# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2018

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

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

Ā	For the	2018 calendar year, or tax year beginning , 2018	, and ending		, 20					
В	Check if	applicable C Name of organization PORCH Chapel Hill-Carrboro		D Employ	er identification number					
	Address		_	27-2	759081					
	Name ch	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	ne number					
	Initial ret	urn 218 Lake Manor Road	1	(919)	971-1749					
	Final retu	n/terminated City or town, state or province, country, and ZIP or foreign postal code								
$\Box$	Amende	0) 1 1111 - 110 07516		<b>G</b> Gross re	ceipts \$ 526, 782.					
$\overline{\Box}$		on pending F Name and address of principal officer	H(a) is		subordinates? Yes X No					
_		- · · · · · · · · · · · · · · · · · · ·	<b>I</b>							
_	Debbie Horwitz, 218 Lake Manor Road, Chapel Hill, NC 27516 H(b) Are all subordinates included? ☐ Yes ☐ No  Tax-exempt status ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 ) If "No," attach a list (see instructions)									
<u>;</u>	Website: ► www.chapelhill.porchcommunities.org H(c) Group exemption number ►									
K										
_	Part I Summary									
-	1	Briefly describe the organization's mission or most significant activities	s: PORCH Chane)	Hill-Carrboro	v is an all volunteer					
ø	'	grass-roots nonprofit organization whose mission			7 13 an all volunceel/					
Governance		and distribute food for the hungry of the communication		1000						
ñ.	2	Check this box ▶ ☐ if the organization discontinued its operations or		than 25% of	its net assets					
Š	3	Number of voting members of the governing body (Part VI, line 1a).		, ,	10					
ص ھ	4	Number of independent voting members of the governing body (Part '		4	<del></del>					
es	5	Total number of individuals employed in calendar year 2018 (Part V, Ir		· · · <del> 1</del>	0					
ĭŧ	6	Total number of volunteers (estimate if necessary)		. 6	400					
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
•	Ь	Net unrelated business taxable income from Form 990-T, line 38		7b	<u>0.</u>					
_	<del>                                     </del>	14et differated business taxable meente from 10th 10th 350-1, fine 55		rior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		457,454.	518,111.					
Revenue	9	Program service revenue (Part VIII, line 2g)		1917 1911	310/111.					
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	' '							
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,893.	8,671.					
	12									
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		459,347. 365,258.	526,782. 406,269.					
	14			303,230.						
<b>'A</b>	15	Benefits paid to or for members (Part IX, column (A), line 4)	5-10)							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	ECEIVED		<del></del>					
pen	b	Total fundraging avegages (Part IV, column (D), line 35)	70		magnification (Samuralitation Confession of Samuralitation)					
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e(Y) . AF	00 000	32,723.	41,828.					
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line	25) 0 3 2 <del>019 10</del>	97,981.	448,097.					
	19			61,366.	78,685.					
- S		Trevertide 1639 experieses eabstract mile 16 metri into 12		of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,0	259,589.	338,274.					
Ass	21	Total liabilities (Part X, line 26)		20070001						
F Set	22	Net assets or fund balances Subtract line 21 from line 20	<del></del>	259,589.	338,274.					
	art li	Signature Block	<del></del>	205/0051)						
		Ities of perjury, I declare that I have examined this return, including accompanying scheduling	iles and statements, ar	nd to the best of n	ny knowledge and belief, it is					
		, and complete Declaration of preparer (other than officer) is based on all information of w			•					
		Nesta Novint		3/27	119					
Sig	gn	Signature of officer		Date	<del>                                     </del>					
He		Debbie Horwitz, Treasurer								
		Type or print name and title								
D-		Print/Type preparer's name Preparer's signature	Date	Check	PTIN					
Pa		W. George Thomason W A-	03/20/		Dloyed P00738832					
	epare		<u></u>	<del></del> _	20-5680570					
US	e Onl	]	RHAM, NC 27707		19) 338-2194					
Ma	v the IF	RS discuss this return with the preparer shown above? (see instruction			X Yes □ No					
_		york Reduction Act Notice see the separate instructions. RAA	REV 01/11/19	1880	Form <b>990</b> (2018)					

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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	PORCH Chapel Hill-Carrboro is an all volunteer,
	grass-roots nonprofit organization whose mission is to collect
	and distribute food for the hungry of the community.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 313,315. including grants of \$ 307,863. ) (Revenue \$ 179,970. )
	Food for Families program - Groceries are provided to families identified
	as at-risk by public school social workers and referred to PORCH.
	Recipients include 403 families or 1,781 individuals living at or below poverty
	level in the community, including many immigrant families.
	Revenue of \$179,970 consists of the value of perishable and non-perishable groceries
	donated by community citizens, local grocery stores and local farmers,
	collected and distributed by PORCH volunteers (\$149,270) and grants
	received from Foundations, governments and other nonprofits (\$30,700)
	Expenses include this same value plus \$127,893 received as general cash
	donations used to purchase produce and other groceries also distributed
	to the recipient families, and operating expenses of \$5,452.
4b	(Code. ) (Expenses \$ 72,560. including grants of \$ 72,560. ) (Revenue \$ 72,560.)
	Food for Pantries program - Groceries are provided to 15 local area
	food pantries, churches, Meals on Wheels of Chapel Hill, a historic
	community center and Department of Social Service of Orange County.
	Revenue of \$72,560 is the value of perishable and non-perishable groceries
	donated by community citizens, collected and distributed by PORCH.
	Expenses include this same value plus \$0 received as general
	cash donations used to purchase produce and other groceries also
	distributed to the recipient organizations, and no operating expenses.
4c	(Code. ) (Expenses \$ 10,404, including grants of \$ 10,181.) (Revenue \$ 10,000.)
	Food for Schools - Food items are purchased and distributed by PORCH
	directly to 19 local schools and Pre-K programs for social workers to
	distribute to students in need during school hours. Funding for
	these purchases comes from general cash donations received.
	Revenue of \$10,000 are cash donations from area businesses, nonprofits
	and a local school system in support of the program. Expenses
	include purchased food of \$10,181 distributed to program recipients
	and operating expenses of \$223.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 4,462. including grants of \$ 4,358.) (Revenue \$ 2,926.) See Statement
40	Total program service expenses ► 400,741.

