

EXTENDED TO NOVEMBER 15, 2022

Return of Private Foundation

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

OMB No. 1545-0047

2021

Form 990-PF

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 calendar year 2021 or tax year beginning

, and ending

Name of foundation <b>THE PAUL AND MARGARET PORTER CHARITABLE FOUNDATION</b>		A Employer identification number <b>59-1750571</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>6100 FAIRVIEW ROAD, 9TH FLOOR</b>		B Telephone number <b>704-362-8203</b>
City or town, state or province, country, and ZIP or foreign postal code <b>CHARLOTTE, NC 28210</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 8,507,506.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received				N/A	
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B					
3 Interest on savings and temporary cash investments		64.	64.		STATEMENT 1
4 Dividends and interest from securities		151,929.	151,929.		STATEMENT 2
5a Gross rents					
b Net rental income or (loss)					
6a Net gain or (loss) from sale of assets not on line 10		652,666.			
b Gross sales price for all assets on line 6a		2,612,964.			
7 Capital gain net income (from Part IV, line 2)			652,666.		
8 Net short-term capital gain					
9 Income modifications					
10a Gross sales less returns and allowances					
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income		43,381.	72.		STATEMENT 3
12 Total. Add lines 1 through 11		848,040.	804,731.		
13 Compensation of officers, directors, trustees, etc.		0.	0.		0.
14 Other employee salaries and wages					
15 Pension plans, employee benefits					
16a Legal fees					
b Accounting fees		26,775.	0.		23,708.
c Other professional fees		81,577.	61,164.		20,413.
17 Interest					
18 Taxes		6,961.	1,084.		0.
19 Depreciation and depletion					
20 Occupancy					
21 Travel, conferences, and meetings		10,830.	5,415.		5,415.
22 Printing and publications					
23 Other expenses		1,907.	0.		1,531.
24 Total operating and administrative expenses. Add lines 13 through 23		128,050.	67,663.		51,067.
25 Contributions, gifts, grants paid		333,000.			333,000.
26 Total expenses and disbursements. Add lines 24 and 25		461,050.	67,663.		384,067.
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements		386,990.			
b Net investment income (if negative, enter -0-)			737,068.		
c Adjusted net income (if negative, enter -0-)				N/A	

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

- ▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE PAUL AND MARGARET PORTER CHARITABLE FOUNDATION</b>	Taxpayer identification number (TIN) <b>59-1750571</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6100 FAIRVIEW ROAD, 9TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHARLOTTE, NC 28210</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**MITCHELL WICKHAM**

- The books are in the care of ▶ **6100 FAIRVIEW ROAD, 9TH FLOOR - CHARLOTTE, NC 28210**

Telephone No. ▶ 704-362-8203 Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2021 or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	20,940.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	4,440.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	16,500.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....			
	2 Savings and temporary cash investments .....	146,284.	173,785.	173,785.
	3 Accounts receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	4 Pledges receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ▶ .....			
	Less: allowance for doubtful accounts ▶ .....			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....			
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock STMT 9 .....	5,771,022.	6,089,588.	7,957,794.
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis ▶ .....			
Less: accumulated depreciation ▶ .....				
12 Investments - mortgage loans .....				
13 Investments - other STMT 10 .....	48,530.	86,666.	375,927.	
14 Land, buildings, and equipment: basis ▶ .....				
Less: accumulated depreciation ▶ .....				
15 Other assets (describe ▶ .....				
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item 1) .....	5,965,836.	6,350,039.	8,507,506.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....			
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ .....			
23 <b>Total liabilities</b> (add lines 17 through 22) .....	0.	0.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> ▶ <input type="checkbox"/>			
	<b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions .....			
	25 Net assets with donor restrictions .....			
	<b>Foundations that do not follow FASB ASC 958, check here</b> ▶ <input checked="" type="checkbox"/>			
	<b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds .....	0.	0.	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund .....	0.	0.	
28 Retained earnings, accumulated income, endowment, or other funds .....	5,965,836.	6,350,039.		
29 <b>Total net assets or fund balances</b> .....	5,965,836.	6,350,039.		
30 <b>Total liabilities and net assets/fund balances</b> .....	5,965,836.	6,350,039.		

