	Form 990)-T	E	Exempt Organization Bus					urn 000		OMB No 1545-0047	_
	•		For cal	lendar year 2019 or other tax year beginning $\overline{ extstyle JUL} \;\; 1$,							2019	
	Department of Internal Revenu			► Go to www.irs.gov/Form990T for ir Do not enter SSN numbers on this form as it may	structi	ons and the lat	est inform	ation.			Open to Public Inspection to 501(c)(3) Organizations Only	<u>`</u>
		ck box if		Name of organization (Check box if name c					(0)(0).	DEmplo	oyer identification number	-
		ress changed	ļ	THE UNIVERSITY OF NORT							oyees' trust, see ctions)	
	•	nder section	Print	GREENSBORO INVESTMENT	FUN	D, INC.					8-2005976	_
_	_	:)(3 02	or Type	Number, street, and room or suite no. If a P.O. box	k, see ir	structions.					ated business activity code instructions)	
-	408(e		.,,,	PO BOX 26170								
	408A 529(a	,		City or town, state or province, country, and ZIP of GREENSBORO, NC 27402	r toreig	n postal code				900	099	
_	c Book value of all assets F Group everything number (See instructions.)									-		
3	310	ຶ້,769,1	47.	G Check organization type X 501(c) corp	ooration	n 501	(c) trust	• 🔲	401(a)	trust	Other trust	_
6	'H Enter the i	number of the	organıza	ation's unrelated trades or businesses. 🕨	5		Describe	the only (or fi	rst) uni	related	-	
~	trade or bi			EE STATEMENT 1				complete Par				
Ω.				ace at the end of the previous sentence, complete Pa	arts I an	d II, complete a	a Schedule	: M for each a	ddition	al trade	or · ·	
SE		then complete		i-v. poration a subsidiary in an affiliated group or a parei	nt-cuhe	idiany controlle	d aroun?			Ye	s X No	-
Ω				itifying number of the parent corporation.	11 3003	idially controlle	a group.				3 [22] 140	
回							Teleph	one number	▶ 3	36-	334-5200	-
≶	Part	Unrelated	d Trac	BOB SHEA de or Business Income		(A) Inco	me	(B) Ex	penses		(C) Net	_
₹	1 a Gross	receipts or sale	es									Service .
<u>ر</u>		eturns and allow		c Balance	1c							Ä
		goods sold (S			2			A STATE OF THE STA	**************************************	\$2.50 \$2.50		3
		profit, Subtract			3			\$45000000000000000000000000000000000000	90000000 52503000			_
		-		ch Schedule D) Part II, line 17) (attach Form 4797)	4a 4b	•			8->886. 82-4*/	*/*		-
		loss deduction			4c							-
	•			ship or an S corporation (attach statement)	5					***		-
		come (Schedu			6					A-00-0248		-
•	7 Unrelat	ted debt-financ	ed incor	me (Schedule E)	7							_
				and rents from a controlled organization (Schedule F)	8							_
				on 501(c)(7), (9), or (17) organization (Schedule G)	$\overline{}$	/_						_
		•	•	ome (Schedule I)	10						 -	_
		ising income (S		•	11/12			25000000000000000000000000000000000000	{ve20'%	(822/8 02/		-
		Combine lines		ns; attach schedule)	13		0.	26.75.00° 36.00°	F1,,864; 18	\$0.29*50°		-
		Deductio	ns No	nt Taken Flsewhere (See instructions to	r limit:	ations on ded	uctions \					-
	800 X X	(Deductions	must b	be directly connected with the unrelated busin	ness 4	general (action)	Due Sei	avica O				
	14 Comp			rectors, and trustees (Schedule K)	Ne	ceived US	Bank -	USB		14		_
	15 Saları	es and wages				32	3			15		_
	16 Repai	rs and mainten	nance			100 23	2020			16		_
	17 Bad d					,	-WLU			17		_
			edule) (se	see instructions)						18		_
	,	and licenses ciation (attach	Form 46	562)		Ogden				19 \$%&&&		-
				562) n Schedule A and elsewhere on return	•		212		\neg	21b		
	22 Deple		رب میں۔۔۔۔	To some discound to the rotation						22		-
			erreg co	empensation plans						23		-
•	24 Emplo	oyee benefit pr	ograms							24		_
		s exempt expe			-					25		
		s readership c						•		26	. =	_
		deductions (at		•				,	1	27	~	_
		1/		s 14 through 27	م د دا د	o from line 40				28	0.	
				income before net operating loss deduction. Subtractions arising in tax years beginning on or after Janua						29	<u> </u>	<u>-</u>
		nstructions)	reraility I	ioss arising in tax years beginning on or after Janua	iy i, 2l		STAT	EMENT	2	30	0.	
			taxable ıı	income. Subtract line 30 from line 29		لديدي			_	31	0.	
				rwork Reduction Act Notice, see instructions.					$\overline{\mathcal{L}}$		Form 990-T (2019	,
,					3.7	7		α	II A			

