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042321 y y > 1 SEP 15 '21	OCANNITO THE STATE OF THE STATE
594083 Jove. as orig.	

•	_	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	-					,	M			
		990-T	Exe	empt Organization B (and proxy tax u	usii	ness Inc	ome Ta	x Return 🥎	p_{n}	ОМВ	No 1545-0047	
	Fo	orm 330-1	<u> </u>					6/30 2	020	2	019	
				r 2019 or other tax year beginning o to <i>www.irs.gov/Form990T</i> for					020	_	.0.0	
-	Depart	ment of the Treasury	1	enter SSN numbers on this form as it							blic Inspection for rganizations Only	
	A	Check box if Check box if name changed and see instructions) Check box if name changed and see instructions) D Em									ntification number	
i	R F	Exempt under section Print The North Carolina A &T Real Estate									rust, see	
	_	501(c) 20 3)	or	Foundation Inc						56-6075899		
		408(e) 220	(e) 1.	PO BOX 20366 Greensboro, NC 2742	20				E %	nrelated bu See instructi	siness activity code ons)	
1	-]408A	(a)						١,	- 22000	722220	
) c Bo	529(a) ok value of all assets	F Group	exemption number (See instruct	ions) i	<u> </u>				32000	722320	
1	at at	end of year 154, 780, 990	O Charl			c) corporatio	n	(c) trust 4	01(a)	trust	Other trust	
	H E		<u>,, </u>	s unrelated trades or businesses		<u>▶ 1</u>		escribe the only (o				
	tr	rade or business hi	ere ⊳Rental	of Event Center Ba	llro	oom		. Îf c	nly or	ne, comp	lete Parts I–V	
				in the blank space at the end	of the	e previous s	entence, co	mplete Parts I ar	ıd II, c	complete	a Schedule M	
				ss, then complete Parts III–V ration a subsidiary in an affilia	ted ar	oup or a pa	rent-subsidi	ary controlled gro	oup?	▶ □,	Yes X No	
				fying number of the parent cor				,	•			
		he books are in care	e of ► Kimbe	erly Cameron			T	elephone numbei	^ 33	36 - 433	-5560	
	Par	t I Unrelated	d Trade or B	usiness Income		(A) In	come	(B) Expense	s	<u> </u>	(C) Net	
	\sim 1	Gross receipts or			, ,			. 4				
77	8	Less returns and allow Cost of goods sole		une 7)	1 c							
15	4	Gross profit Subt			F8E-0	CEIVED II	IVED IN CORRES					
SEP 15	₹ ₄ a	Capital gain net ir			4a	IRS - O	5C - 16					
ガ		Net gain (loss) (Form	4797, Part II, line 1	7) (attach Form 4797)	4b		AUG 2 5 2021					
7	TT 0	: Capital loss deductions (loss) from		an S corporation	4c	AUG Z 9 ZOZI						
y U	買。	(attach statement	5	TOORS HEALT								
	ANNED ST	Rent income (Sch	6	OGDEN, UTAH								
4 6	₹7	Unrelated debt-fin		· 4 4 5 / 4	7 8	255,123. 605,050			050.		<u>-349,927.</u>	
\ è	8 0 9			m a controlled organization (Schedule F) (9), or (17)-organization (Schedule G)	9		/_	<u> </u>		·		
1	10			(Schedile) 505)	10		/		-	 		
<u> </u>	11	Advertising incom	e (Scheoule J)	SEL	11							
,	12	Other income (Se	e instructions,	attach schedule) TV DEP			_	- ··				
			BE	CEVED ENTITY DEPT	12					ļ		
	Par	Total. Combine lin	ics o unough i	z n Elsewhere (See ınstry	13/		55,123.	deductions	<u> 150.</u> (Dedi	uctions	-349, 927.	
\ <u>\</u>	rai	directly c	onnected with	th the unrelated business	since	ome.)	ation3 on	deddelloris.)	(DCu	40000113		
2 2 2		Compensation of	officers, directo	ors, and trustees (Schedule K)		<u> </u>			14			
7		Salaries and wage							15	_		
	16 17	Repairs and main Bad debts	іепапсе						16	-		
\S	18	Interest (attach so	chedule) (see ir	nstructions)					18	 		
`.		Taxes and license							19			
ن	20	Depreciation (atta	-				20	193,434.				
3	21	21 Less depreciation claimed on Schedule A and elsewhere on return 21a 193,434. 21							21 b			
Estac.		Depletion.	/	,					22	<u></u>		
ر	23 24	Contributions to d		nsation plans					23	 		
\mathbf{O}	24 25	Employee benefit Excess exempt ex	,	dule I)					25	 		
$oldsymbol{\tilde{Q}}$		Excess readership							26			
244022	27	Other deductions	(attach schedu	le)					27			
7	28	Total deductions.			oduct.	on Cubin-1	line 20 fra	m line 12	28	 	-240 027	
\sim	29 30	Deduction for net oner	ss taxable incor atıng loss arısıng ir	ne before net operating loss de I tax years beginning on or after Januar	eaucti v 1, 201	on Subtract 18 (see instruct	inne∠o troi ions)	nine 13 Statement 1	30	 -	-349,927.	
7)		Unrelated busines	s taxable incor	ne Subtract line 30 from line 2	29				31		-349,927.	
				otice, see instructions.						•	n 990-T (2019)	