**Part III 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 29 (must agree with end-of-year figure reported on prior year's return) .....	1	5,965,836.
2 Enter amount from Part I, line 27a .....	2	386,990.
3 Other increases not included in line 2 (itemize) ▶ .....	3	0.
4 Add lines 1, 2, and 3 .....	4	6,352,826.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 8 .....	5	2,787.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	6,350,039.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>			
<b>b</b> SEE ATTACHED STATEMENT			
<b>c</b>			
<b>d</b>			
<b>e</b>			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> 2,612,964.		1,960,298.	652,666.
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			652,666.
<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ..... }		2 652,666.
<b>3</b> 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- in Part I, line 8	{ ..... }		3 N/A

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

<b>1a</b> Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instructions)	<b>1</b>	10,245.
<b>b</b> All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) .....		
<b>2</b> Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	<b>2</b>	0.
<b>3</b> Add lines 1 and 2 .....	<b>3</b>	10,245.
<b>4</b> Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) .....	<b>4</b>	0.
<b>5</b> Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- .....	<b>5</b>	10,245.
<b>6</b> Credits/Payments:		
<b>a</b> 2021 estimated tax payments and 2020 overpayment credited to 2021 .....	<b>6a</b>	4,440.
<b>b</b> Exempt foreign organizations - tax withheld at source .....	<b>6b</b>	0.
<b>c</b> Tax paid with application for extension of time to file (Form 8868) .....	<b>6c</b>	16,500.
<b>d</b> Backup withholding erroneously withheld .....	<b>6d</b>	0.
<b>7</b> Total credits and payments. Add lines 6a through 6d .....	<b>7</b>	20,940.
<b>8</b> Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached .....	<b>8</b>	0.
<b>9</b> Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed .....	<b>9</b>	
<b>10</b> Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .....	<b>10</b>	10,695.
<b>11</b> Enter the amount of line 10 to be: Credited to 2022 estimated tax 10,695.   Refunded	<b>11</b>	0.

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**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		<b>X</b>
<b>1b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition .....		<b>X</b>
If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
<b>1c</b> Did the foundation file <b>Form 1120-POL</b> for this year? .....		<b>X</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		<b>X</b>
If "Yes," attach a detailed description of the activities.		
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		<b>X</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....	<b>X</b>	
<b>4b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>X</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		<b>X</b>
If "Yes," attach the statement required by <i>General Instruction T</i> .		
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • 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 law remain in the governing instrument? .....	<b>X</b>	
<b>7</b> 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 XIV .....	<b>X</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <u>NC</u>		
<b>8b</b> 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 each state as required by <i>General Instruction G</i> ? If "No," attach explanation .....	<b>X</b>	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII .....		<b>X</b>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		<b>X</b>
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		<b>X</b>
<b>12</b> 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 .....		<b>X</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	<b>X</b>	
Website address ▶ <u>PORTERFOUNDATION.ORG</u>		
<b>14</b> The books are in care of ▶ <u>MITCHELL WICKHAM</u> Telephone no. ▶ <u>704-362-8203</u> Located at ▶ <u>6100 FAIRVIEW ROAD, 9TH FLOOR, CHARLOTTE, NC</u> ZIP+4 ▶ <u>28210</u>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> - check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....	<b>15</b>	<b>N/A</b>
<b>16</b> At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		<b>X</b>
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

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**Part VI-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
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(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)? .....		
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the 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.) .....	1a(5)	X
	1a(6)	X
<b>b</b> If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .....	1b	X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here .....		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? .....	1d	X
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021? .....	2a	X
If "Yes," list the years ▶ _____, _____, _____, _____		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) .....	3b	X
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? .....	4b	X

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

	Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ELLEN PORTER WARLICK 401 S. TRYON STREET, SUITE 3000 CHARLOTTE, NC 28202	PRESIDENT 1.00	0.	0.	0.
PATRICIA PORTER TAYLOR 401 S. TRYON STREET, SUITE 3000 CHARLOTTE, NC 28202	VICE PRESIDENT 1.00	0.	0.	0.
SCOTT PORTER 401 S. TRYON STREET, SUITE 3000 CHARLOTTE, NC 28202	TREASURER 1.00	0.	0.	0.
J WILLIAM PORTER 401 S. TRYON STREET, SUITE 3000 CHARLOTTE, NC 28202	SECRETARY 1.00	0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

THE PAUL AND MARGARET PORTER  
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**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
UBS FINANCIAL SERVICES INC. - 6100 FAIRVIEW ROAD, 9TH FLOOR, CHARLOTTE, NC 28210	INVESTMENT/ADVISORY	81,577.

