Form 99Q-T	E	Exempt Organization Bus	sine	ss Income T	ax Returi	n	OMB No 1545-0047
**		(and proxy tax und	er se	ction 6033(e))	1012		0040
•	For ca	lendar year 2019 or other tax year beginning		and ending	1919	/	2019
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may				,	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization (Check box if name c			44011 15 4 00 1(0)(0)	D Emp	loyer identification number ployees' trust, see
address changed						instr	uctions)
B Exempt under section	Print	FOUNDATION FOR THE CAR					66-6047886
X 501(3) 408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. box 220 NORTH TRYON ST	x, see II	nstructions.			instructions)
408A 530(a)		City or town, state or province, country, and ZIP o	r foreig	n postal code	-	1	
529(a)		CHARLOTTE, NC 28202				525	5990
C Book value of all assets at end of year		F Group exemption number (See instructions.)	•				(
_2,093,030,6		G Check organization type ► X 501(c) corp	poration	501(c) trust	401(a	a) trust	. Other trust
	-	tion's unrelated trades or businesses.	2		the only (or first) u		
		VESTMENT IN PARTNERSHIP:			complete Parts I-V		
	•	ce at the end of the previous sentence, complete Pa	irts I an	id II, complete a Schedule	: M for each additio	nal trade	e or
business, then complete		-v. oration a subsidiary in an affiliated group or a parer	at oubo	idiani controllad graun?		$\overline{\Box}$	es X No
		to the parent of the parent corporation.	n-subs	idiary controlled group?		¥	es X No
		ALYSSA FEDERICO		Telenh	one number 🕨 '	704-	973-4500
		le or Business Income		(A) Income	(B) Expense		(C) Net
1a Gross receipts or sale	s			, ,	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		1/
b Less returns and allow		c Balance	1c				1 9
2 Cost of goods sold (S	chedule	A, line 7)	2				
3 Gross profit. Subtract	line 2 fr	rom line 1c	3				
4a Capital gain net incon	ne (attac	h Schedule D)	4a	1,042,139.			1,042,1/39.
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b				
			4c	451 185			454 455
a ` '	•	ship or an S corporation (attach statement)	5	451,175.	STMT	2	4,51,175.
6 Rent Income (Schedu		(Oshadda E)	6				
7 Unrelated debt-finance 8 Interest, annuities, roy		ne (Schedule E) nd rents from a controlled organization (Schedule F)	7 8				/
O Investment income of		in 501(c)(7), (9), or (17) organization (Schedule G)	 			$-\!\!\!/$	
Exploited exempt acti			10			_	
Exploited exempt acti Advertising income (See in: Total. Combine lines	-	•	11				
Other income (See in:	struction	s; attach schedule)	12				
Total. Combine lines	3 throu	gh 12	13	1,493,314.			1,493,314.
₩Part II Deductio		t Taken Elsewhere (See instructions fo					
		e directly connected with the unrelated busin	ess inc	come.)			· · · · · · · · · · · · · · · · · · ·
	icers, dii	rectors, and trustees (Schedule K)	F	DEATH		14	
15 Salaries and wages			- 1	RECEIV	ED	15	
16 Repairs and mainten	ance		12	2		16	
17 Bad debts18 Interest (attach sche	dule) (se	ee instructions		NOV 2 0 20	120 SK	17	
19 Taxes and licenses	uuic) (si	in instruction of	1			19	13,507.
20 Depreciation (attach	Form 45	(62)	İ	OGD	<u></u> 1≝	13	23,30,1
·		Søhedule A and elsewhere on return	<u></u>	240	91	21b	
22 Depletion	/					22	
23 Contributions to defe	erred cor	npensation plans				23	
24 Employee benefit pro						24	
25 Excess exempt expe						25	
26 Excess readership co				a== ====		26	
27 Other deductions (at		•		SEE STAT	EMENT 3	27	3,000.
28 Total deductions. A			line or) from line 10		28	16,507.
/		icome before net operating loss deduction. Subtract oss arising in tax years beginning on or after Januar				29	1,476,807.
(see instructions)	oraully I	oss arraing in tax years beginning on or ance dailual	y 1, ZU	10		30	0.
/ '	axable in	come. Subtract line 30 from line 29				31	1,476,807.
7		work Reduction Act Notice, see instructions.				<u></u>	Form 990-T (2019)