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ali ices	
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	1 990-T (20 t III, To	2019) The North Carolina A &T Real Estate Total Unrelated Business Taxable Income	56	5-6075899 ^k	P	age 2
32	Total of u	unrelated business taxable income computed from all unrelated trades or busin	esses (see	1.		
	instructio	,	,		349,9	<u>€27.</u>
33	Amounts	s paid for disallowed fringes		33		
		ole contributions (see instructions for limitation rules)		34		
35		irelated business taxable income before pre-2018 NOLs and specific deduction is in of lines 32 and 33	9	35 _	349,9	927.
36	Deduction for	for net operating loss arising in tax years beginning before January 1, 2018 (see instr.)	See St 2	36\		
37	Total of u	unrelated business taxable income before specific deduction. Subtract line 36 fi	rom line 35	37 \ -	349,9) 27.
38	Specific o	deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38		
39		ed business taxable income. Subtract line 38 from line 37 If line 38 is greater the smaller of zero or line 37	han line 37,	39 –	349,9	9 27.
Pai	t IV Ta	ax Computation		. T		
	_	rations Taxable as Corporations. Multiply line 39 by 21% (0 21)	•	40		0.
41		Taxable at Trust Rates. See instructions for tax computation. Income tax on the	amount	_		
	on line 39			41		
	-	ax. See instructions	•	42		
		tive minimum tax (trusts only)		43		
		Noncompliant Facility Income. See instructions		44		
,		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45		0.
		ax and Payments	 	т т		
	•	tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a 46b		4		
		redits (see instructions) I business credit Attach Form 3800 (see instructions) 46b 46c		∮		
		or prior year minimum tax (attach Form 8801 or 8827). 46d		-		
		redits. Add lines 46a through 46d		46e		0.
		t line 45e from line 45		47		$\frac{0}{0}$
		exes Check if from Form 4255 Form 8611 Form 8697 Form 8866				
	_	er (attach schedule).		48		
49	Total tax	x. Add lines 47 and 48 (see instructions)		49		0.
50	2019 net	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line	3	50		
51 a	Payment:	nts A 2018 overpayment credited to 2019 51a		 		
	-	stimated tax payments 51 b		1		
(Tax depo	posited with Form 8868 51 c		1		
(f Foreign o	organizations. Tax paid or withheld at source (see instructions) 51 d		1		
		withholding (see instructions) 51 e]		
		or small employer health insurance premiums (attach Form 8941) 51f	•]		
(_	redits, adjustments, and payments Form 2439				
	☐ Form	m 4136 Other Total > 51 g	<u> </u>]		
52		ayments. Add lines 51a through 51g		52		<u>0.</u>
53		ted tax penalty (see instructions) Check if Form 2220 is attached	▶∐	53		
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	•	54		
55	Overpayı	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount ov	verpaid P	55		
_56		ne amount of line 55 you want Credited to 2020 estimated tax	Refunded ►	56		
Pai		Statements Regarding Certain Activities and Other Information (
57	•	ime during the 2019 calendar year, did the organization have an interest in or a signat	-		Yes	No
		al account (bank, securities, or other) in a foreign country? If 'Yes,' the organization m		N Form 114,		<u> </u>
		of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country			-	X
58	During th	the tax year, did the organization receive a distribution from, or was it the granto	or of, or transferor to,	a foreign trust?	<u> </u>	X
	If 'Yes,' se	see instructions for other forms the organization may have to file.				
59	Enter the	e amount of tax-exempt interest received or accrued during the tax year > \$	0.			<u></u>
e!	Unc	Index penalties of perjury, I declare that I have examined this return, including accompanying schedules and elleft, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all informat	statements, and to the best tion of which preparer has an	or my knowledge and y knowledge		
Sig Her	n	, i i i i i i i i i i i i i i i i i i i	urer	May the IRS discuss the preparer shown	this retur	n with
1161		Signature of officer Date Title		Instructions)?	Yes	No
_	Prii	rint/Type preparer's name Preparer's signature Date	Check I if	I OTIN		
Pai	d <u>, </u>				61	
Pre	· —	Kenneth D. Gibbs Kenneth D. Gibbs	self employed			
par Use	·	Include a Gibbe Cine, i ble	Firm's EIN	56-227123	<u>′ </u>	
Onl		irm's address 6114 FAYETTEVILLE RD STE 101		(010) 54	A_ 0F1	c c
BAA		DURHAM, NC 27713 TEEA0202L 02/21/20	Phone no	(919) 54	4-055 990-T (2	
		IEEAUKUKL UKIKIIKU		1 01111		::