Form 99	D-T/2019)THE UNIVERSITY OF NORTH CAROLINA AT GRE	ENSBORO	INVESTM	58-200	<u> 5976</u>	Page 2
Part	Total Unrelated Business Taxable Income					
/32	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instructions)	1		12,3	10.
33	Amounts paid for disallowed fringes			33		
34	Charitable contributions (see instructions for limitation rules)		_	3/4		0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract lin	ne 34 from the sum of	lines 32 and 33	35	12,3	10.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru		TMT 3 V	36	12,3	10.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 3	.5	_	37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		B	38	1,0	00.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 3	37.				
II	enter the smaller of zero or line 37	,		39		0.
Part				7-1		
140	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		•	40		0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount of	nn line 39 from:				
	Tax rate schedule or Schedule D (Form 1041)	on mio oo mom.	•	41		
42	Proxy tax. See instructions			42		
43	Alternative minimum tax (trusts only)			43		
44 .	Tax on Noncompliant Facility Income. See instructions			44		
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45		0.
Part				1 40 1		<u> </u>
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a				
-	Other credits (see instructions)	46b		1		
	General business credit. Attach Form 3800	46c		1		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d		 		
	, ,	400		460		
	Total credits. Add lines 46a through 46d Subtract line 46e from line 45			46e		0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	ance Downer				
48		SOOD LOUIEI (attach schedule)	48		0.
49	Total tax. Add lines 47 and 48 (see instructions)			49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	المدا		50		<u> </u>
	Payments: A 2018 overpayment credited to 2019	51a				
	2019 estimated tax payments	51b		 		
	Tax deposited with Form 8868	51c				
	Foreign organizations: Tax paid or withheld at source (see instructions)	51d				
	Backup withholding (see instructions)	51e				
	Credit for small employer health insurance premiums (attach Form 8941)	51f				
9	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other Total ▶	- 51g				
52	Total payments. Add lines 51a through 51g			52		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached			53		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		▶ ,	54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		▶ ,	55		
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax		funded 🕨	56		
Part	VI Statements Regarding Certain Activities and Other Information	tion (see instru	ctions)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature	or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country				
	here >					Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a forei	gn trust?			Х
	If "Yes," see instructions for other forms the organization may have to file.					
59	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep			wledge and belief, it	ıs true,	
Sign	Λ	-	_	ay the IRS discuss ti	nic roturn	unth.
Here	Laurent. (50 10/27/2020 ASSIST	ANT TREA		e preparer shown be		WILL
	Signature of officer Date Title		ins	structions)? X	/es 🗌	No
	Print/Type preparer's name Preparer's signature D	Date	Check if	PTIN		
Paid			self- employed			
	parer JOHN M. ROBINSON JOHN M. ROBINSON 1	0/21/20		P0128	1319	
-	Only Firm's name BERNARD ROBINSON & COMPANY, LLP		Fırm's EIN ▶	56-05		
Jae	PO BOX 19608					
	Firm's address ► GREENSBORO, NC 27419-9608		Phone no. 3	36-294-	1494	
923711	01-27-20				990-T	