Form 990	D-T (2019	FOUNDATION FOR	THE CAROLINAS				56	-6047886 Page 2
		Total Unrelated Busines						002100014402
32			computed from all unrelated trades of	r businesses (see i	instructions)		32	1,476,807.
		its paid for disallowed fringes		,,	,	•	33	,_,_,
34		ible contributions (see instructions fo	or limitation rules) STM	T 5 S	TMT 6	Ĺ		121,726.
35		1 ·	fore pre-2018 NOLs and specific dedu		34 from the sum o	of lines 32 and 33 .	リーー	1,355,081.
36			ax years beginning before January 1,			STMT 4	· —	258,546.
37		· · · · · · · · ·	before specific deduction. Subtract III				7 37	1,096,535.
38			ee line 38 instructions for exceptions				8 38	1,000.
39			ract line 38 from line 37. If line 38 is		7.	1		
		he smaller of zero or line 37		•	,		1/39	1,095,535.
Part	,IV	Tax Computation	_				1	
40	Organi	zat <mark>ionę Taxable as Corporations.</mark> N	lultiply line 39 by 21% (0.21)			\	40	230,062.
41	Trusts	Taxable at Trust Rates. See instruc	tions for tax computation. Income tax	on the amount on	line 39 from:			
	□ T	ax rate schedule or 🔲 Schedul	le D (Form 1041)			>	41	
42	Proxy 1	tax. See instructions				>	42	
43	Alterna	tive minimum tax (trusts only)					43	
44	Tax on	Noncompliant Facility Income. See	einstructions			_	44	
		Add lines 42, 43, and 44 to line 40 or	41, whichever applies			1414	(45	230,062.
Pạrt	$\overline{}$	Tax and Payments						
	-	tax credit (corporations attach Form	1118; trusts attach Form 1116)		46a		- I	
		redits (see instructions)			46b		-	
		l business credit. Attach Form 3800			46c		4	•
		for prior year minimum tax (attach Fo	orm 8801 or 8827)		46d			
		redits. Add lines 46a through 46d					46e	
47		ct line 46e from line 45	NES [] E. 19944 [] E. 199	oz 🗆 c			47	230,062.
48		axes. Check if from: Form 42		97 Form 88	66 L Other	(attach schedule)	48	220 062
		ax. Add lines 47 and 48 (see instruct		k) line 2		٦	49	230,062.
50 51 a			5-A or Form 965-B, Part II, column (k), line 3	510		50	0.
	-	nts: A 2018 overpayment credited to stimated tax payments	2019		51a 51b		-1	
		posited with Form 8868			51c		-	
		organizations: Tax paid or withheld	at source (see instructions)		51d		┥]	
	_	withholding (see instructions)			51e		-	
		for small employer health insurance p	premiums (attach Form 8941)		51f		-	
		redits, adjustments, and payments:	Form 2439		<u> </u>		7	
·		orm 4136	Other	Total ▶	51g		1 1	
52		ayments. Add lines 51a through 51g					52	
53	Estima	ted tax penalty (see instructions). Ch	eck if Form 2220 is attached 🕨 [૪	53	9,003.
54	Tax du	e. If line 52 is less than the total of lii	nes 49, 50, and 53, enter amount owe	ed		9 >	54	239,065.
55	Overpa	yment. If line 52 is larger than the to	ital of lines 49, 50, and 53, enter amo	unt overpaid		>	55	
		ne amount of line 55 you want Credi				efunded 🕨	36	·
Part	VI	Statements Regarding C	ertain Activities and Othe	er Informatio	n (see instru	ictions)		
	-	•	did the organization have an interest i	-	-			Yes No
			other) in a foreign country? If "Yes,"	•	•			
			nd Financial Accounts. If "Yes," enter	the name of the for	reign country			
	here	► CAYMAN ISLANDS						<u> </u>
	-		eive a distribution from, or was it the	grantor of, or trans	sferor to, a fore	ign trust?		X
		see instructions for other forms the		. •				
59	Lu	nder penalties of periury. I declare that I have	eived or accrued during the tax year e examined this return, including accompany	ing schedules and stat	tements and to the	hest of my knowl	adge and h	elief it is true
Sign	co.	errect, and complete. Declaration of preparer	(other than taxpayer) is based on all informa	tion of which preparer	has any knowledge VICE	le .	- age and D	
Here		Alguon Fod	énico-	PRESIDE				discuss this return with
		Signature of officer	Date	Title	1111			r shown below (see
		Print/Type preparer's name	Preparer's signature	2020 1 Bat	te c		ıf PTII	
Paid		. Tare type property a flame	Amoule Alon	2020. ¶a!	1	self- employed	4	•
Prep		AMANDA ADAMS	//	ີ 10:02: <mark>4</mark> 6	-05'00'	July Compley Co		00748038
Use		Firm's name ► CHERRY B	EKAERT LLP	L		Firm's EIN		6-0574444
J36	Unity		ETROPOLITAN AVE.	STE. 900	0			
		Firm's address CHARLO				Phone no.	704-3	377-1678
923711 0	1-27-20							Form 990-T (2019)