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Form **990-T** (2019)

605,050

Form 990-T (2019) The Nor	th Ca	rolina A	&T	Real	Estat	e_	<u> </u>				075899	
Schedule F - Interest, A	nnuitie							Orgai	nizations	(see in	structions	s)
organization ident		2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		in c	6 Deductions directly connected with income in column 5	
(1)				•				•				
(2)										_		
(3)												
(4)						<u> </u>						
Nonexempt Controlled Organiz	ations											
7 Taxable Income	inc	et unrelated ome (loss) instructions)		Total of specified payments made		j	10 Part of included in organization	n the d	controlling		11 Deductions directly connected with income in column 10	
(1)												
(2)												
(3)												
(4)												.
Totals							Add columns here and on p 8, co		, Part I, line		e and on p	s 6 and 11 Enter bage 1, Part I, line lumn (B).
Schedule G - Investmen	ıt Inco	me of a Se	ction	501(c)(7), (9)), (or (17) Orgai	nizati	ion (see ins	structio	ns)	
1 Description of income		2 Amount of income		me	direct		Peductions ly connected (a th schedule)		4 Set-asides (attach schedule)		set-a	I deductions and sides (column 3 us column 4)
(1)												
(2)												
(3)												
(4)												
Tatala		Enter here an Part I, line 9,	d on p colun	age 1, nn (A)								ere and on page 1, ine 9, column (B)
Totals Schedule I — Exploited E	vompl	Activity Ir		<u> </u>	or Tha	n /	Advertising	ncor	110 (500 ins	truction	(c)	
1 Description of exploited a		2 Gross unrelate busines income fre trade o busines	s ed ss om r	3 Exper conne pro of u	ses directly ected with duction nrelated ess income	fro or 2 i	Net income (loss) on unrelated trade business (column minus column 3) is gain, compute umns 5 through 7	5 Gros	is income from ity that is not ated business income	6 Ex	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)												
(3)		1				L						<u> </u>
(4) Totals	•	Enter here on page Part I, line column (: 1, e 10,	on p Part	here and page 1, I, line 10, mn (B)							Enter here and on page 1, Part II, line 25
Schedule J – Advertisin	g Inco	me (see inst	ruction	ns)		_						<u> </u>
Part I. Income From Pe					nsolida	te	d Basis					
, 1 Name of periodical		2 Gross advertisi income	s ng	3 [adve	Direct ertising osts	4 (Advertising gain or loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7.		irculation ncome		adership osts	7 Excess readership costs (col 6 minus col. 5, but not more than col 4).
(1)								<u> </u>				
(2)												
_(3)						-		<u> </u>				-
						╀		<u> </u>				<u> </u>
Totals (carry to Part II, line (5))	-		-	-5.0004							Form 990 T (2019)

Total. Enter here and on page 1, Part II, line 14

Page 5

romi 330.1 (2013) The North Cal	OTTHA W WI	rear Estat	.e		30-0073033	i age s
Part II Income From Periodica 7 on a line-by-line basis)	ls Reported or	a Separate I	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)					<u> </u>	
(2)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)				· ·		
Schedule K — Compensation of	Officers, Dire	ctors, and Tr	ustees (see instr	uctions)		
1 Name		2 Title	3 Percent time devote to busines	ed to unrel	ation attributable ated business	
				%		
				%		
			-		%	
				-	•	

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Form **990-T** (2019)

2019	Federal State The North Carolina A Foundatio	&T Real Estate	Page 1 56-6075899		
Statement 1 Form 990-T, Part II, Line 3 Net Operating Loss Deduc					
Loss Year Ending	Original Loss	Loss Previously Used	Loss Available		
6/30/19	\$ 177,843. \$	0. \$	177,843.		
Net Operating Loss Av Taxable Income Net Operating Loss De	vailable eduction (Limited to Tax	able Income)	\$ 177,843. \$ -349,927. \$ 0.		
Statement 2 Form 990-T, Part III, Line 3 Net Operating Loss Deduce Loss Year Ending	Original Loss	Loss Previously Used	Loss Available		
6/30/10 6/30/11 6/30/12 6/30/15 6/30/16 6/30/17 6/30/18 Net Operating Loss Av Taxable Income	\$ 83,327. \$ 73,732. 85,303. 71,897. 32,758. 49,911. 126,943.	58,731. \$ 0. 0. 0. 0. 0. 0. able Income)	24,596. 73,732. 85,303. 71,897. 32,758. 49,911. 126,943. \$ 465,140. \$ -349,927. \$ 0.		
Statement 3 Form 990-T, Schedule E, I Other Deductions Allocab Event Center Rental Insurance Miscellaneous Repairs Supplies Taxes Utilities Wages and Salarie Employee Benefits Other Contract Se	le to Debt-Financed Property Income		\$ 8,756. 11,544. 112,329. 46,782. 8,336. 24,039. 110,901. 34,419. 54,510. Total \$ 411,616.		