state legislation that the governing instrument so the governing instrument			ئــــا				
_	with the state 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," complete Part II, col (c), and Part XV	7						
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	1						
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of							
ь	each state as required by General Instruction G? If "No," attach explanation	8b	X	الــــا				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	- 85	_					
3	calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9	'	X				
10	Did any persons become substantial contributors during the tax year?	۲						
	If "Yes," attach a schedule listing their names and addresses	10	x					
JYA		om 99	_	(2017)				

Form 99	0-PF(2017) The Perper Family Foundation	81-446	5239	O F	age 5
Part	VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning		T	Yes	No
	of section 512(b)(13)? If "Yes," attach schedule See instructions		11	1	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person				
	had advisory privileges? If "Yes," attach statement. See instructions		12_		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Website address				
14	The books are in care of ▶ Anne B. Perper Telephone no ▶ (7	04)905	-17	10	
	Located at ▶3715 Columbine Circle Charlotte, NC 28211 ZIP+4▶ 2	8211			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here)	lack
	and enter the amount of tax-exempt interest received or accrued during the year	15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority			Yes	No
	over a bank, securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes,"		l		
	enter the name of the foreign country		<u> </u>		لــــــا
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		,		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year, did the foundation (either directly or indirectly)	_	l		1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	s XINo]		Ì
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_	1	1	Ì
	disqualified person?	=	[{
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	s XNo	}	1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for				
	the benefit or use of a disqualified person?)	s XNo	İ		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		•		i
	foundation agreed to make a grant to or to employ the official for a period after	₩			
	termination of government service, if terminating within 90 days)	S ANO			
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		45		نـــا
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here		1b		
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that				[
С	were not corrected before the first day of the tax year beginning in 2017?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		_ '		
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	ļ			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and				
_	6e, Part XIII) for tax year(s) beginning before 2017?	s XINo		1	
	If "Yes," list the years ▶	, <u>[22]</u>			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)				
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			1	
	all years listed, answer "No" and attach statement - see instructions)		2b		X
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				
	>				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				j
	at any time during the year?	s 🗓 No			
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	İ			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the				
	foundation had excess business holdings in 2017)	1	3b	 	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?		4 a	 	<u> </u>
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its				ال ي
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?		4b		<u> </u>
UYA		Fo	ımı 99	0-PF	(2017)

		The	Perper	Family Fo	undat:	ion	4700 Mars Da	Damiliand (an	81-44	6239	0 F	Page 6
	VII-B					nich Forn	1 4720 May Be	Hequirea (CO	<u>nunuea,</u>	'		
5a	-			pay or incur any an					-	[Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?							'				
				pecific public election	•	• • •	• •					
							<i></i>					
								∐ Ye	X No	'		
	• •	-	-	ion other than a cha		-		Π.,	(Fe)	Į		
							<i>.</i>	∐ Ye	X No	'		
	. ,	•		than religious, cham				П.,	 .			
			-						X No	'		
ь	•		. , , , ,	•		•	er the exceptions de			- <u>-</u>		نــــ ـ ا
	-			_	_		? See instructions .			. <u>5b</u>		
							ere					
С			•	oa(4), does the found		•				.		
								1 6#	s ∐ No	' [
0-	•		•	red by Regulations		. ,						
6a				, receive any funds,			ıy premiums 	□v	. .			
L												×
Ь	If "Yes" to 6		- •	, pay premiums, un	scuy or indire	ectly, on a per	sonal benefit contra	Cl /		. <u> 6b</u>		
7a		•		e the foundation a n	arty to a pro	hibited tay ebe	elter transaction?	□v~	. T	, Ì]]	
, a b	-	-					able to the transaction			I ——		
	t VIII						Foundation M				ovee	
			Contractor	-	001010,	1145.555,	i outiluation in	anagoro, mg.		···p·	,	,
1	List all offi				n managers	and their co	ompensation. See i	instructions.				
			ne and address		(b) Title	and average	(c) Compensation (If not paid,	(d) Contribution employee benef		(e) Expe	ense ac	
						ed to position	enter -0-)	and deferred com	pensation	Olitei	unoman	
	B Pe				Chai							
				, NC 28211	77 - 70	05.00		 		 		
	t B Po				- NIGE	Chair				1		
3715	COLUMBII	ne Cir	Charlott	e, NC 28211		05.00				 		
					-							
					+	 .		 		 		
				·	-							
2	Compens	etion of f	five highest-n	aid employees (at	her than the	nse included	on line 1 - see inst	tructions) If none	enter	·		
-	"NONE."		iro inglicor p	ara Gripioyooo (ot				a double, it home	, and			
(a) Na		ess of eac	ch employee par	d more than \$50,000	(b) Title,	and average	(c) Compensation	(d) Contribution	s to	(e) Expe	ense ac	count
(,			. , , ,		1100	s per week ed to position	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	employee bene and deferred com			allowar	
						•						
NONE				<u> </u>								
					<u> </u>		1	_				
NONE	2											
NONE	2			· -	-				_			
NONE	 E							 		 		
					-							
NONE	<u> </u>				-							
Total n	umber of oth	ner emplo	oyees paid over	\$50,000					, , ,▶			
							-			-		