The transport of beginning of year 1 5 Inventory at end of year 7 Cost of goods sold. Subtract line 6 From line 5. Enter here and in Part I, line 2 The transport of groups of the property produced or acquired for resale) apply to The transport of the transport of property The processing of the transport of the transport of property The processing of the transport of property The processing of the transport of transport of the transport of the transport of the transport of transport of the transport of the transport of the transport of transport of the transport of the transport of the transport of transport of transport of the transport of	Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A					
3 Cost of labor 4 a Additional section 263A costs (attach schedule) 4 a B of the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (c) Cost of the organization? 2. Rent incomed or accurate (a) From personal property (if the per	1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
4 Additional section 263A costs (atach schedule) 4 B 5 On the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Discription of property (1) (2) (3) (4) (4) (5) (4) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	2 Purchases	2		7 Cost of goods sold. S	ubtract line	6			
(attach schedule) 5 Total. Add the rules of section 263A (with respect to property produced or acquired for resile) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (c) 1. Description of property (d) 2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property if the percentage of rent for personal property (if the percentage of rent for personal property if the percentage of rent for personal property in more than 69th of the rent is based on profit or incomity (1) (2) (3) (4) (5) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	3 Cost of labor	3		from line 5. Enter here	and in Part	l ,			
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(4) Total O	(2)								
Total (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) Column Col	(3)								
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2. Gross income from or allocable to debt-financed property (a) Straight fine depreciation (attach schedule) (b) Other deductions (attach schedule) (1) (2) (3) (4) 4. Amount of average acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) (1) (2) (3) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (5) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) (6) (7) (8) (9) (9) (1) (9) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (8) (8) (8) (8	Solidate E Siliciated Per	, , , , , , , , , , , , , , , , , , , 	111001110 (366	T TISTIGE GOTTS)	3	Deductions directly conn	ected w	ıth or allocable	
1. Description of debt-financed property (attach schedule) (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) (5) (6) (6) (7) (7) (8) (8) (8) (8) (8) (8						to debt-finance		orty	
(1) (2) (3) (4) 4. Amount of average acquisition debt on or silicable to debt-innenced property (attach schedule) 5. Average adjusted basis of or allocable to debt-innenced property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) total of columns 3(a) and 3(b)) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (8) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (8) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (6) (7) (7) (8) (8) (8) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (6) (7) (7) (8) (8) (8) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (7) (6) (7) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7	1. Description of debt-fit	nanced property			(a) Stra	ight line depreciation attach schedule)		(b) Other deduction (attach schedule)	s
(2) (3) (4) 4. Amount of average acquisition debt on or ellocable to debt-financed property (attach schedule) (5. Average adjusted basis of or allocable to by column 5 (column 4 divided by column 5 (column 6) (column									
(2) (3) (4) 4. Amount of average acquisition debt on or ellocable to debt-financed property (attach schedule) (5. Average adjusted basis of or allocable to by column 5 (column 4 divided by column 5 (column 6) (column	(1)						1		
(4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 8) (column 6 x total of columns 3(a) and 3(b)) (1) (2) (3) (4) Enter here and on page 1, Part I, line 7, column (B) Totals Totals					•				
(4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 8) (column 6 x total of columns 3(a) and 3(b)) (1) (2) (3) (4) Enter here and on page 1, Part I, line 7, column (B) Totals Totals	(3)	- -							
debt on or sillocable to debt-financed property (attach schedule) (1) (2) (3) (4) Fenter here and on page 1, Part I, line 7, column (A) Totals (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 4 x total of columns 3(a) and 3(b)) (column 6 x total of columns 4 x total of col	(4)	_							
(2)	debt on or allocable to debt-financed	of or a	illocable to nced property		rep	ortable (column	(0	olumn 6 x total of col	
(2)	(1)			%			\top		
(3) % (4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals O • O •				+					
Totals Enter here and on page 1, Part I, line 7, column (A) Enter here and on page 1, Part I, line 7, column (B) O • O •				%					
Part I, line 7, column (A) Part I, line 7, column (B) Totals Part I, line 7, column (B) 0 ■ 0 ■	(4)			%					
Totals D. O. O.									
	Totale			_	1			, , (^
		ncluded in column	ı 8				+		