Total number of others receiving over \$50,000 for professional services ▶ 0

**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part VIII-B Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 ▶ 0.



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**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities .....	1a	7,921,246.
b	Average of monthly cash balances .....	1b	157,842.
c	Fair market value of all other assets (see instructions) .....	1c	375,633.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	8,454,721.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	8,454,721.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	126,821.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	8,327,900.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	416,395.

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part IX, line 6 .....	1	416,395.
2a	Tax on investment income for 2021 from Part V, line 5 .....	2a	10,245.
b	Income tax for 2021. (This does not include the tax from Part V.) .....	2b	1,382.
c	Add lines 2a and 2b .....	2c	11,627.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	404,768.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	404,768.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	404,768.

**Part XI Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	384,067.
b	Program-related investments - total from Part VIII-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	384,067.

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**THE PAUL AND MARGARET PORTER  
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**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
<b>1</b> Distributable amount for 2021 from Part X, line 7				404,768.
<b>2</b> Undistributed income, if any, as of the end of 2021:				
<b>a</b> Enter amount for 2020 only			299,509.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2021:				
<b>a</b> From 2016				
<b>b</b> From 2017				
<b>c</b> From 2018				
<b>d</b> From 2019				
<b>e</b> From 2020				
<b>f</b> Total of lines 3a through e	0.			
<b>4</b> Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ 384,067.				
<b>a</b> Applied to 2020, but not more than line 2a			299,509.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2021 distributable amount				84,558.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				320,210.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
<b>8</b> Excess distributions carryover from 2016 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2017				
<b>b</b> Excess from 2018				
<b>c</b> Excess from 2019				
<b>d</b> Excess from 2020				
<b>e</b> Excess from 2021				

**THE PAUL AND MARGARET PORTER  
CHARITABLE FOUNDATION**

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e 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:					
a "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 IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities 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					

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

1 **Information Regarding Foundation Managers:**  
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**NONE**

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**NONE**

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

**SEE STATEMENT 11**

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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**Part XIV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> Paid during the year  BLUE RIDGE CONSERVANCY PO BOX 568 BOONE, NC 28607		PC	MIDDLE FORK GREENWAY PROJECT	2,500.
BLOWING ROCK METHODIST CHURCH 2600 HAMPTON AVE CHARLOTTE, NC 28207		PC	OPERATIONS	2,500.
BOYS AND GIRLS CLUB OF CLEVELAND COUNTY INC. PO BOX 2001 SHELBY, NC 28151-2001		PC	SUPPORT AN INCREASE TO THE NUMBER OF KIDS SERVED	25,000.
BREVARD COLLEGE ONE BREVARD COLLEGE BREVARD, NC 28712		PC	ENDOWMENT	50,000.
CENTRAL UNITED METHODIST CHURCH 200 E MARION ST SHELBY, NC 28150		PC	OPERATIONS	10,000.
<b>Total</b> ..... SEE CONTINUATION SHEET(S) ..... ▶ 3a				333,000.
<b>b</b> Approved for future payment  NONE				
<b>Total</b> ..... ▶ 3b				0.





**Part IV** Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a UBS #1535	P		
b UBS #1536	P		
c UBS #1537	P		
d UBS #1535	P		
e UBS #1536	P		
f UBS #1537	P		
g CAPITAL GAINS DIVIDENDS			
h			
i			
j			
k			
l			
m			
n			
o			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 202,338.		194,484.	7,854.
b 79,461.		57,143.	22,318.
c 1,047,087.		881,320.	165,767.
d 262,704.		253,242.	9,462.
e 508,029.		280,506.	227,523.
f 477,660.		293,603.	184,057.
g 35,685.			35,685.
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			7,854.
b			22,318.
c			165,767.
d			9,462.
e			227,523.
f			184,057.
g			35,685.
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) ..... { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } .....	2	652,666.
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). If (loss), enter "-0-" in Part I, line 8 .....	3	N/A

THE PAUL AND MARGARET PORTER  
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**Part XIV** Supplementary Information