Form 99	0 (2018)	70	اسلار	age 3
Part	V Checklist of Required Schedules			
•			Yes	No
1.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	<del> </del> -
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		<u> </u>
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? Identify the solution of the so	21	×	

Part	Checklist of Required Schedules (continued)			
•			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_ <b>x</b> _	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	   	×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_ <del>``</del>
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	×	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_×_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38 Dast	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	· ·	, V.	
13	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	reportable gaming (gambling) winnings to prize winners?	1c	×	

Form 99				age C
Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)	——————————————————————————————————————	<del></del> -	NI-
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		. , 1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
٦.	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	İ	×
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		×_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	]_ ]	]	ı
	required to file Form 8282?	7c	W-11-11	×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	$\longrightarrow$	×
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	-	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			Ê
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		- 1	F
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12	,		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		-J. :I	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	7 4	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		ij	
_	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		í	
C 140	Enter the amount of reserves on hand	14a		×
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<del>'''</del>		
15	excess parachute payment(s) during the year?	15		×
	If "Yes," see instructions and file Form 4720, Schedule N		*** E	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
-	If "Yes," complete Form 4720, Schedule O.			

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			ions.
<del></del>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	×
Seçti	on A. Governing Body and Management			т
		6 to -m	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . 1a 10	<u>'</u>	ĺ	ĺ.
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		į	l Ji
	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5_		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	}	İ	ł
	stockholders, or persons other than the governing body?	7b	44,444,2	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		×
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	Ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	↓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<del></del>	organization's exempt status with respect to such arrangements?	16b		L
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Donnerquest Other (explain in Schedule O)	ı (Sec	tion (	эU1(с)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	

Debbie Horwitz, 218 Lake Manor Road, Chapel Hill, NC 27516 (919) 971-1749

Part VII	Compensation of Officers, Directors	, Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent Contractors						

Check if Schedule O contains a response or note to any line in this Part VII . . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons.

Check this box if neither the organization no		d org	anız	atio	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Former Highest c employee Conficer Institution Individua or directs		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
(1) Christine Cotton  Co-Founder/Operations & Dir	15.00	×		×		<u>a</u>		0.	0.	0.
(2) Debble Horwitz Co-Founder/Treasurer & Dir	35.00	×		×				0.	0.	0.
(3) Susan Romaine Co-Founder/Secretary & Dir	35.00	×		×				0.	0.	0.
(4) Becky Hebert Member, Board of Directors	10.00	×						0.	_ 0.	0.
(5) Fran Hamer Member, Board of Directors	5.00	×						0.	0.	0.
(6) Julie Grill  Member, Board of Directors	10.00	×						0.	0.	0.
(7) Laura Malinchock Member, Board of Directors	7.00	×						0.	0.	0.
(8) Lisa Josephs  Member, Board of Directors	5.00	×						0.	0.	0.
(9) Alicia Altmueller Member, Board of Directors	5.00	×						0.	0.	0.
(10) Lynn Scattolini Member, Board of Directors	5.00	×						0.	0.	0.
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees		nd F	lighe	st C	ompensated E	mployees (co	ntinued)			
	(A) Name and title	(B) Average hours per	(B) Position (do not check more than box, unless person is bo officer and a director/tru			(B) Position (do not check mot box, unless person officer and a direction)			than o	n an	(D)  Reportable compensation	(E) Reportable	L .	(F) Estimated
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MIS	SC) or a	other mpensation from the ganization nd related ganizations		
(15)														
(16)														
(17)														
(18)														
(19)								-						
(20)														
(21)						_						<del></del>		
(22)						_						·		
(23)														
(24)														
(25)							_							
	Sub-total			•	•	٠, ٠	•	<b></b>	0.		0.	0.		
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)		n A		:	· ·	•	<u> </u>	0.		0.	0.		
2	Total number of individuals (including but reportable compensation from the organic		d to th	ose	list	ed	above	e) w	ho received m	ore than \$100	),000 of			
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	-	est compens	sated	Yes No		
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portal	ble d	com	nper	nsatio	n a s,"	nd other comp complete Sch	ensation from	n the such			
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indiv				
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization Repyear.													
	(A) Name and business add	ress							(B) Description of s	ervices		C) ensation		
			-			<u>-</u>					· · · · · · · · · · · · · · · · · · ·			
	Total number of independent contractor	ors (includir	ng bu	it ne	ot I	ımıt	ed to	 th	ose listed abo	ove) who				