Schedule F - Interest, A	- inuitie	s, noyaitle		Controlled O			HOUS	(see ins	tructions	5)
1 Nome of an halled average.		2, Employ	<u> </u>	related income	<u> </u>	al of specified	5 Davi	of column 4 t	hat in	6. Deductions directly
Name of controlled organizat	ion	identificati number	on (loss) (see	e instructions)	paym	nents made	included	or column 4 t d in the contr tion's grass ii	olling	connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations					·				
7. Taxable Income		nrelated income (l ee instructions)	oss) 9 . Total	of specified payr made	nents	10, Part of colur in the controlli gross	nn 9 that is ng organiz s income	s included ation's		ductions directly connected income in column 10
(2)				_						
(3)		-				-				
(4)					***			ľ		
			•			Add colum Enter here and line 8, c			Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals					▶:			0.		0.
Schedule G - Investme		ne of a Se	ction 501(c)(7	7), (9), or (17) Org	anization				
(see instr	uctions)									
1. Desc	ription of inco	me		2. Amount of	income	 Deduction directly connected (attach sched) 	cted	4. Set-a (attach se		 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
				Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			>		0.					0.
Schedule I - Exploited I (see instru	-	Activity In	come, Other	Than Adv	ertisin	g Income	·			
1. Description of exploited activity	2. G unrelated incom- trade or t	business e from	3. Expenses directly connected with production of unrelated business income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity the is not unrelate business income	hat ed	6. Expi attributa colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					I					
(2)										
(3)										
(4)										
	Enter her page 1, line 10,	Part I, col (A)	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 25
Totals Schedule J - Advertising	a Inco-	0.	0.	<u> </u>						0.
Part I Income From F				solidated	Basis					.
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulati income	on	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										ł
(3)										ļ
(4)										
Totals (carry to Part II, line (5))	•	0.	0	•						0.
	<u></u>			<u>-</u>						Form 990-T (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7. Excess readership costs (column 8 minus column 5, but not more than column 4) 2. Gross advertising income 3. Direct advertising costs 5. Circulation income 6. Readership costs 1. Name of periodical (1) (2) (3) (4) Totals from Part I ▶ 0. 0. 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 26 Totals, Part II (lines 1-5) 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	 Percent of time devoted to business 	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FOOTNOTES