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valuation N/A		· · · · · · · · · · · · · · · · · · ·	
1 Inventory at beginning of year	11		6 Inventory at end of year	r		6
2 Purchases	2		7 Cost of goods sold. Si		ine 6	
3 Cost of labor	3		from line 5. Enter here			
4a Additional section 263A costs			line 2		,	7
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	•	•	
5 Total. Add lines 1 through 4b	5		the organization?		,,	[
Schedule C - Rent Income	(From Real	Property an		Leas	ed With Real Prop	perty)
(see instructions)			· ·		_	
Description of property				_		
(1)	<u> </u>					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued			2/0\0.4 at an direction	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) and	connected with the income in 1 2(b) (attach schedule)		
(1)						
(2)					1	
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	• 0.
Schedule E - Unrelated Det	ot-Financed	Income (see	e instructions)		<u> </u>	
			2. Gross income from		Deductions directly conn- to debt-finance	ected with or allocable of property
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			 	 		
(2)						
(3)						
(4)						
A. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%		-	
(4)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (8).
Totals			>		0.	0.
Total dividends-received deductions in	cluded in column	18				0.
						Form 990-T (2019)

Form 990-T (2019) GREENSBORO INVESTMENT FUND, INC.

			Exempt (Controlled O	rganızatı	ions					
Name of controlled organiza	e of controlled organization 2. Employer identification number			elated income instructions) 4. Total payn		yments made includ		Part of column 4 that is cluded in the controlling anization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)		•							i		
(3)											
(4)											
Nonexempt Controlled Organ	ızatıons										
7. Taxable Income	8. Net unrelated i (see instruc		9. Total	of specified payi made	ments	10. Part of column the controlling gross	nn 9 that ng organ income	is included ization's		luctions directly connected income in column 10	
(-1)			1								
(2)	<u> </u>										
(3)				•					-	, - 5	
(4)	-		<u> </u>						Ψ.		
,		•	,	-		Add colum Enter here and Ine 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, ine 8, column (B)	
Totals			,	•				0.		0.	
Schedule G - Investme		a Section	n 501(c)(7), (9), or	(17) Oı	rganization			•		
	cription of income		• • •	2. Amount of	ıncome	3. Deduction directly connect (attach schedu	cted	' 4. Set-a	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)	• • • • • • • • • • • • • • • • • • • •		1			(=1==0:100:100:1				(our o plus cur 4)	
(2)				<u> </u>	<u> </u>		-			1	
(3)							-			,	
(4)	*.										
Totals			. ▶	Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited	-	ity Incon	ne, Othe	r Than Ad		ing Income	900-00-4250	Same and a second	***********	,	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pi of ur	xpenses connected roduction related ss income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business incol	nat ed	6. Exp attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)	-			-				L.			
(3)											
(4)	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 25	
Totals Schedule J - Advertisi	ina Income (se		0 .							0.	
Part III Income From				solidated	Basis						
1. Name of periodical	2. Gros advertisi incomi	ng ad	3. Direct vertising costs	4: Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput		on	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
				200000000000000000000000000000000000000	80 **	<u> </u>			1	47777	
(1)		l		XXXXXXXXXXXXXXX		XXX					
117				$\dashv \cdots$		<u>.</u>					
			· · ·			·					
	,					-					

Page 5

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)

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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(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.	0.				0.

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

1. Name	2. Title	3. 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)

FORM 990-T	DESCRIPTION	OF ORGANIZATION'S	PRIMARY UNRELATED	STATEMENT	1
		BUSINESS ACTIVIT	ГY		

PASSED THROUGH FROM INVESTMENT PARTNERSHIP

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT
		LOSS		
TAX YEAR	LOSS SUSTAINED	PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	179,793.	0.	179,793.	179,793.
NOL CARRYO	VER AVAILABLE THIS	YEAR	179,793.	179,793.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT
FORM 990-T	NET	OPERATING LOSS DE LOSS PREVIOUSLY	EDUCTION LOSS	STATEMENT
	NET LOSS SUSTAINED	LOSS		
FORM 990-T TAX YEAR 06/30/16		LOSS PREVIOUSLY	LOSS	AVAILABLE
TAX YEAR 06/30/16	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
TAX YEAR	LOSS SUSTAINED 6,460.	LOSS PREVIOUSLY APPLIED	LOSS REMAINING 6,460.	AVAILABLE THIS YEAR