received more than \$100,000 of compensation from the organization ▶

Part VIII Statement of Revenue									
•		Check if Schedule O	contains	a res	onse or note to	o any line in this	Part VIII .		🗆
STORY OF	<b>建造</b>		<b>HEREN</b>			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						Total revenue	exempt	business	excluded from tax
							function revenue	revenue	under sections 512-514-
ts	1a	Federated campaigns		1a	-		THE REPORT OF THE PERSON		THE RESIDENCE OF THE
Cortributions, Gifts Grants anc Other Similar Amounts	b	Membership dues .		1b	, 1				
ρĚ	C.	Fundraising events .		1c	7,232.				
Gifts ilar A	· d	Related organizations		1d					
s, G	,e	Government grants (con		1e	14,500.				
ig iž	f.	All other contributions, gi				Britis Maria			
but	-	and similar amounts not inc		-1f -	496,379.				
Ē ŏ	g	Noncash contributions includ	led in lines 1a-	-1f: \$	221,830.				
Cortributions, anc Other Sim	h	Total, Add lines 1a-1			<b>&gt;</b> .	518,111.			
			1	*****	Business Code	2011 N. 15 15 15 15 15 15 15 15 15 15 15 15 15			
Program Service Revenue	2a				,				
æ	b	,			<del></del>		۳		
j.	С								
Šen	d	***************************************			,				
Ē	е								
gre	f	All other program sen	vice revenu	ie'.					
Pro	g	Total. Add lines 2a-2	f						
	3	Investment income		divid	ends, interest,				,
		and other similar amo	-		🕨				
	4	Income from investment	t of tax-exer	npt bo	ond proceeds ►			<u> </u>	·
	5	Royalties		<u>.</u> .	<u> ► </u>	,	,		
,		, -	(i) Real		(ii) Personal				
	6a	Gross rents	,						TO STATE OF THE STATE OF
	b	Less: rental expenses							
	, с	Řental income or (loss)							
	d	Net rental income or (	<del></del>	<u> </u>	<u> ▶</u>				
	· 7a	Gross amount from sales of	(i) Securit	es	(II) Other				
	] -	assets other than inventory							
	b	Less cost or other basis						10 m	
1.1		and sales expenses							
	C	Gain or (loss)			<u> </u>				
	d <sub></sub>	Net gain or (loss)	· · ·		<u>, , ,</u>	manihin tangan Karup Menera.		ACTOR OF THE PART	
ø	_								
<u>n</u>	Ва	Gross income from fu	_						
e e		events (not including \$	7,232						
Œ		of contributions reported			- 		athairst i	V 200 19 5 18 19	
Other Revenue	١.	See Part IV, line 18 , .		· a					
٠ō ·	1	Less. direct expenses		. D					
	C,	Net income or (loss) for Gross income from ga			events . ►	27) A PER INDUM PROPERTY			manga pangan sampan
•	9a	See Part IV, line 19	uning activi						
•				a	1				
	b	Less, direct expenses		. D	Lution D				CARTA DE MANAGEMENTA
	10a	Net income or (loss) for Gross sales of in			vittes				
	iva	returns and allowance							
	٠, ۴			· a	•				
	b	Less: cost of goods s Net income or (loss) fi		. D Martin	entony -	SCHOOL CONTRACTOR			
		Miscellaneous R		- 11176	Business Code				ACCURAGE SERVICE
	11a	Sales tax refu			900099	1,491.	1,491.	0.	0.
					900099	2,480.	2,480.	0.	0.
	·b	Credit Card Rev			900099	4,700.	4,700.	0.	0.
	c d	Donated service All other revenue .	<u> </u>		7	4,700.	4,700.	ļ	
•	e e	Total. Add lines 11a-	 11d	•		8,671.		**************************************	THE STATE OF THE S
	12	Total revenue. See in				526,782.	8,671.	0.	0
				•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,,	,

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	98,406.	98,406.	<b>感觉或</b>			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	307,863.	307,863.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7 8	Other salaries and wages						
9	Other employee benefits						
11 a b	Fees for services (non-employees):  Management	500.	500.	0.	0.		
c d	Accounting	6,376.	0.	6,376.	0.		
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .		WITH WESTER				
12 13	Advertising and promotion	13,422.	7,801.	5,621.	0.		
14 15	Information technology	2,883.	2,758.	125.	0.		
16 17 18	Occupancy						
19	for any federal, state, or local public officials  Conferences, conventions, and meetings.						
20 21 22	Interest						
23	Insurance	2,980.	0.	2,980.	0.		
24	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
a b	Administrative Assistant Interpreter	4,904. 821.	4,724. 821.	180.	0.		
c d	Meals	249.	249.	0.	0.		
25 26	All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	9,693. 448,097.	8,851. 431,973.	803. 16,085.	39. 39.		
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here following SOP 98-2 (ASC 958-720)						