Form 990-PF (2017)		81-4462390 Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Hand Contractors (continued)	lighly Paid Employees,
3 Five high	est-paid independent contractors for professional services. See instructions. If none, enter "NO	NF "
	address of each person paid more than \$50,000 (b) Type of service	
NONE		
NONE		
		}
NONE		
NONE		
NONE		
Total number of o	thers receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
List the foundation organizations and	o's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number beneficiaries served, conferences convened, research papers produced, etc.	ber of Expenses
1		
·		
		
2		
		
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
Describe the two la	argest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
		
2		
-		——— I
All other program-	related investments. See instructions	
3		
Total Add lines 1		

UYA

Form **990-PF**(2017)

		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7				105,926.
2	Undistributed income, if any, as of the end of 2017				
a	Enter amount for 2016 only				7
ь	Total for prior years				
3	Excess distributions carryover, if any, to 2017				
а	From 2012		ļ		i
b	From 2013				
С	From 2014				}
d	From 2015				1
9	From 2016				ļ
f	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,			· · · · · · · · · · · · · · · · · · ·	
	line 4 ▶ \$ 113,200.				
а	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election				
	required - see instructions)				
d	Applied to 2017 distributable amount				106,752.
8	Remaining amount distributed out of corpus	6,448.			<u> </u>
5	Excess distributions carryover applied to 2017				1
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,448.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				1
С	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				1
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
ө	Undistributed income for 2016 Subtract line				1
	4a from line 2a Taxable amount - see				}
	instructions				L
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2018				-826.
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				1
	required - see instructions)				
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions)				<u> </u>
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a	6,448.	<u> </u>		
10	Analysis of line 9				
а	Excess from 2013				1
b	Excess from 2014				
C	Excess from 2015				1
d	Excess from 2016				1
Θ	Excess from 2017 6,448.				<u>l</u>