1

OMB No 1545-0047

Unrelated Business Taxable Income from an (Form 990-T) **Unrelated Trade or Business**

For calendar year 2019 or other tax year beginning $\underline{JUL}\ 1$, 2019 , and ending $\underline{JUN}\ 30$, 2020

Department of the Treasury Internal Revenue Service

► 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)

58-2005976

Name of the organization

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO INVESTMENT FUND, INC.

523000 Unrelated Business Activity Code (see instructions)

NOTHER FINANCIAL INVESTMENT ACTIVITIES

	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowancesc Balance]	► <u>1c</u>			20.432
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a	82,455.		82,455.
ь	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 4	5	-666,582.		-666,582.
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	-584,127.		-584,127.

Partili Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	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 deduction. Subtract line 28 from line 13	29	-584,127.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	-584,127.

LHA For Paperwork Reduction Act Notice, see instructions.

' Schedule M (Form 990-T) 2019

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	4
DESCRIPTION		NET INCOME OR (LOSS)	
	RY BUSINESS INCOME (LOSS)	-531,18	
INVESTMENT - NET REN	NTAL REAL ESTATE INCOME NET RENTAL INCOME (LOSS)	-17i	3. 1
INVESTMENT - INTERES	•	4,29	
INVESTMENT - DIVIDEN	ND INCOME	363	
INVESTMENT - ROYALT	TES	830	ο.
INVESTMENT - OTHER I	PORTFOLIO INCOME (LOSS)	358	8.
INVESTMENT - OTHER	INCOME (LOSS)	-141,06	7.
TOTAL INCLUDED ON SO	CHEDULE M, PART I, LINE 5	-666,582	<u> </u>

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning $\underline{JUL~1}$, $\underline{2019}$ and ending $\underline{JUN~30}$, $\underline{2020}$

► 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 \$250 (c)(3) Organizations Only

Name	of the organization THE UNIVERSITY OF NORTH GREENSBORO INVESTMENT F			Employer ide 58-20		
	Inrelated Business Activity Code (see instructions) 21111			_		
	Describe the unrelated trade or business OIL AND G	AS	EXTRACTION	1		
Pă	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1 a	Gross receipts or sales	Ī			*** *********************************	
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2	,	9%×1%/%%		
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 5	5	-227,040.			-227,040.
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	-227,040.			-227,040.
Ŗă	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	ions icom	for limitations on de e.)	eductions) (De	duction	ns must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salanes and wages				15	
16	Repairs and maintenance			-	16	··
17	Bad debts ·			•	17	
18	Interest (attach schedule) (see instructions)	•			18	
19	Taxes and licenses		1 ì		19	
20	Depreciation (attach Form 4562)		20			,
21	Less depreciation claimed on Schedule A and elsewhere on return	1	21a		21b	
22	Depletion				1 22 1	•

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)

Other deductions (attach schedule)

Total deductions. Add lines 14 through 27

Employee benefit programs

Schedule M (Form 990-T) 2019

-227,040.

23

25

26

27

28

29

instructions)

23

26

28

FORM 990-T (M)	INCOME ((LOSS)	FROM	PARTNERSHIPS	STATE	EMENT	5
DESCRIPTION					_ · _ · - · -	INCOME	
INVESTMENT - ORDINARY	BUSINESS I	NCOME	(LOSS	;)	-	-227,04	0.
TOTAL INCLUDED ON SCH	EDULE M, PA	ART I,	LINE	5		-227,04	10.

OMB No 1545-0047

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning $\ JUL\ 1$, $\ 2019$, and ending $\ JUN\ 30$, $\ 2020$

Department of the Treasury Internal Revenue Service

► 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).

12,310.