**3** Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CHILDREN'S HOME OF CLEVELAND COUNTY, INC. 1300 GIDNEY ST, SUITE C SHELBY, NC 28150		PC	EXPAND THE TRANSITIONAL & INDEPENDENT LIVING PROGRAM	15,000.
CLEVELAND COUNTY ABUSE PREVENTION COUNCIL, INC. PO BOX 2589 SHELBY, NC 28151-2589		PC	TELE-MEDICINE SERVICES	5,000.
CLEVELAND COUNTY FAMILY YMCA, INC 3005 LONGWOOD DR. SHELBY, NC 28152		PC	FIRST TEE OF THE FOOTHILLS PROGRAM AND FACILITIES	15,000.
CLEVELAND COUNTY POTATO PROJECT INC. 107 QUAIL HOLLOW DRIVE KINGS MOUNTAIN, NC 28026		PC	OPERATIONS	5,000.
CLEVELAND COUNTY SCHOOLS EDUCATIONAL FOUNDATION, INC. 400 WEST MARION STREET SHELBY, NC 28150		PC	SENIORS SCHOLAR AWARDS PROGRAM	10,000.
COMMUNITY MATH ACADEMY PO BOX 687 SHELBY, NC 28151		PC	OPERATIONS	20,000.
CROSSROADS RESCUE MISSION 206 MT. SINAI CHURCH ROAD SHELBY, NC 28152		PC	MEDICAL, DENTAL, AND HEALTHCARE SERVICES FOR RESIDENTS	5,000.
CURE JM FOUNDATION 19309 WINMEADE DRIVE STE 204 LEESBURG, VA 20176		PC	FIVE EDUCATIONAL FAMILY WEBINARS	5,000.
FIRST UNITED METHODIST CHURCH OF CHARLOTTEVILLE 101 E. JEFFERSON STREET CHARLOTTEVILLE, VA 22902		PC	WOODBROOK GRAB A BAG PROGRAM	2,000.
JEFFERSON AREA BOARD FOR AGING, INC 674 HILLDALE DRIVE STE 9 CHARLOTTEVILLE, VA 22901		PC	OPERATIONS	5,000.
<b>Total from continuation sheets</b>				<b>243,000.</b>



THE PAUL AND MARGARET PORTER  
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**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
LIFE ENRICHMENT CENTER OF CLEVELAND COUNTY INC. 110 LIFE ENRICHMENT BLVD. SHELBY, NC 28150-3689		PC	OPERATIONS	30,000.
LOAVES & FISHES FOOD PANTRY 2050 LAMBS ROAD CHARLOTTEVILLE, VA 22901		PC	NUTRITION EDUCATION	10,000.
LYNC8 PROJECT CORP 127 JOYCE STREET HARRODSBURG, KY 40330		PC	MATERIALS & RENOVATION	5,000.
MENTAL HEALTH ASSOCIATION OF CLEVELAND COUNTY PO BOX 623 SHELBY, NC 28151		PC	OPERATIONS	10,000.
MYERS PARK UNITED METHODIST CHURCH 1501 QUEENS RD. CHARLOTTE, NC 28207		PC	BUILDING FUND CAMPAIGN	5,000.
SOUTH MOUNTAIN CHRISTIAN YOUTH CAMP, INC. PO BOX 9 BOSTIC, NC 28018		PC	CAMP SCHOLARSHPS	3,000.
SPREAD THE HEALTH INC. 2310 CHANCELLOR ROAD RICHMOND, VA 23235-2714		PC	SALARY OF NURSE MIDWIFE, SCHOOL SUPPLIES FOR MEDICAL STUDENT, AND SOLAR POWER SYSTEM	20,000.
THE LEARNING COLLABORATIVE PO BOX 220488 CHARLOTTE, NC 28222		PC	GROWING EARLY LEARNERS PRESCHOOL CLASSROOM PROGRAM	10,000.
THE SALVATION ARMY - CLEVELAND COUNTY PO BOX 1764 SHELBY, NC 28150		PC	EMPTY STOCKING FUND IN MEMORY OF PAUL AND MARGARET PORTER	10,000.
THE UVA FUND PO BOX 400314 CHARLOTTEVILLE, VA 22904		PC	CHILDREN'S HEART FAMILY FUND	5,000.
<b>Total from continuation sheets</b> .....				