STATEMENT 1

THE 2018 FORM 990-T USED \$162,493 OF ITS NET OPERATING LOSS CARRYOVERS AGAINST THE AMOUNT REPORTED FOR DISALLOWED FRINGES. RATHER THAN AMENDING THE RETURN TO REFLECT THE RETROACTIVE REPEAL OF THE TAX ON SUCH AMOUNTS, THE ORGANIZATION HAS ADJUSTED ITS NET OPERATING LOSS CARRYOVER BY THIS AMOUNT.

	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - OTHER INCOME (LOSS)	90.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII, L - OTHER	50.
INCOME (LOSS)	66.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VI, L - OTHER	
INCOME (LOSS)	5,048
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS VII, - OTHER	2 242
INCOME (LOSS) COMMONFUND CAPITAL VENTURE PARTNERS IX, LP - OTHER INCOME	3,948
(LOSS)	-540
COMMONFUND CAPITAL VENTURE PARTNERS VII, LP - OTHER INCOME	510
(LOSS)	-2.
COMMONFUND CAPITAL VENTURE PARTNERS VIII, LP - OTHER	_
INCOME (LOSS)	-3.
CVE-KAUFFMAN FELLOWS ENDOWMENT FUND I - OTHER INCOME (LOSS)	185.
GLOBAL ENDOWMENT FUND II - OTHER INCOME (LOSS)	134,942
IRON POINT REAL ESTATE PARTNERS II-TE, LP - OTHER INCOME	
(LOSS)	-10,747.
KAYNE ANDERSON FUND IV - OTHER INCOME (LOSS)	-121
KAYNE ANDERSON FUND V - OTHER INCOME (LOSS) PIEDMONT PARTNERS FUND LLC - OTHER INCOME (LOSS)	526. 175.
RESOURCE LAND FUND V - OTHER INCOME (LOSS)	-41,149
THE ENERGY & MINERALS GROUP II - OTHER INCOME (LOSS)	306,988
TIFF REALTY AND RESOURCES 2008, LLC - OTHER INCOME (LOSS)	-1,044
TIFF REALTY AND RESOURCES II, LLC - OTHER INCOME (LOSS)	-196
TIFF REALTY AND RESOURCES III - OTHER INCOME (LOSS)	-1,440.
TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND II - OTHER INCOME (LOSS)	-20.
TRUEBRIDGE-KAUFFMAN FELLOWS ENDOWMENT FUND III, - OTHER	-20.
INCOME (LOSS)	213.
VARDE INVESTMENT PARTNERS, LP - OTHER INCOME (LOSS)	-3,183.
NORTHGATE IV, LP - OTHER INCOME (LOSS)	3,933.
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND V, LP - OTHER INCOME (LOSS)	_ 221
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, LP - OTHER	-231.
INCOME (LOSS)	-3.
THE COLLWICK PREMIER ACCESS FUND, LP - OTHER INCOME (LOSS) MERCER PRIVATE INVESTMENT PARTNERS V, LP - OTHER INCOME	116,229.
(LOSS)	-62,487.
COMMONFUND GLOBAL DISTRESSED INVESTORS, LLC - OTHER INCOME	•
(LOSS)	-2.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
ACCOUNTING FEES		3,000.
TOTAL TO FORM 990-T, PAGE 1,	LINE 27	3,000.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	218,471.	218,471.	0.	0.
12/31/13	740,107.	740,107.	0.	0.
12/31/15	202,014.	202,014.	0.	0.
12/31/16	129,242.	129,242.	0.	0.
12/31/17	1,345,172.	1,086,626.	258,546.	258,546.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	258,546.	258,546.
FORM 990-T		CONTRIBUTIONS		STATEMENT 5
DESCRIPTION	KIND OF PROPERTY	METHOD USED T	O DETERMINE FMV	AMOUNT
50% CASH ON	ILY	N/A		291,596,782
TOTAL TO FO	RM 990-T, PAGE 2,	LINE 34		291,596,782.