Name of the organization

Total. Combine lines 3 through 12

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO INVESTMENT FUND, INC.

Employer identification number 58-2005976

211130 Unrelated Business Activity Code (see instructions) ▶ ► NATURAL GAS EXTRACTION Describe the unrelated trade or business

Partis Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales b Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 6 12,310 12,310. 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12

Partill Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

13

12,310

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	1
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	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 deduction. Subtract line 28 from line 13	29	12,310.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	12,310.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION			NET INCOME OR (LOSS)
INVESTMENT - ORDINARY INVESTMENT - OTHER II		(LOSS)	0. 17,485. -5,175.
TOTAL INCLUDED ON SCI	HEDULE M, PART I,	LINE 5	12,310.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL~1, 2019 and ending JUN~30, ► 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).

Name of the organization

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO INVESTMENT FUND, INC.

Employer identification number 58-2005976

	Describe the unrelated trade or business OFFICES OFFICES OFFICES OFFICES		THER HOLDING	COMPANIES	
Pä	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				2/4/
b	Less returns and allowancesc Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
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	-2,373.		-2,373.
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	-2,373.		-2.373.

Partill Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes and wages	15	
16	Repairs and maintenance	16	
17	Bad debts '.	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	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 deduction. Subtract line 28 from line 13	29	-2,373.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	-2,373.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 7
DESCRIPTION			NET INCOME OR (LOSS)
INVESTMENT - OTHER I	NCOME (LOSS)		0. -2,373.
TOTAL INCLUDED ON SO	CHEDULE M, PART I,	LINE 5	-2,373.

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.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO INVESTMENT FUND.

158-2005976

GURENODOKO INVESTM	ENT FOND, THE	•		J O -	2003310
Did the corporation dispose of any investme	nt(s) in a qualified opportu	nity fund during the tax	year?		Yes X No
If "Yes," attach Form 8949 and see its instru	ctions for additional requir	ements for reporting you	ur gain or loss		
	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to ga		(h) Gain or (loss) Subtract
This form may be easier to complete if you	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (g	9.	column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.	(sales price)	(or other basis)	Farti, ilie 2, column (c	"	combine the result with column (g)
1a 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		•			l "· ,
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on				-	<u>'</u>
Form(s) 8949 with Box B checked	· · · · · · · · · · · · · · · · · · ·	······································			
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked			<u> </u>		
4 Short-term capital gain from installment sales		(,	4	
5 Short-term capital gain or (loss) from like-kind	•		·	5	,
6 Unused capital loss carryover (attach computa	•	L	1	6 7`)
7 Net short-term capital gain or (loss). Combine					<u> </u>
See instructions for how to figure the amounts	ile and rosses (266)	nstructions)			
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai	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 loss from Form(s) 894 Part II, line 2, column (s	9, 9)	column (e) from column (d) and 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		<u> </u>			
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					<u> </u>
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	•				,
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kind	•	. ,	•	13	
14 Capital gain distributions	•			14	•
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	n h	1	15	-
Partill Summary of Parts I and		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
16 Enter excess of net short-term capital gain (lin		l loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term			e 7) ·	17	
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pr	oper line on other returns		18	0.
Note: If losses exceed gains, see Capital Los	ses in the instructions.	•	•		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2019

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.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO INVESTMENT FUND,

Employer identification number

58-2005976

Schedule D (Form 1120) 2019

Did the corporation dispose of any investme	, ,	•			Yes X No
If "Yes," attach Form 8949 and see its instru			ur gain or loss		
Short-Term Capital Ga	ins and Losses (See	instructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	л 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 I, line 2, column (g)	combine the result with column (g)
1a 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	`				1,356.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824	•		5	
6 Unused capital loss carryover (attach comput	6	(
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h					1,356.
Partill Long-Term Capital Gai	ns and Losses (See I	nstructions)			
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(0) 4 d	_	(h) c (1) C-1
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (g	9,)	(h) Gain or (loss) Subtract column (e) from column (d) and 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	د	,			
Form(s) 8949 with Box F checked		<u> </u>	1		6,820.
11 Enter gain from Form 4797, line 7 or 9				11	74,279.
12 Long-term capital gain from installment sales		7	. ' .	12	
13 Long-term capital gain or (loss) from like-kind	13				
14 Capital gain distributions	14				
15 Net long-term capital gain or (loss). Combine	81,099.				
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lir		•	Į	16	1,356.
17 Net capital gain. Enter excess of net long-term			e 7)	17	81,099.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns	. [18	82,455.
Note: If losses exceed gains, see Capital Los	ses in the instructions.				