THE PAUL AND MARGARET PORTER  
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**Part XIV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
TRAILHEAD LIMITED 922 SURREY DR. SHELBY, NC 28152		PC	EMERGENCY MEN'S SHELTER FOR WINTER 2021 - 2022	5,000.
UMCOR 458 PONCE DE LEON AVE ATLANTA, GA 30308		PC	INTERNATIONAL DISASTER RELIEF AND DISASTER RESPONSE FUND	20,000.
UMCOR 458 PONCE DE LEON AVE ATLANTA, GA 30308		PC	US DISASTER RESPONSE FOR WESTERN KY TORNADO RELIEF	10,000.
UNIVERSITY VIRGINIA HEALTH FOUNDATION PO BOX 800773 CHARLOTTESVILLE, VA 22908		PC	OPERATIONS	3,000.
WASHINGTON OUTREACH MINISTRY PO BOX 507 WACO, NC 28169		PC	RESTOCKING EMERGENCY FOOD PANTRY, SUMMER FEEDING PROGRAM, AND BACKPACKS	10,000.
<b>Total from continuation sheets</b> .....				

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
FROM K-1 SANDESTIN BEACH HOTEL, LTD.	51.	51.	
UBS A/C#1535	3.	3.	
UBS A/C#1536	3.	3.	
UBS A/C#1537	3.	3.	
UBS A/C#1538	4.	4.	
TOTAL TO PART I, LINE 3	64.	64.	

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
UBS A/C#1535	68,382.	2,640.	65,742.	65,742.	
UBS A/C#1536	73,832.	14,043.	59,789.	59,789.	
UBS A/C#1537	45,400.	19,002.	26,398.	26,398.	
TO PART I, LINE 4	187,614.	35,685.	151,929.	151,929.	

## FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
FROM K-1 - ALBEMARLE ROAD	2.	2.	
FROM K-1 - I-85 HIGHWAY	9.	9.	
FROM K-1 - SANDESTIN LITIGATION SETTLEMENT INCOME	43,309.	0.	
	61.	61.	
TOTAL TO FORM 990-PF, PART I, LINE 11	43,381.	72.	

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FORM 990-PF	ACCOUNTING FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	26,775.	0.		23,708.
TO FORM 990-PF, PG 1, LN 16B	26,775.	0.		23,708.

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FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT FEES 1535	16,517.	16,517.		0.
INVESTMENT FEES 1536	26,905.	26,905.		0.
INVESTMENT FEES 1537	17,742.	17,742.		0.
ADVISORY FEES	20,388.	0.		20,388.
BANK FEES	25.	0.		25.
TO FORM 990-PF, PG 1, LN 16C	81,577.	61,164.		20,413.

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FORM 990-PF	TAXES	STATEMENT	6
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INCOME TAX	5,877.	0.		0.
FOREIGN TAXES 1535	3.	3.		0.
FOREIGN TAXES 1536	1,009.	1,009.		0.
FOREIGN TAXES 1537	72.	72.		0.
TO FORM 990-PF, PG 1, LN 18	6,961.	1,084.		0.

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FORM 990-PF OTHER EXPENSES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
WEBSITE EXPENSE	31.	0.		31.
GUIDESTAR	1,500.	0.		1,500.
FROM K-1 SANDESTIN	376.	0.		0.
TOTAL TO FORM 990-PF, PG 1, LN 23	1,907.	0.		1,531.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR FUND BALANCES STATEMENT 8

DESCRIPTION	AMOUNT
INVESTMENTS - CORPORATE STOCK BOOK-TAX BASIS ADJUSTMENT	2,787.
TOTAL TO FORM 990-PF, PART III, LINE 5	2,787.

FORM 990-PF CORPORATE STOCK STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
UBS 1535	2,188,338.	2,174,105.
UBS 1536	2,048,466.	3,469,934.
UBS 1537	1,852,784.	2,313,755.
TOTAL TO FORM 990-PF, PART II, LINE 10B	6,089,588.	7,957,794.

FORM 990-PF OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALBEMARLE ROAD LLC	COST	5,761.	8,820.
BELMONT #1	COST	54,369.	96,469.
I-85	COST	18,958.	28,733.
SANDESTIN BEACH HOTEL LTD	COST	7,578.	241,905.
TOTAL TO FORM 990-PF, PART II, LINE 13		86,666.	375,927.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XIV, LINES 2A THROUGH 2D

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MITCHELL WICKHAM  
6100 FAIRVIEW ROAD, 9TH FLOOR  
CHARLOTTE, NC 28210