	90-PF(2017) The Perper Fami					62390 Páge 1
Part	XIV Private Operating Foundati	i ons (see instruc	tions and Part \	/II-A, question 9)	
1a	If the foundation has received a ruling or dete	ermination letter that	t is a private operatir	ng foundation, and		
	the ruling is effective for 2017, enter the date	of the ruling		.		<i>y</i>
b	Check box to indicate whether the foundation	ıs a private operatin	g foundation describ	ed in section	4942()(3)	or 4942(J)(5)
2a	Enter the lesser of the adjusted net income	Tax year		Prior 3 years		(e) Total
	from Part I or the minimum investment	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) lotai
	return from Part X for each year listed		I			
b	85% of line 2a					
¢	Qualifying distributions from Part XII, line 4					
	for each year listed	}	ļ			ł
d	Amounts included in line 2c not used directly		f		†	
-	for active conduct of exempt activities	Ĭ	ŀ		1	1
e	Qualifying distributions made directly for			/ /		
·	active conduct of exempt activities		1		\	
	Subtract line 2d from line 2c		ļ			
3	Complete 3a, b, or c for the alternative			/	 	
•	test relied upon		/			
_	'		l /	Ì	ħ	Ì
а	"Assets" alternative test – enter		/			1
	(1) Value of all assets		/	 	 	
	(2) Value of assets qualifying under		/			
ь	section 4942(j)(3)(B)(i)					
	minimum investment return shown in		/			
	Part X, line 6 for each year listed	<u> </u>			<u> </u>	
С	"Support" alternative test - enter	/	ľ	l	İ	l
	(1) Total support other than gross invest-					
	ment income (interest, dividends, rents,	/	ļ	ļ		
	payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or	/			i	
	more exempt organizations as provided		1			
	ın section 4942(j)(3)(B)(ııı)	_/		<u> </u>		
	(3) Largest amount of support from an	p. Committee of the com				j
	exempt organization					
	(4) Gross investment income	<u></u>	l	<u> </u>	<u> </u>	
Part	XV Supplementary Information			e foundation ha	ad \$5,000 or mo	re in assets at
	any time during the year- s	ee instructions	3.)			
1 I	nformation Regarding Foundation Manage	ers:				
al	ust any managers of the foundation who have	contributed more that	n 2% of the total con	Inbutions received by	the foundation before	the close of any
t	ax year (but only if they have contributed more	than \$5,000) (See s	ection 507(d)(2))			
Ыl	ust any managers of the foundation who own	10% or more of the st	ock of a corporation	(or an equally large po	ortion of the ownership	of a partnership
(or other entity) of which the foundation has a 10	0% or greater interes	t			
2	nformation Regarding Contribution, Grant	, Gift, Loan, Schola	rship, etc., Progran	ns		
	Check here 🕨 🗓 if the foundation only make				s not accept unsolicit	ed requests for
	unds. If the foundation makes gifts, grants, etc					
	5 .5	,			,_,_,	
a 1	The name, address, and telephone number or	email address of the	person to whom appl	ications should be ad	dressed	
	,		,			
b 1	The form in which applications should be subn	nitted and information	and materials they s	should include		
	• •		•			
c /	Any submission deadlines	-				
						
d /	Any restrictions or limitations on awards, such	as by geographical a	reas, charitable fields	s, kinds of institutions	, or other factors	

Part XV Supplementary Information (contin				
3 Grants and Contributions Paid During the Year or	Approved for Future F	ayment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	L
a Paid during the year	_			
GreenLight Charlotte	1			
1776 Statesville Ave Ste. 101-19		1	İ	
Charlotte, NC 28206		PC	Donation to Start a CLT non-profit	50,000
Urban Ministry Center				
945 N. College St				
Charlotte, NC 28206		PC	To support the homeless community in C	10,000
Carolina Theater		ļ		
220 N. Tryon St				
Charlotte, NC 28202		PC	To support the renovation of a histori	20,000
United Way		1]
301 S. Brevard St		[
Charlotte, NC 28202		PC	Annual Giving to support local non-pro	5,000
Charlotte Rescue Mission		}		
907 W. 1st Street				
Charlotte, NC 28202		PC	To support the residential recovery pr	5,000
Arts & Science Council				
227 W. Trade St		Ĭ		
Charlotte, NC 28202		PC	Fo support the local arts community	5,000
Augustine Literacy		1	J	
115 W. 7th St				
Charlotte, NC 28202			To support literacy in the local publi	2,500.
Teach for America		ļ		
5855 Executive Center Dr. Ste. 200				
Charlotte, NC 28212		PC	To support teachers working in low-inc	10,000.
Total		· · · · · ·	▶ 3a	113,200.
b Approved for future payment				
		ļ		
				:
		}		
		1		1
		<u> </u>		
Total	<u> </u>	<u> </u>	▶ 3b	

3 Grants and Contributions Paid During the Year	r or Approved for Future	Payment		
Recipient	If recipierit is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION	
a Paid during the year				
Women's Impact Fund				
2525 Distribution St				
Charlotte, NC 28203		PC	To support women giving back in Charlo	2,000.
				·
The Harvest Center				
2225 Freedom Drive				
		PC		1,000.
Charlotte, NC 28208		FC	To support local low-income neighbors	1,000.
Mho Ticht Bostown				
The Light Factory		}		
1817 Central Avenue		L_		
Charlotte, NC 28205		PC	To support local artists	2,200.
			•	
Literacy & Leadership				
7030 Bellona Ave				
Baltimore, MD 21212		PC	To support an evidenced based literacy	500.
·				
		1		
		İ		
		1		
		1		
		1		
Total				L
b Approved for future payment				
		Ĭ		
	•			
		1		
				:
Total		1	3b	<u> </u>
Total	<u> </u>	· · · · · ·		QQN_PF (2017