921051 12-16-19

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Form **8949**

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

2019

Attachment Sequence No 12A

Name(s) shown on return

THE UNIVERSITY OF NORTH CAROLINA AT GREENSBORO INVESTMENT FUND, INC.

Social security number or taxpayer identification no.

58-2005976

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute 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 your broker and may even tell you which box to check.

Part I Short-Term. Transact	tions involving capit	al assets you held	1 year or less are ge	enerally short-term (se	e instructio	ns) For long-term	
transactions, see page 2 Note: You may aggregate a	II short-term transac	ctions reported on	Form(s) 1099-B show	wing basis was report	ted to the IF	RS and for which no	adjustments or
codes are required Enter the You must check Box A, B, or C below.	e totals directly on	Schedule D, line 1.	a, you aren't required	d to report these tran	sactions on	Form 8949 (see inst	ructions)
If you have more short-term transactions than w	vill fit on this page for o	ne or more of the box	es, complete as many for	orms with the same box	checked as yo	ou need	от одот другиали пол
(A) Short-term transactions re	•	•	•	•	e Note ab	ove)	
(B) Short-term transactions re				ported to the IRS			
X (C) Short-term transactions no				1	Adjustmo	nt, if any, to gain or	
1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If yo	ou enter an amount	
Description of property (Example 100 sh. XYZ Co)	Date acquired (Mo., day, yr)	disposed of	(sales price)	basis See the	in column	(g), enter a code in). See instructions.	Subtract column (e)
(Example 100 Sill XI 2 00)	(, 64), 7. 7	(Mo , day, yr.)		Note below and	(f)	(g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (a)
UNCG ENDOWMENT	<u> </u>					adjustment	(9)
PARTNERS	 						
LP-INVESTMENT							1,356.
							1,3300
							
	 						
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2 Totals. Add the amounts in colu	mns (d), (e), (g), a	ind (h) (subtract					
negative amounts) Enter each to	otal here and incl	ude on your					
Schedule D, line 1b (if Box A ab	ove is checked),	line 2 (if Box B					
above is checked), or line 3 (if E	ox C above is ch	necked)	_	l	.		1,356.

Note: If you checked Box A 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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

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

THE UNIVERSITY OF NORTH CAROLINA AT

Social security number or taxpayer identification no.

GREENSBORO INVESTMENT FUND, INC.

58-2005976

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 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 your

PARTNERS	broker and may even tell you which i				. , , ,			
Note: You may agregate all long-term transactions reported on Form(s) 1098 showing bases was reported to the IRS and for which in additional to report these transactions in the base facet, but the base facet, but the base facet the base is not properly to the reported of the IRS (p. 10) the properly on the reactions when will find the page to rise or many of the bases, compiled an many forms with the same soci chicked as you need (p. 10) Long-term transactions reported on Form(s) 1098 showing bases was reported to the IRS (p. 10) Long-term transactions reported on Form(s) 1098 showing bases was reported to the IRS (p. 10) Long-term transactions reported on Form(s) 1098 showing bases was reported to the IRS (p. 10) Long-term transactions reported to form (p. 10) and (p. 10) an	Part II Long-Term. Transaction	ons involving capit	al assets you held	more than 1 year ar	e generally long-term ((see instruc	tions) For short-term	transactions,
You must check Box 0, E, or Fedow. Check only one box. If more then can box applies for your large-term transcaces, completes in the primary and in the hip page to or interest the can be applied by your large-term transcaces, completes in the primary and	Note: You may aggregate all codes are required. Enter the	e totals directly on	Schedule D, line 8	a, you aren't require	d to report these tran	sactions on	Form 8949 (see inst	ructions)
Discription transactions reported on Form(s) 1099 B showing basis was reported to the IRS (see Note above)	You must check Box D, E, or F below.	Check only one built fit on this page for or	ox. If more than one b	ox applies for your long	term transactions, comporms with the same box c	olete a separa	te Form 8949, page 2, fo u need	or each applicable box
□ (g) Long-term transactions reported to you on Form 1099-8 (a) 1 Description of property (Example 100 sh XYZ Co) Date acquired (Mo , day, yr.) Date sold or (Mo								
(t) (p) (c) (p) (d) (p) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	, many 1 1 2		•	•	•		- /	
1 (a) (b) Descaption of property (Example 100 sh XYZ Co) Descaption of property (Example 100 sh XYZ Co) (Mo , day, yr) (Example 100 sh XYZ Co) UNCG ENDOWMENT PARTNERS LP-INVESTMENT 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here ard include on your Schedule C), (ine B) (if Box E) 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here ard include on your Schedule C), (ine B) (if Box E) (b) Proceeds (sales price) (c) Cost or other hotes Set the note below as See the note below and see Column (e) and in column (sale in amount of see Column (e) and in column (sale in the solid in column (sale in the solid in the instructions (h) Cost or other hotes See the note by Cost or the Note below and see Column (e) inter amount on see Column (e) and in column (sale in the solid in the instructions. (h) Cost or other hotes See the note by Cost or other Note below and see Column (e) in the instructions. (h) Cost or other hotes See the note by Cost or other Note below as See Column (e) in the instructions. (h) Code(s) Amount (s) See instructions and see Column (e) in the instructions. (h) Code(s) Amount (s) See instructio					•			
Description of property (Example 100 sh XYZ Co) (Mo , day, yr.) Date sold or disposed of (Mo , day, yr.) Date sold or (day, day, day, day, day, day, day, day,					(e)			(h)
(Example 100 sh XYZ Co) (Mo, day, yr) (disposed of Mo day, yr) (Mo day, yr) (Ad da		Date acquired		Proceeds				Gain or (loss).
See Column (e) in the instructions of code(s) (g) Amount of column (g) in the instructions of column (g) in	(Example 100 sh XYZ Co)	(Mo, day, yr)		(sales price)		column (f). See instructions.	
UNCG ENDOWMENT PARTNERS LP-INVESTMENT 6,820.			(Mo , day, yr.)				(g)	combine the result
PARTNERS LP-INVESTMENT 6,820. 6,820. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Entire reach total flere and include on your Schedule D, line 8b (fl Box D above is checked), line 9 (fl Box E					the instructions	Code(s)		with column (g)
LP-INVESTMENT 6,820. 6,820. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total (re), (e), (g), and (h) (subtract negative amounts) Enter each total (re), (e), (g), and (h) (subtract negative amounts) Enter each total (re), (e), (g), and (h) (subtract negative amounts) Enter each total (re), (e), (g), and (h) (subtract negative amounts) Enter each total (re), (e), (g), and (h) (subtract negative amounts) Enter each total (re), (e), (g), and (h) (subtract negative amounts) Enter each total (re), (e), (g), and (h) (subtract negative amounts) Enter each total (re), (e), (g), and (h) (subtract negative amounts) Enter each total (re), (e), (g), and (h) (subtract negative amounts) Enter each total (re), (e), (g), and (h) (subtract negative amounts) Enter each total (re), (e), (g), and (h) (subtract negative amounts) Enter each total (re), (e), (g), and (h) (subtract negative amounts) Enter each total (re), (e), (g), (e), (g), (e), (g), (e), (g), (e), (e), (e), (e), (e), (e), (e), (e	UNCG ENDOWMENT							
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	PARTNERS							
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	LP-INVESTMENT							6,820.
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								
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	•		-					
	· · ·	•						6,820.

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

923012 12-11-19

Form 8949 (2019)