TELEPHONE NUMBER

704-362-8203

EMAIL ADDRESS

MITCHELL.WICKHAM@UBS.COM

FORM AND CONTENT OF APPLICATIONS

APPLICANTS MUST COMPLETE AN ONLINE APPLICATION. IN ADDITION, APPLICANTS MUST SUBMIT BY E-MAIL THE FOLLOWING MATERIALS: A COVER LETTER OUTLINING THE REQUEST FOR SUPPORT, SIGNED BY THE ORGANIZATION'S LEADERSHIP, THE OPERATING BUDGET FOR THE CURRENT FISCAL YEAR, INCLUDING SOURCES OF SUPPORT, A LIST OF DIRECTORS OR TRUSTEES AND THEIR AFFILIATIONS, A BRIEF BIOGRAPHY OF THE EXECUTIVE DIRECTOR, A COPY OF THE IRS 501(C)(3) DETERMINATION LETTER

ANY SUBMISSION DEADLINES

OCTOBER 1ST OF EACH YEAR

RESTRICTIONS AND LIMITATIONS ON AWARDS

ORGANIZATIONS THAT APPLY FOR FUNDING FROM THE PORTER FOUNDATION MUST BE CLASSIFIED AS PUBLIC CHARITIES AND TAX EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. THE PORTER FOUNDATION WILL PRIORITIZE SUPPORT FOR EFFORTS THAT PROVIDE K-12 EDUCATION, SOCIAL SERVICES AND MEDICAL AND PALLIATIVE CARE. PROGRAMS OR PROJECTS OF PARTICULAR INTEREST ARE THOSE FOCUSED ON IMPROVING THE QUALITY OF EDUCATION, MEETING BASIC HUMANITARIAN NEEDS, AND ENSURING COMPASSIONATE CARE FOR THE ELDERLY.

EXTENDED TO NOVEMBER 15, 2022

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

**2021**

For calendar year 2021 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed.  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE PAUL AND MARGARET PORTER CHARITABLE FOUNDATION</b>	<b>D</b> Employer identification number  <b>59-1750571</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>6100 FAIRVIEW ROAD, 9TH FLOOR</b>	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>CHARLOTTE, NC 28210</b>	<b>F</b> <input type="checkbox"/> Check box if an amended return.
<b>C</b> Book value of all assets at end of year ..... ▶ <b>6,350,039.</b>			

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsiidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **MITCHELL WICKHAM** Telephone number ▶ **704-362-8203**

<b>Part I Total Unrelated Business Taxable Income</b>		
1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....	7,955.
2	Reserved .....	
3	Add lines 1 and 2 .....	7,955.
4	Charitable contributions (see instructions for limitation rules) <b>STMT 12 STMT 13</b> .....	376.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....	7,579.
6	Deduction for net operating loss. See instructions .....	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 .....	7,579.
8	Specific deduction (generally \$1,000, but see instructions for exceptions) .....	1,000.
9	<b>Trusts.</b> Section 199A deduction. See instructions .....	
10	<b>Total deductions.</b> Add lines 8 and 9 .....	1,000.
11	<b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....	6,579.

<b>Part II Tax Computation</b>		
1	<b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....	1,382.
2	<b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) .....	
3	<b>Proxy tax.</b> See instructions .....	
4	Other tax amounts. See instructions .....	
5	Alternative minimum tax (trusts only) .....	
6	<b>Tax on noncompliant facility income.</b> See instructions .....	
7	<b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....	1,382.

LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2021)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE PAUL AND MARGARET PORTER CHARITABLE FOUNDATION</b>	Taxpayer identification number (TIN) <b>59-1750571</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>6100 FAIRVIEW ROAD, 9TH FLOOR</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHARLOTTE, NC 28210</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**MITCHELL WICKHAM**

• The books are in the care of ▶ **6100 FAIRVIEW ROAD, 9TH FLOOR - CHARLOTTE, NC 28210**

Telephone No. ▶ **704-362-8203** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2021** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ <b>8,460.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ <b>6,960.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>1,500.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.



Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	1a		
b	Other credits (see instructions) .....	1b		
c	General business credit. Attach Form 3800 (see instructions) .....	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827) .....	1d		
e	<b>Total credits.</b> Add lines 1a through 1d .....			1e
2	Subtract line 1e from Part II, line 7 .....			2
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) .....			3
4	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....			4
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....			5
6a	Payments: A 2020 overpayment credited to 2021 .....	6a	6,960.	
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	6b		
c	Tax deposited with Form 8868 .....	6c	1,500.	
d	Foreign organizations: Tax paid or withheld at source (see instructions) .....	6d		
e	Backup withholding (see instructions) .....	6e		
f	Credit for small employer health insurance premiums (attach Form 8941) .....	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other .....	6g		
7	<b>Total payments.</b> Add lines 6a through 6g .....			7
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....			8
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....			9
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....			10
11	Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> 7,078. <b>Refunded</b> .....			11

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ .....	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		
3	Enter the amount of tax-exempt interest received or accrued during the tax year .....		
4	Enter available pre-2018 NOL carryovers here ▶ \$ .....		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
721110		\$ 37,552.	
6a	Did the organization change its method of accounting? (see instructions) .....		
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	SECRETARY	Title
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date
	PAULA P. TILLEY		<i>Paula P. Tilley</i>	07/07/22
	Firm's name ▶ GREERWALKER LLP		Firm's EIN ▶ 56-1434747	
	Firm's address ▶ 227 WEST TRADE ST, SUITE 1100 CHARLOTTE, NC 28202		Phone no. 704-377-0239	

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>THE PAUL AND MARGARET PORTER CHARITABLE FOUNDATION</b>	<b>B</b> Employer identification number <b>59-1750571</b>
<b>C</b> Unrelated business activity code (see instructions) ▶ <b>721110</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business ▶ **INVESTMENT**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>	-466.	-466.
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 14</b>	<b>5</b>	43,309.	43,309.
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13</b> Total. Combine lines 3 through 12	<b>13</b>	42,843.	42,843.

**Part II** Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b> Salaries and wages	<b>2</b>	
<b>3</b> Repairs and maintenance	<b>3</b>	
<b>4</b> Bad debts	<b>4</b>	
<b>5</b> Interest (attach statement). See instructions	<b>5</b>	
<b>6</b> Taxes and licenses	<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>	
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>
<b>9</b> Depletion	<b>9</b>	
<b>10</b> Contributions to deferred compensation plans	<b>10</b>	
<b>11</b> Employee benefit programs	<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b> Excess readership costs (Part IX)	<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 15</b>	<b>14</b>	3,067.
<b>15</b> Total deductions. Add lines 1 through 14	<b>15</b>	3,067.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	39,776.
<b>17</b> Deduction for net operating loss. See instructions <b>STATEMENT 16</b>	<b>17</b>	31,821.
<b>18</b> Unrelated business taxable income. Subtract line 17 from line 16	<b>18</b>	7,955.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

1	Inventory at beginning of year .....	1	
2	Purchases .....	2	
3	Cost of labor .....	3	
4	Additional section 263A costs (attach statement) .....	4	
5	Other costs (attach statement) .....	5	
6	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float:right">▶</span>	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float:right">▶</span>	0.			

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float:right">▶</span>	0.			
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float:right">▶</span>	0.			
11 <b>Total dividends-received deductions</b> included in line 10 .....	0.			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
<b>Totals</b>			0.	0.

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7



FORM 990-T		CONTRIBUTIONS	STATEMENT 12
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CHARITABLE CONTRIBUTIONS - SANDESTIN BEACH HOTEL, LTD.	N/A	376.	
TOTAL TO FORM 990-T, PART I, LINE 4		376.	



FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 14

DESCRIPTION	NET INCOME OR (LOSS)
SANDESTIN BEACH HOTEL, LTD. - ORDINARY BUSINESS INCOME (LOSS)	43,309.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	43,309.

FORM 990-T (A) OTHER DEDUCTIONS STATEMENT 15

DESCRIPTION	AMOUNT
ACCOUNTING FEES	3,067.
TOTAL TO SCHEDULE A, PART II, LINE 14	3,067.

FORM 990-T (A) POST 2017 NOL SCHEDULE STATEMENT 16

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
37,552.	31,821.	5,731.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 17

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	2,984.	0.	2,984.	2,984.
12/31/20	34,568.	0.	34,568.	34,568.
NOL CARRYOVER AVAILABLE THIS YEAR			37,552.	37,552.