Enter gross amounts unless otherwise indicated			isiness income	Excluded by sect	(e)		
4	D.		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemption function income (See instructions
1	-	am service revenue	Dusiness code	Amount	LXCIUSION CODE	Amount	(See Instructions
	a _						
	-4						
	θ_			 -	 		
	T _	ees and contracts from government agencies		·	 		
_	•			<u> </u>	 		
2		bership dues and assessments			 		 -
3		est on savings and temporary cash investments ends and interest from securities	<u></u>		 		
4 5					 		 -
3		ental income or (loss) from real estate Debt-financed property					
					 		
_		lot debt-financed property			 -		
6		ental income or (loss) from personal property					
7						-	
8		or (loss) from sales of assets other than inventory acome or (loss) from special events					
9		s profit or (loss) from sales of inventory			 		 -
10					 		
11		revenue a	<u>.</u>				
							-
				<u> </u>	 		
					 		
40		Add advance (b) (d) and (e)		·	 		
		otal Add columns (b), (d), and (e)			I	40	<u> </u>
		sheet in line 13 instructions to verify calculations)				13	
		I-B Relationship of Activities to the A	ccomplish	ent of Every	nt Purnoses		
_	e No.	Explain below how each activity for which income is				ortantly to the acco	amplie broont
	▼	of the foundation's exempt purposes (other than by					ompliamment
		of the foundations exempt purposes (other triain by	providing rands	ior such purposes,	/ (See instruction	5/	
					·		
					-		
		 	·				
		 					
		 			····	 	
		<u> </u>					
		 					
		 			··· ·		
			· <u> </u>		 -		
							
		 					
							
		 					
					·-·		
		 					
		 					
—						.	
			·				
							

		Exempt C	rganizations			_						
		the organization direct						ın section 50)1(c)		Yes	No
	(Oti	her than section 501(c)	(3) organizations) (or in section 527, relati	ng to pollucal o	rganizations						
		ansfers from the reporti										<u> </u>
		Cash								1a(1)		X
	• • • • • • • • • • • • • • • • • • • •	Other assets ner transactions	• • • • • • • •							1a(2)	<u> </u>	X
		Sales of assets to a n	oncharitable evemi	nt organization						1b(1)		X
		Purchases of assets	•	_								X
		Rental of facilities, eq										X
		Reimbursement arran	•		-							X
		Loans or loan guarant										X
	(6)	Performance of service	es or membership	or fundraising solicitat	tions					1b(6)		X
	c Sh	aring of facilities, equip	ment, mailing lists,	other assets, or paid	employees					1c	L	X
	d If the	he answer to any of the	above is "Yes," co	mplete the following so	chedule Colum	n (b) should	always show	the fair mark	et value o	f the go	ods,	
		er assets, or services g	•	-			faır market va	lue in any tra	nsaction	or shar	.ng	
_		angement, show in colu										
(a)	Line no	(b) Amount involved	(c) Name of n	oncharitable exempt org	anization	(d) Descr	ption of transfe	rs, transaction	ns, and sha	ring arr	angem	ents
		 	 .			 						
_		<u> </u>				-						
		1				 						
_		1				 						
_												
_												
_												
					-				_			
						ļ <u>.</u>						
_				 								
_		· 	·			 						
2	(otl	the foundation directly of the foundation directly of the following the	(3)) or in section 52 owing schedule	277					· · · · [] Yes 	X	No
_		(a) Name of orga	inization	(b) Typ	e of organization	on	(c)	Description o	f relations	ship		
_						+						
_												
_				- 								
				_								
_				nined this return, including a					viedge and b	elief, it is	true,	
Siç He		Signature of officer or tri	Perpe	tr than taxpayer) is based on	100	vnich preparer n lair	as any knowledge	· 	May the IRS the prepare instructions	r shown l		
_		Print/Type preparer's		Preparer's signal	ture		Date	Charl	7. 1	PT!N	ے م	140
Pa		1 " ' ' '		,			1	Check self-en	nployed			
	eparei e Only						<u> </u>	 _	>			
US	e Only	Firm's address						Phone no				
		, 5 addie55										

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

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

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

OMB No 1545-0047

Employer identification number

2017

The Perper Family Foundation 81-4462390 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF **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 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 33¹/₃% 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, chantable, 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, chantable, 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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