Р	art X	Balance Sheet			
	• •	Check if Schedule O contains a response or note to any line in this Pa	art X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	259,589.	1	338,274.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		300	TABLE VALUE OF THE PARTY.
	ĺ	trustees, key employees, and highest compensated employees.		CE	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(t)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ß	]	organizations (see instructions). Complete Part II of Schedule L	The same of the sa	6	
Assets	7	Notes and loans receivable, net		7	<del> </del>
Ą	8	Inventories for sale or use		8	<del></del>
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a		2	
	ь	Less accumulated depreciation 10b		10c	
	11	Investments – publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	259,589.	16	338,274.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
ڐ	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		25	,
	26_	Total liabilities. Add lines 17 through 25		26	
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	是为"四条"之"		
Ş		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	<u></u>	27	
Ва	28	Temporarily restricted net assets		28	
pu	29	Permanently restricted net assets		29	
FC		Organizations that do not follow SFAS 117 (ASC 958), check here ► 🗵 and	TOTAL STATE OF		
ō		complete lines 30 through 34.			A Sept A ROOM
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	<u> </u>
\SS	31	Paid-in or capital surplus, or land, building, or equipment fund	250 500	31	220 274
¥ }	32	Retained earnings, endowment, accumulated income, or other funds .	259,589.	32	338,274.
ž	33	Total net assets or fund balances	259,589.	33	338,274.
	34	Total liabilities and net assets/fund balances	259,589.	<u>34</u>	338,274.

Part					
·	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	52	6,78	82.
<b>2</b> .	Total expenses (must equal Part IX, column (A), line 25)	2	4 4	8,09	<u>97.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	7	8,68	85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25	9,58	89.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	33	8,27	74.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			÷	
				Yes	No
1	Accounting method used to prepare the Form 990. 🗵 Cash 🔲 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın in			*
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or		, i	
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			1.0
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				. G.
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for c				
	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c		
	If the organization changed either its oversight process or selection process during the tax year, e	kplaın ın			
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a	$-\!\!+$	<u>×</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	990	
			Earm	MUI I	2010V

### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

**Total** 

Employer identification number

27-2759081 PORCH Chapel Hill-Carrboro Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 🗵 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (iii) Type of organization (ii) EIN (vi) Amount of (iv) is the organization (v) Amount of monetary (i) Name of supported organization (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

•	(Complete only if you checked to						alify under
<u> </u>	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	(a) 0014	(b) 2015	(-) 2016	(4) 0017	(-) 0010	(6 T-4-)
Calen	dar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	membership fees received. (Do not	1	}		}	/	ľ
	include any "unusual grants.")	]	]	1	]		
2	Tax revenues levied for the		-		·		
	organization's benefit and either paid	1	ł	1			
	to or expended on its behalf						
3	The value of services or facilities				,		
	furnished by a governmental unit to the organization without charge	Ì		Ì		1	
4	_	ļ				<u> </u>	
4	Total. Add lines 1 through 3	BETT TO THE TOTAL OF THE TOTAL	A STATE OF THE	19072W-1-1703V	SACTORETO	Design to the second	<del></del>
5	The portion of total contributions by each person (other than a	Fall Pin	400		War Ard	<b>经</b> 公司	
	governmental unit or publicly						
	supported organization) included on				Water Mar	VV	
	line 1 that exceeds 2% of the amount		100				
	shown on line 11, column (f)			HOUZ O		A second	
6	Public support. Subtract line 5 from line 4				MAN TO A STATE OF		
	on B. Total Support	<del></del>	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			<del>, , , , , , , , , , , , , , , , , , , </del>	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	<del></del>	/				<del></del>
8	payments received on securities loans,						
	rents, royalties, and income from	l					
	sımılar sources	,		]			
9	Net income from unrelated business						
	activities, whether or not the business	/	ľ				
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)		Ì	ĺ	}	ĺ	
11		THE STATE OF THE STATE OF	Observation of the Control		THE METERS		
12	Gross receipts from related activities, etc	The state of the s	100-00-00-00-00-00-00-00-00-00-00-00-00-	The later of the later	CANADOM SANCE	12	L
13	First five years. If the Form 990 is for the			d, third, fourth	, or fifth tax ye		on 501(c)(3)
	organization, check this box and stop, he			· <u>·</u> · <u>·</u>			× -
Secti	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2018 (line					14	%
15	Public support percentage from 2017 Sc					15	<u>%</u>
16a	331/3% support test—2018. If the organ box and stop here. The organization qua						
b	331/3% support test—2017. If the organ						
~	this box and <b>stop here.</b> The organization						
17a	10%-facts-and-circumstances test-2	•	•	=			
	10% or more, and if the organization m						
	Part VI how the organization meets the						
	organization . /						🕨 🗀
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization in	meets the "fac	ts-and-circum	stances" test.	The organizati	on qualifies as	a publicly
40	supported organization			 160 165 17-			🟲 📋
18	instructions						
	indications	· · · · · · · · · · · · · · · · · · ·	<del></del>	· · · · ·	<del></del>	<del></del>	<u>· · · · L</u>