**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return <b>THE PAUL AND MARGARET PORTER CHARITABLE FOUNDATION</b>	Identifying number <b>59-1750571</b>
--	---

<b>1a</b> Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....	<b>1a</b>
<b>b</b> Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....	<b>1b</b>
<b>c</b> Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....	<b>1c</b>

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SANDESTIN BEACH HOTEL, LTD.</b>						<b>-466.</b>

<b>3</b> Gain, if any, from Form 4684, line 39 .....	<b>3</b>
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....	<b>4</b>
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....	<b>5</b>
<b>6</b> Gain, if any, from line 32, from other than casualty or theft .....	<b>6</b>
<b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....	<b>7</b>

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

<b>8</b> Nonrecaptured net section 1231 losses from prior years. See instructions <b>SEE STATEMENT 18</b> .....	<b>8</b>
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....	<b>9</b>

**Part II Ordinary Gains and Losses** (see instructions)

<b>10</b> Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):	

<b>11</b> Loss, if any, from line 7 .....	<b>11</b>
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable .....	<b>12</b>
<b>13</b> Gain, if any, from line 31 .....	<b>13</b>
<b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a .....	<b>14</b>
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36 .....	<b>15</b>
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....	<b>16</b>
<b>17</b> Combine lines 10 through 16 .....	<b>17</b>

<b>18</b> For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....	<b>18a</b>
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....	<b>18b</b>

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A				
B				
C				
D				
<b>These columns relate to the properties on lines 19A through 19D.</b>	<b>Property A</b>	<b>Property B</b>	<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> See line 1a before completing.)	20			
21 Cost or other basis plus expense of sale	21			
22 Depreciation (or depletion) allowed or allowable	22			
23 Adjusted basis. Subtract line 22 from line 21	23			
24 Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>				
a Depreciation allowed or allowable from line 22	25a			
b Enter the <b>smaller</b> of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a Additional depreciation after 1975. See instructions	26a			
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b			
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d Additional depreciation after 1969 and before 1976	26d			
e Enter the <b>smaller</b> of line 26c or 26d	26e			
f Section 291 amount (corporations only)	26f			
g Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.				
a Soil, water, and land clearing expenses	27a			
b Line 27a multiplied by applicable percentage	27b			
c Enter the <b>smaller</b> of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>				
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b Enter the <b>smaller</b> of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>				
a Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**

(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

NONRECAPTURED NET SECTION 1231 LOSSES  
FROM PRIOR YEARS

STATEMENT 18

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2016	139.	0.	139.
2017	50.	0.	50.
2018	390.	0.	390.
2019	113.	0.	113.
2020	0.	0.	
TOTAL TO FORM 4797, LINE 8	692.		692.

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return <b>THE PAUL AND MARGARET PORTER CHARITABLE FOUNDATION</b>	Identifying number <b>59-1750571</b>
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<b>1a</b> Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....	<b>1a</b>
<b>b</b> Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....	<b>1b</b>
<b>c</b> Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....	<b>1c</b>

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SANDESTIN BEACH HOTEL, LTD.</b>						<b>-466.</b>

<b>3</b> Gain, if any, from Form 4684, line 39 .....	<b>3</b>
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....	<b>4</b>
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....	<b>5</b>
<b>6</b> Gain, if any, from line 32, from other than casualty or theft .....	<b>6</b>
<b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....	<b>7</b>

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

<b>8</b> Nonrecaptured net section 1231 losses from prior years. See instructions .....	<b>8</b>
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....	<b>9</b>

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<b>10</b> Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):	

<b>11</b> Loss, if any, from line 7 .....	<b>11</b>
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable .....	<b>12</b>
<b>13</b> Gain, if any, from line 31 .....	<b>13</b>
<b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a .....	<b>14</b>
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36 .....	<b>15</b>
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....	<b>16</b>
<b>17</b> Combine lines 10 through 16 .....	<b>17</b>

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<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....	<b>18a</b>
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....	<b>18b</b>

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23 Adjusted basis. Subtract line 22 from line 21	23			
24 Total gain. Subtract line 23 from line 20	24			
<b>25 If section 1245 property:</b>				
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b Enter the <b>smaller</b> of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a Additional depreciation after 1975. See instructions	26a			
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b			
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d Additional depreciation after 1969 and before 1976	26d			
e Enter the <b>smaller</b> of line 26c or 26d	26e			
f Section 291 amount (corporations only)	26f			
g Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.				
a Soil, water, and land clearing expenses	27a			
b Line 27a multiplied by applicable percentage	27b			
c Enter the <b>smaller</b> of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>				
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b Enter the <b>smaller</b> of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>				
a Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b			

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

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35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	