ORM 990-T CONTRIBUTIONS SUMMARY	7	STATEMENT	6
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	291,596,782		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	291,596,782 121,726	_	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	291,475,056 0 291,475,056	_	
ALLOWABLE CONTRIBUTIONS DEDUCTION		- 121,	726
TOTAL CONTRIBUTION DEDUCTION		121,	726

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTIT	Y		1
i	OMB N-	45.45	0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning

► Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only

	FOUNDATION FOR THE CAROI	ZINZ	AS				<u> 56-60</u>	478	86		
ī	Inrelated Business Activity Code (see instructions) > 52599	0									
	Describe the unrelated trade or business INVESTMEN	T I	N MERCI	ER I	FFTC	US	EQUI	ry j	INV	PORTF	
Pai	t I Unrelated Trade or Business Income		(A) Inc	come		(B)	Expense	:S		(C) Net	
1 a	Gross receipts or sales										
b	Less returns and allowances c Balance ▶	1c									}
2	Cost of goods sold (Schedule A, line 7)	2									j
3	Gross profit Subtract line 2 from line 1c	3									
4 a	Capital gain net income (attach Schedule D)	4a									
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b									
С	Capital loss deduction for trusts	4c									
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 7	5	-5 :	3,0	08.					-53,00	8.
6	Rent income (Schedule C)	6									
7	Unrelated debt-financed income (Schedule E)	7									
8	Interest, annuities, royalties, and rents from a controlled										
	organization (Schedule F)	8									
9	Investment income of a section 501(c)(7), (9), or (17)										
	organization (Schedule G)	9									
10	Exploited exempt activity income (Schedule I)	10									
11	Advertising income (Schedule J)	11									
12	Other income (See instructions, attach schedule)	12									
13	Total. Combine lines 3 through 12	13	-5	3,0	08.					-53,00	8.
	directly connected with the unrelated business inc	ons f	or limitations)	ons c	on dec	ductio	ns.) (Ded		ns m	nust be	
14	Compensation of officers, directors, and trustees (Schedule K)							14			
15	Salaries and wages							15			
16	Repairs and maintenance							16			
17	Bad debts							17	-		
18	Interest (attach schedule) (see instructions)							18			—
19 20	Taxes and licenses)	~~	ı			19			—
20 21	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return		-	20				045			
21 22	Depletion		ι	21a	<u>l</u>			21b 22			—
23	Contributions to deferred compensation plans							23			—
24	Employee benefit programs							24	-		
25	Excess exempt expenses (Schedule I)							25			_
26	Excess readership costs (Schedule J)							26			—
27	Other deductions (attach schedule)							27			
28	Total deductions. Add lines 14 through 27							28			0.
29	Unrelated business taxable income before net operating loss deduc	tion. S	Subtract line	28 fro	m line	13		29		-53,00	
30	Deduction for net operating loss arising in tax years beginning on or					. •					<u></u>
_	instructions)		, ., =	(-			30			0.
31	Unrelated business taxable income Subtract line 30 from line 29							31		-53,008	<u>8</u> .

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION	NET INCOME OR (LOSS)
MERCER FFTC US EQUITY INVESTMENT PORTFOLIO LLC - OTHER INCOME (LOSS)	-53,008.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-53,008.