<u> The</u>	Perper	Family	Foundation	81-4462390
-------------	--------	--------	------------	------------

Part I	Contributors (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	Scott Perper 3715 Columbine Circle Charlotte, NC 28211	\$2,018,400.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	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 Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Moncash (Complete Part I) for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

Name of organization

The Perper Family Foundation

Employer identification number

81-4462390

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

The Pe	erper Family Foundation			81-4462390		
Part III	Exclusively religious, charitable, et			cribed in section 501(c)(7), (8), or Complete columns (a) through (e) and		
	the following line entry For organization	tions completing Part III	l, enter the total of	of exclusively religious, charitable, etc.,		
	contributions of \$1,000 or less for the Use duplicate copies of Part III if additional transfer of the copies of t	•	mation once See	sinstructions) > \$		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held		
L						
		(e) Transfe	er of gift			
	Transferee's name, address, and ZIP + 4 Relation			nship of transferor to transferee		
Γ						
(a) No. from	(b) Purpose of gift	(c) Use of	aift	(d) Description of how gift is held		
Part I	(2) 1 2 2 2 2 3 2 2	(0, 000 0.		(1) 00001.p.101.01.01.01.01.01.01.01.01.01.01.01.01		
-	(e) Transfer of gift					
	(e) Hariotei Vi giit					
	Transferee's name, address,	and ZIP + 4	Relatio	nship of transferor to transferee		
		j -				
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held		
5	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			nship of transferor to transferee		
			71014110	To the state of th		
1						
(a) No. from	(b) Purpose of gift	(c) Use of	l aift	(d) Description of how gift is held		
Part I	(b) Ful pose of gift	(c) Use U	giit	(d) Description of now girt is neid		
}		(a) T		<u> </u>		
	(e) Transfer of gift					
	Transferee's name, address,	and ZIP + 4	Relatio	nship of transferor to transferee		
						

Form 990-PF Professional Fees Expense

Supporting Details for Form 990-PF. Part I, Line 16 (a) Description (b) Revenue and (c) Net investment (d) Adjusted net (e) Disbursement				
	expenses per books	ıncome	ıncome	for charitable purpose
Legal fees:				
	0.	0.	0.	0.
Foundation Consultant	23,011.	0.	0.	0.
RBH Legal Fees	7,757.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
Accounting fees:				
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
Other professional fees:				
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
		·		

Form 990-PF Other Expenses

Supporting Details for Form 990-PF. Part II, Line 10a, 10b, and 10c

Investments - U.S. and state government obligations

(a) Description	US Govt Securities		State and Local Govt Securities	
	(b) End of Year Book Value	(c) End of Year Fair Market	(b) End of Year Book Value	(c) End of Year Fair Market
BBH Fixed Income	97,084.	99,619.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.

Investments - corporate stock

invocation of policies	, 0.00 k	
(a) Description	(b) End of Year Book Value	(c) End of Year Fair Market
Amerco	109,051.	113,373.
Barclays	577,560.	545,000.
Comcast	531,750.	600,750.
JP Morgan Chase	533,854.	534,700.
Merck & Co	597,800.	562,700.
Unilever	430,650.	422,400.
T. Rowe Price Blue Chip Fund	515,273.	535,072.
T. Rowe Price Div Growth Fund	86,190.	90,193.
	0.	0.
	0.	0.

Form 990-PF Substantial Contributors

Supporting Details for Form 990-PF. Part VII-A, Line 10

a) Name (enter either the person's nam	ne or the	(b) Address	
business's name			
Person Scott Perper	Street address	<u> </u>	Room or suite no
	3715 Columbine C		
Business	City, town or post office	State	ZIP Code
	Charlotte	NC	
	Foreign country	Foreign province/county	Foreign postal code
Person	Street address		Room or suite no
Business	Crty, town or post office	State	ZIP Code
	Foreign country	Foreign province/county	Foreign postal code
Person	Street address		Room or suite no
Business	City, town or post office	State	ZIP Code
	Foreign country	Foreign province/county	Foreign postal code
Person	Street address		Room or suite no
Business	City, town or post office	State	ZIP Code
	Foreign country	Foreign province/county	Foreign postal code
Person	Street address		Room or suite no
Business	City, town or post office	State	ZIP Code
	Foreign country		Foreign postal code