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support	under the te	sts listed ben	ow, please co	omplete rait		
	idar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	(0) 20 1.1	(3) 20.0	(0) 2010	(5) 2011	(0) 2010	17 1014
	received. (Do not include any "unusual grants.")	341,615.	446,950.	402,988.	457,454.	518 111	2,167,118.
2	Gross receipts from admissions, merchandise	311,013.	110,330.	102,300.	1577151.	310/111.	2,107,110.
	sold or services performed, or facilities	1					
	furnished in any activity that is related to the organization's tax-exempt purpose						ļ
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513	,	ı				
4	Tax revenues levied for the						<del></del>
•	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	341,615.	446,950.	402,988.	457,454.	518,111.	2,167,118.
-	Amounts included on lines 1, 2, and 3		<u> </u>		, , , , , , , , , , , , , , , , , , , ,		<del> </del>
	received from disqualified persons .						]
b	Amounts included on lines 2 and 3			-			
	received from other than disqualified						1
	persons that exceed the greater of \$5,000				'		
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					V	İ
C1	line 6.)		<u> </u>			<u> </u>	2,167,118.
	on B. Total Support	(-) 001 4	(L) 0015	(-) 001C	(-1) 0017	(-) 0040	(0 T-4-1
Galen 9	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2014 341, 615.	<b>(b)</b> 2015 446, 950.	(c) 2016 402, 988.	(d) 2017 457, 454.	<b>(e)</b> 2018 518,111.	(f) Total 2,167,118.
10a	Gross income from interest, dividends,	341,613.	446,930.	402,300.	437,434.	310,111.	2,107,110.
104	payments received on securities loans, rents,		'				
	royalties, and income from similar sources .	85.					85.
b	Unrelated business taxable income (less		<del></del>			— · · · · · · · · · · · · · · · · · · ·	
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	85.					85.
11	Net income from unrelated business						
	activities not included in line 10b, whether					1	
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		1,314.	2,152.	1,893.	8,671.	14,030.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						2,181,233.
14	First five years. If the Form 990 is for the	-					
C4:	organization, check this box and stop her			· · · · · ·	· · · ·	<u> </u>	· · · • <u></u>
	on C. Computation of Public Suppor Public support percentage for 2018 (line 8	<del></del>		12 column (fl)	<del></del>	15	00 25 06
15 16	Public support percentage for 2016 (line of Public support percentage from 2017 Sch					16	99.35 % 99.72 %
	on D. Computation of Investment Inc			<del></del>	<del></del>	1.01	
17	investment income percentage for 2018 (I			y line 13. colu	mn (f)	17	0 %
18	Investment income percentage from 2017			-		18	0 %
19a	331/3% support tests—2018. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2017. If the organiz		-			~	_
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization du	d not check a l	hox on line 14	19a, or 19b, o	heck this hox	and see instru	ctions > 🗀

### Part IV

### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governir documents? If "No," describe in Part VI how the supported organizations are designated. If designated is class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supports organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)( purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l purposes
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and El numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the actio was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (III) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribute (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entiwith regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefrom, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

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Part	IV Supporting Organizations (continued)			
		Park of the	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
ą`	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		ļ
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	<del></del>		
		Fee: 4 *12	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	i		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		A B-1 42-4-
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
		2		
Secti	on C. Type II Supporting Organizations		V1	NI -
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			·
Socti	on D. All Type III Supporting Organizations			
Secu	on b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			مود د دو
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			į. ,
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	<u> </u>
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity			
2	Activities Test Answer (a) and (b) below.	(1.00 X 1	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	]	
3	Parent of Supported Organizations. Answer (a) and (b) below.			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	7	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type II Non-Functional Part V Type III Non-Functional Part V Type II Non-Function Part V Type III Non-Function			<del></del>
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A-Adjusted Net Income	-	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			些对象次
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	7		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)		DE LA COMPANSION DE LA	
2 Enter 85% of line 1.	2	THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)		COMPANY DATE	
4 Enter greater of line 2 or line 3.	4	A THE PROPERTY OF THE PARTY.	
5 Income tax imposed in prior year	5	1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		rong the gard	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D-Distributions	,		Current Year
.1	Amounts paid to supported organizations to accomplish	exempt_purposes		
. 2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations .	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.		-	
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	•		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	. (iii) Distributable Amount for 2018
1 .	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013		57 V.C. 34 U. S. V.A.	
<u>_</u>	From 2014			
c	From 2015			
d	From 2016			
e	From 2017 '	VAIDVA AVITA		
f	Total of lines 3a through e		TO STREET LOSS OF	
g	Applied to underdistributions of prior years	POLICE TO A STATE OF		
_ h	Applied to 2018 distributable amount	AND AND ASSESSMENT		
i	Carryover from 2013 not applied (see instructions)		THE RESIDENCE OF	
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from -			
<u>.                                    </u>	Section D, line 7: \$			
a	Applied to underdistributions of prior years			25722 STONE SANDAN
b	Applied to 2018 distributable amount			a white someoffice which is a record which is
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.	NICOLOGICA CONTRACTOR		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.		,	
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c			
8	Breakdown of line 7:			
а	Excess from 2014			CO. C. C. C. C. C. C. C. C. C. C. C. C. C.
b	Excess from 2015	SUBJECT OF THE		THE THE WAY TO SEE
С	Excess from 2016		Washington and the second	
d	Excess from 2017			
	Evens from 2018			KIND OF THE PARTY

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Sec B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Sec lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	ction 2a, 2b,
Pt III	Ln 12: Other Income Part III, Line 12 Description: Sales tax refunds	
2015: 1	1211. 2016: 2086. 2017: 1866. 2018: 1491. Description: Other 2015: 103.	
2016: 6	66. 2017: 27. 2018: 0. Description: Credit card rewards 2018: 2480. Description	n:
Donated	d services 2018: 4700.	
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No 1545-0047 2018

Open to Public Inspection

Name of the organization						Employer	Employer identification number
PORCH Chapel Hill-Carrboro	oro					27-2759081	59081
Part I General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	un records to sub	stantiate the amou	nt of the grants or	assistance, the g	antees' eligibility i	or the grants or assistance	
the selection criteria used to award the grants or assistance?	award the grants	or assistance?					X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedu	res for monitoring t	he use of grant fu	nds in the United	States.		
Part II Grants and Other Assistance to Domestic Organs Part IV, line 21, for any recipient that received more	ssistance to Do	mestic Organiza	ations and Doman \$5,000. Part	lestic Governm	ents. Complete it additional	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	red "Yes" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)Orange Congregation In Mission Hillsborough NC 27278	58-1563438	501 (C) (3)		10,620.	FMV	groceries	feed the hungry
(2) St Joseph CME Church 510 W Rosemary St Chapel Hill NC 27514 56-1719440	56-1719440	501 (C) (3)		9,520.	FMV	groceries	feed the hungry
(3) Dept of Social Services Hillsborough NC & Chapel Hill NC 27516 58-1984741	58-1984741	government		13,140.	FMV	groceries	feed the hungry
(4) RENA Community Center 101 Edgar Street Chapel Hill NC 27516 26-1313267	26-1313267	501 (C) (3)		15,440.	FMV	groceries	feed the hungry
(5) Chapel Hill Carrboro City Schools Chapel Hill NC 27516 56-6001004	56-6001004	government		10,181.	FMV	groceries	feed the hungry
(6) Porch Inc PO Box 16363 Chapel Hill NC 27516 32-0518303	32-0518303	501 (c) (3)		10,000.	FMV	cash	See Sch L, R
(A)							

<u>@</u>

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For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Schedule I (Form 990) (2018)

Schedule I (F.	Schedule I (Form 990) (2018)
Part III	Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

I ait III cail De daplicated II additional space is flee	space is liceded				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 groceries to feed the hungry	1,781	0.	307,863.	FMV	groceries
2					
- 4					
5					
9					
7					
IV Supplement	the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other addit	onal information.
	- 1	organizations are non-ca	e non-cash foo	organizations are non-cash food items, goods are	are delivered by
7 [	fe	eeding the hungry.	·		
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Schedule I (Form 990) (2018)

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### SCHEDULE L

(Form 990 or 990-EZ)

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

матес	i the organization							Emplo	yer iae	ntnicat	ion nu	mper		
PORC	CH Chapel Hill	-Carrboro						27-	2759	9081				
Par	Excess Bene	fit Transaction	ns (section 501 answered "Ye	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	ind 50 ine 25	11(c)(29) organız 5a or 25b, or Fo	ations rm 99	only) 0-EZ,	Part	V, line	40b.	
1	(a) Name of disqualified	norson	(b) Relationship be	etween	disqualified	person and		(c) Description	n of tra	ncactio			(d) Con	rected?
•	(a) Name of disqualmed	person	organization (c) Des				(c) Descriptio	scription of transaction				Yes	No	
(1)	<u>-</u>													
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount under section 4958								ring t	he ye	▶ \$	<u> </u>		
3	Enter the amount o	f tax, if any, on	i line 2, above,	reimb	oursed by	the organ	ızatıoı	n		!	▶ \$	<u> </u>		
Part	Complete if th	/or From Inter le organization eported an am	answered "Ye	s" on				38a or Form 9	90, Pa	ırt IV,	line 2	6; or	f the	
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fre	oan to or om the nization?	(e) Origir principal an		(f) Balance due	(g) In (	default?	by bo	proved pard or nittee?	(ı) Wi agreei	ritten ment?
				To	From				Yes	No	Yes	No	Yes	No
(1)										<u> </u>				
(2)					<u> </u>	<u> </u>				<u> </u>				
(3)						<u> </u>		 	<u> </u>	<u> </u>		L		
(4)		ļ							<u> </u>	<u> </u>	<u> </u>	ļ <u> </u>		ļ
(5)		ļ		<u> </u>					ļ		<u> </u>	<u> </u>		
(6)		<u> </u>		<u> </u>					ļ	<b> </b>	ļ			
(7)									<del> </del> -	<u> </u>	<u> </u>	<u> </u>	ļ	<b> </b> -
(8)			<b></b>						<u> </u>	<b> </b>	<b> </b>	<u> </u>		<b></b> -
(9)		ļ <u></u>	<b></b>	<u> </u>					<del> </del>	<del> </del> -	<u> </u>	<b>├</b>		<b> </b>
(10)		L	L	L		<u> </u>			e freed	در بنامه و ۱	400	Character's	Station A	METERA E
Total Part	Grants or Ass Complete if th	sistance Bene ne organization				0, Part IV, I	ine 27	\$ 7.	[SHA		LO.	er er	*******	<u> </u>
	Name of interested person		ship between inter and the organization		(c) Amount	of assistance		d) Type of assistand	:e 	(е	) Purpo	ose of a	ssistan	с <del>е</del> 
(1)	<del></del>									<u> </u>				
(2)										<del> </del>				
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(4)							ļ			<del> </del>			_	
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(7)					<u> </u>		<del> </del>							
(8)		1					ı			1				