SCHEDULE D (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ 60 to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

FOUNDATION FOR THE CAROLINAS					56-6047886		
Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?					Yes X No		
If "Yes," attach Form 8949 and see its instru	ctions for additional require	ments for reporting your	gain or loss	_			
Part I Short-Term Capital Ga	ins and Losses (See (nstructions.)					
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain	n	(h) Gain or (loss) Subtract		
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	or Toss from Form(s) 894 Part I, line 2, column (g	19,	column (e) from column (d) and combine the result with column (g)		
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
1b Totals for all transactions reported on							
Form(s) 8949 with Box A checked							
2 Totals for all transactions reported on							
Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked			1		90,757.		
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	,		4			
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5			
6 Unused capital loss carryover (attach comput	ation)			6	()		
7 Net short-term capital gain or (loss). Combin				7	90,757.		
Part II Long-Term Capital Gai	ns and Losses (See II	nstructions.)					
See instructions for how to figure the amounts to enter on the lines below. (d) (e) (g) Adjustments to Proceeds Proceeds Cost Or loss from Form(s)			(g) Adjustments to gai or loss from Form(s) 894	n 1 9 ,	(h) Gain or (loss) Subtract column (e) from column (d) and		
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	1)	combine the result with column (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on							
Form(s) 8949 with Box F checked					878,788.		
11 Enter gain from Form 4797, line 7 or 9				11	72,594.		
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37			12			
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13			
14 Capital gain distributions				14			
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in column	h		15	951,382.		
Part III Summary of Parts I and	111						
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capital	loss (line 15)		16	90,757.		
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)					951,382.		
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns				18	1,042,139.		
Note: If losses exceed gains, see Capital Los	ses in the instructions.						

LHA

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

56-6047886

FOUNDATION FOR	THE CAR	OLINAS				56-6	047886
Before you check Box A, B, or C below statement will have the same information broker and may even tell you which be	ow, see whether ation as Form 10:	you received any 99-B Either will s	y Form(s) 1099-B show whether you	or substitute staten ir basis (usually you	nent(s) from r cost) was	n your broker A su s reported to the IF	ibstitute RS by your
Part I Short-Term. Transacti	ions involving capit	al assets you held	1 year or less are or	anerally short-term (see	nstruction	s) For long-term	
transactions, see page 2 Note: You may aggregate all codes are required. Enter the	l short-term transac	ctions reported on f	Form(s) 1099-B shov	ving basis was reporte	d to the IRS	and for which no ac	djustments or
You must check Box A, B, or C below.	Check only one bo	X. If more than one b	ox applies for your sho	rt-term transactions, comp	lete a separa	te Form 8949, page 1, for	
If you have more short-term transactions than wil							.,
(A) Short-term transactions rep					Note ab	ove)	
(B) Short-term transactions rep			-	eported to the IRS			
X (C) Short-term transactions no		u on Form 1099-l	<u>B</u>	 -			
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	nt, if any, to gain or ou enter an amount	(h)
Description of property	Date acquired (Mo , day, yr)	Date sold or disposed of (Mo , day, yr)	Proceeds (sales price)	Cost or other basis See the Note below and see <i>Column (e)</i> in the instructions	in column (g), enter a code		n Cubtract column (a)
(Example 100 sh XYZ Co.)					<u>-</u>). See instructions.	from column (d) & combine the result with column (g)
					(f) Code(s)	(g) Amount of adjustment	
COMMONFUND CAPITAL							
INTERNATIONAL							
PARTNER							<74.>
COMMONFUND CAPITAL							
PRIVATE EQUITY							
PARTNE	l						<1.
PIEDMONT PARTNERS				1			
FUND LLC							886.
VARDE INVESTMENT							
PARTNERS, LP							<105.
NORTHGATE IV, LP							8.
THE COLLWICK							
PREMIER ACCESS							
FUND, LP							90,043.
2 Totals. Add the amounts in colum	nns (d), (e), (g), ai	nd (h) (subtract					
negative amounts). Enter each tot	tal here and inclu	ide on your					
Schedule D, line 1b (if Box A abo	ve is checked), I	line 2 (if Box B					
above is checked) or line 2 (if P	C above	ookod) 🛌		1			00 757