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Schedule L (Form 990 or 990-EZ) 2018

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(9) (10)

Part IV	Business Transactions Invo	lying Interested Persons			F	age 2
·	Complete if the organization		), Part IV, line 28a,	28b, or 28c.		
·	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organia	aring of zation's nues?
					Yes	No
	RCH INC	common officers	10,000.	Seed money for mission growth		×
(2)			<del></del>		-	<b></b>
(3)				ļ	<u> </u>	<del> </del>
(3) (4) (5)			<del></del>	<del> </del>	-	
(6)			<del></del>		<del> </del>	
(7)					<u> </u>	<del>                                     </del>
(8)						
(9)					<u> </u>	
(10)						
Part V	Supplemental Information. Provide additional information	n for responses to questions	on Schedule L (see	e instructions).		
Pt IV	line 1: PORCH Chapel	Hill-Carrboro donate	ed \$10,000 to	PORCH INC as seed		
money	to replicate and grow	the PORCH mission,	specifically	including to develop		
				NC is a separate 501(c)	(3)	
	rofit organization cre				-11	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	tors of PORCH Chapel H					
to ot	her, separate organiza	tions to collect and	d distribute	food on behalf of		
the h	ungry in their communi	ties.				
				•		
•••••						
						<b></b> -

## SCHEDULE M (Form 990)

**Noncash Contributions** 

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization Employer identification number PORCH Chapel Hill-Carrboro 27-2759081 Part I Types of Property (c) (d) (b) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1q Art-Works of art . . . . 1 2 Art - Historical treasures . . . 3 Art - Fractional interests . . . Books and publications . . . 4 5 Clothing and household goods . . . . . . . . . 6 Cars and other vehicles . . . 7 Boats and planes . . . . . 8 Intellectual property . . . . 9 Securities - Publicly traded . . 10 Securities - Closely held stock 11 Securities - Partnership, LLC. or trust interests . . . . . Securities-Miscellaneous . . 12 13 Qualified conservation contribution-Historic structures . . . . . . 14 Qualified conservation contribution - Other . . . Real estate-Residential . . . 15 16 Real estate - Commercial 17 Real estate—Other . . . 18 Collectibles . . . . . . . Food inventory . . . . . . 19 11092 221,830. 20 Drugs and medical supplies . . 21 Taxidermy . . . . . 22 Historical artifacts . . . 23 Scientific specimens 24 Archeological artifacts . . . 25 Other► (\_\_\_\_) 26 Other► (\_\_\_\_\_) Other ► ( \_\_\_\_) 27 28 Other ► ( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . . 29 Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a

b If "Yes," describe in Part II

describe in Part II.

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (	Form 990) 2018 Pag	је <b>2</b>
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received or a combination of both. Also complete this part for any additional information.	r
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### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

OMB No 1545-0047

PORCH Chapel Hill-Carrboro	27-2759081
Pt VI, Line 11b: The Board reviews the Form 990 with its accoun	tant prior to
filing the form with the IRS.	
Pt VI, Line 12c: The Board asks all members to confirm in writi	ng any conflicts
with its policies or operations and to identify any affiliate o	r related party
activities.	
Pt VI, Line 19: The Board makes all its documents available for	public inspection
at the request of any member of the community. Documents are no	ormally provided
by mailed paper copy, but the Board is in the process of making	these documents
available electronically through its website.	
Pt III, Line 4d: (SEE Sim I)	
Expenses: \$3,062 including grants of: \$3,062 Revenue: \$500	
Description: Food for After Schools program - Food items are	
purchased and distributed by PORCH directly to 3 local after school prog	rams to distribute to students
in need during after school program hours. Funding for these purchases co	mes from general cash donations
or grants received.	·
Expenses: \$0 including grants of: \$0 Revenue: \$1,100	
Description: Planting Hope Book Program - PORCH, with the ass	istance of
teaching artists, developed a children's book written and illustrated by kids.	The book provides education to
children about food needs in North Carolina and the US, and explains how, through the	PORCH model, they and their families
can help provide hunger relief in their communities. The book is provided to increase PO	RCH's visibility and to thank donors.
Expenses: \$1,296 including grants of: \$1,296 Revenue: \$0	
Description: CHCCS Child Nutrition Pantry	
Expenses: \$70 including grants of: \$0 Revenue: \$70	
Description: Food for Thought	
Expenses: \$34 including grants of: \$0 Revenue: \$0	

Description: Truck rental costs

Total: \$1,509

Program services: \$1,509

Management and general: \$0

Fundraising: \$0

Description: Nutrition programs

Program services: \$0

Management and general: \$0

Total: \$0

Fundralsing: \$0

Description: Bank fees

Total: \$45

Program services: \$0

Management and general: \$45

Fundraising: \$0
.
Description: Paypal fees

Total: \$109
Program services: \$109

Fundraising: \$0

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
PORCH Chapel Hill-Carrboro	27-2759081
Program services: \$210	
Manager 2012 1 2012 1 2012 1 2012 1 2012 1 2012 1 2012 1 2012 1 2012 1 2012 1 2012 1 2012 1 2012 1 2012 1 2012	•
Management and general: \$467	
- Fundraising: \$0	
- Fundraising: \$0	
Description: Staff development	
······································	
Total: \$147	, 
	-
Program services: \$147	
/ Management and associate CO	
' Management and general: \$0	
Fundraising: \$0	
•	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

H111-Carrboro

PORCH Chapel

Part

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Open to Public Inspection Employer identification number

a

OMB No 1545-0047

27-2759081

(g) Section 512(b)(13) controlled entity? (f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f)
Direct controlling
entity (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) (b) Primary activity (b) Primary activity (a)
 Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Part II 9 3 ල € 3 E

For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA

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Schedule R (Form 990) 2018

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Yes

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Public Charity N/A

501 (c) (3)

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See Part VII

PO Box 16363 Chapel Hill NC 27516

(2)

(1) PORCH INC 32-0518303

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Page 2

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Schedule R (Form 990) 2018

Part III Identificati

Part III Identification of Related Organizations Taxable because it had one or more related organizations t	lated Organization or more related or		as a Partnership. Complete if the organiza treated as a partnership during the tax year.	ship. Con	nplete if the during the	e organizat e tax year.	ion answe	ered "Ye	as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, reated as a partnership during the tax year.	), Part IV	/, line	34,.
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)		(f) Share of total income	(g) Share of end-of- year assets	(h) of- Osproportonate allocations?	(i) conste CCode V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(i) General or managing partner?	(k) Percentage ownership
					•			Yes	å	Yes	8 N	
(1)					<u> </u>							
(2)												
(6)		,										
(4)								ļ				
(9)												
(9)										-		
(D)					_					-		
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	lated Organization and one or more re	ons Taxable	as a Corpora	tion or T	rust. Com	plete if the	organizat	ion answ year.	ered "Yes" on	Form 99	90, Par	t ₹,
(a) Name, address, and EIN of related organization	rganization	(b) Primary activity	(c) Legal domicile (state or foreign country)	nicile D	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	entity St	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ge Section	(f) Section 512(b)(13) controlled entity?
											Yes	No S
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(2)											 	
(6)				_				•				
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Page 3

Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2018

Part V Transactio

During the tax year, did the organization engage in any of the following transactions with one of more related organizations listed in Parts ti⊸l√? Beceint of til interest fill annuties fill reveltes or fist real from a controlled entity			<u> </u>	A	1000
		ed in Parts i	:-10;		
referst, (ii) difficiences, (iii) toyatutes, or (vy) tern from a controlled criticy				+	+
Gift, grant, or capital contribution to related organization(s)		· · ·		4	×
Gift, grant, or capital contribution from related organization(s)				10	×
loans or loan quarantees to or for related organization(s)				77	×
Jose or Joan grantage by related organization(s)	•	•	•	٩	×
		• •	•	) The state of the	100
				3	
Dividends from related organization(s)				Ë	×
Sale of assets to related organization(s)				19	×
Purchase of assets from related organization(s)			•	£	×
Exchange of assets with related organization(s)	•			;=	×
lease of facilities, equipment, or other assets to related organization(s)		,		;=	×
	•		•	1735	200
lease of facilities equipment or other assets from related organization(s)				¥	
Performance of services or membership or fundraising solicitations for related organization(s)				╁	×
Performance of services or membership or fundraising solicitations by related organization(s)	•			Ę	×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		•		╄	×
ייייייייייייייייייייייייייייייייייייי				+	×
onaring of paid employees with related organization(s)				0 11	が変数を
Reimbursement hard to related organization(s) for expenses				d C	X
Remblirsement paid by related organization(s) for expenses	• • •	• • •	•	- 5	×
	•	•	•	2.46	NAME OF THE PERSON NAME OF THE P
Other transfer of cash or property to related organization(s)		•	•	1	×
Other transfer of cash or property from related organization(s)		  	  	- 4	×
If the answer to any of the above is "Yes" see the instructions for information on who mist complete this line including covered relationships and transaction thresholds	line including covere	ed relations	hins and transact	ction three	holds
	Discounting County	- Clarical	חוקט מוום נומווטמ		3
(a) (b) Name of related organization Transaction type (a = s)	ction Amount involved	nvolved	(d) Method of determining amount involved	(d) ining amount	involve
See part VII b		0,000.	cash		
See part VII			N/A		
t VII	1		4/8	i	
		1			

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# Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regardling exclusion for certain investment partnerships

(a) (b) (c) (d) (e) (f) (g)	<b>(</b> 2)	(9)	(g)	(0)	(6)	ł	Ξ	ł	-	3	-	3
Name, address, and EIN of entity	Pnmary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportionate allocations?	onate Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		General or managing partner?		Percentage ownership
			sections 512-514)				Yes	Š		Yes	Š	
(1)						,						
(2)										-		
(6)												
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Part VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.
Part II,	col B : PORCH Chapel Hill-Carrboro donated \$10,000 to PORCH INC as
seed mon	ey to replicate and grow the PORCH mission, specifically including to
develop	and host its website and other marketing materials. PORCH INC is a separate
501(c)(3	) non-profit organization created in 2017 by the officers/founders and
some com	mon directors of PORCH Chapel Hill-Carrboro to provide opportunities
and guid	ance to other, separate organizations to collect and distribute food
on behal	f of the hungry in their communities.
	line 2: same as above
	,
***********	
,	