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

FOUNDATION FOR THE CAROLINAS

56-6047886

	_
broker and may even tell you which box to check	
	,
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by you	r
Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute	

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line Ba, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

[X] (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) disposed of (Mo., day, yr) column (f). See instructions. Note below and from column (d) & (Mo, day, yr.) (1) (g) Amount of see Column (e) In combine the result Code(s) the instructions with column (g) adjustment COMMONFUND CAPITAL INTERNATIONAL PARTNER 10. COMMONFUND CAPITAL INTERNATIONAL PARTNER <135. COMMONFUND CAPITAL PRIVATE EQUITY PARTNE 1,448. COMMONFUND CAPITAL PRIVATE EQUITY PARTNE 1,415. CVE-KAUFFMAN FELLOWS ENDOWMENT FUND I 22. GLOBAL ENDOWMENT FUND II 390,416. IRON POINT REAL ESTATE PARTNERS II-TE, L 956. PIEDMONT PARTNERS FUND LLC 815. THE ENERGY & MINERALS GROUP II 457,586. TIFF REALTY AND RESOURCES 2008, LLC 148. TIFF REALTY AND RESOURCES II, LLC 12. TRUEBRIDGE-KAUFFMA N FELLOWS ENDOWMENT FU <24.: 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) 878,788.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Name(s) snown on return. Name and SSN or taxpayer identification no. not required it snown on page 1							Social security number or taxpayer identification no.		
FOUNDATION FOR	THE CAR	OLINAS					047886		
Before you check Box D, E, or F bel statement will have the same inform broker and may even tell you which	ation as Form 10:	you received any 99-B Either will:	/ Form(s) 1099-B (show whether you	or substitute statem ir basis (usually you	ent(s) from yo r cost) was re	our broker A su eported to the If	bstitute RS by your		
Part II Long-Term. Transact	ions involving capita	al assets you held r	more than 1 year are	generally long-term (s	see instructions	For short-term t	ransactions,		
Note: You may aggregate a	Il long-term transact	tions reported on F	orm(s) 1099-B show	ing basis was reported	d to the IRS an	d for which no ad	ustments or		
You must check Box D, E, or F below.	Check only one bo	X. If more than one b	ox applies for your long	-term transactions, compl	ete a separate Fo	rm 8949, page 2, for	each applicable box		
If you have more long-term transactions than wil	I fit on this page for one	or more of the boxes	, complete as many forr	ns with the same box che	cked as you need		••		
(D) Long-term transactions re			_	•	Note above	9)			
(E) Long-term transactions re			-	eported to the IRS					
1 (a)	(b)	(c)	(d)	(e)	Adjustment.	if any, to gain or	(h)		
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If you	enter an amount), enter a code in	Gain or (loss).		
(Example 100 sh XYZ Co.)	(Mo., day, yr)	disposed of	(sales price)	basis See the	column (f). S	ee instructions.	Subtract column (e)		
	i	(Mo., day, yr)		Note below and see Column (e) In	(f)	(g)	from column (d) & combine the result		
	<u> </u>			the instructions	Code(s)	Amount of adjustment	with column (g)		
VARDE INVESTMENT									
PARTNERS, LP							<2,308.		
NORTHGATE IV, LP							156.		
SIGULER GUFF									
DISTRESSED	ļ			<u> </u>					
OPPORTUNITIES FU	ļ						1.		
THE COLLWICK									
PREMIER ACCESS					<u> </u>				
FUND, LP					ļ.		28,270.		
					<u> </u>				
									
	 								
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			-						
	1.				<u> </u>				
2 Totals. Add the amounts in colur									
negative amounts). Enter each to		•							
Schedule D, line 8b (if Box D abo	ove is checked), I	line 9 (if Box E							

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked)