SCANNED MAY 11

#6 11623

C Book value of all assets at end of year 91,950,774. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here
SEE STATEMENT 15 . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or

business, then complete Parts III-V X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation.

The books are in care of PATRICIA E. LUMMUS Telephone number \triangleright (404) 564-1259 Part Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales c Balance b Less returns and allowances 10 * ~ 400 2 Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 17,049 17,049. 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c -49,609 STMT -16 -49,609Income (loss) from a partnership or an S corporation (attach statement) 5 6 6 Rent income (Schedule C) 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 Exploited exempt activity income (Schedule I)

11

12

Total. Combine lines 3 through 12 Part War Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

Compensation of officers, directors, and trustees (Schedule K) 14 Salaries and wages 15

16 Repairs and maintenance

Advertising income (Schedule J)

Other income (See instructions; attach schedule)

17 **Bad debts**

11

18 Interest (attach schedule) (see instructions)

19 Taxes and licenses

20 Depreciation (attach Form 4562)

Less depreciation claimed on Schedule A and elsewhere on return 21

22

23 Contributions to deferred compensation plans

24 Employee benefit programs

25 Excess exempt expenses (Schedule I)

26 Excess readership costs (Schedule J)

27 Other deductions (affach schedule)

Total deductions. Add lines 14 through 27 28

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29

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

Unrelated business taxable income. Subtract line 30 from line 29

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

15 16 17 Goelved US Mant 18 326 โ9 21b 22 23 24 25 26 27 0. -32. 560.

134435 L46310.0 11141/116

2019.05000 THE SARTAIN LANIER FAMILY L46310.1

Form 990-T (2019)

-32

-32,560.

1	Form 9	O-T (2918) THE SARTAIN LANIER FAMILY FOUNDATION INC	58-6045056 Page 2
(Par	Total Unrelated Business Taxable Income	
'	32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see Instructions)	-32,560.
	33	Amounts paid for disallowed fringes	83
	34	Charitable contributions (see Instructions for limitation rules)	. \$4 0 •
	35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35 -32,560.
	36	Deduction for not operating loce arising in tax years beginning before language 1 2018 (see instructions).	36
		Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 33	37 -32,560.
	37		
	38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	<u>is 1,000.</u>
	39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1 32 560
\	Daw	enter the smaller of zero or line 37	89 -32,560.
. /	·	Tax Computation	
	40	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 on line 39 from:	Market in
		Tax rate schedule or ☐ Schedule D (Form 1041) ▶	41
	42	Proxy tax. See instructions	42
	43	Alternative minimum tax (trusts only)	43
	44	Tax on Noncompliant Facility Income. See instructions	44
\	45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
1	Part		- = -
•		Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	
		Other credits (see instructions) 46b	1
		General business credit. Attach Form 3800	j
		Credit for prior year minimum tax (attach Form 8801 or 8827)	
		Total credits. Add lines 46a through 46d	480
	47	Subtract line 46e from line 45	47 0 •
		Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	
	48		49 0.
	49	Total tax. Add lines 47 and 48 (see instructions)	
	50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
		Payments: A 2018 overpayment credited to 2019	1
		2019 estimated tax payments	
		Tax deposited with Form 8868	
	đ	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	
		Backup withholding (see instructions)	
		Credit for small employer health insurance premiums (attach Form 8941)	j·
	g	Other credits, adjustments, and payments: Form 2439	
		Form 4136 Other Total ▶ 51g	·
	52	Total payments. Add lines 51a through 51g	52 35,000.
	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	58'
	55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	35,000.
	56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 🍗 Refunded 🕽 🕨	35,000.
	Part	VI Statements Regarding Certain Activities and Other Information (see instructions)	V
	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	1 7
		FINCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign country	<u> </u>
		here 🔛	X
	58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
		If "Yes," see instructions for other forms the organization may have to file.	· -
		Enter the amount of tax-exempt interest received or accrued during the tax year > \$	
		Under panalties of perjury, I declare that I have examined this return, including accompanying schodules and statements, and to the best of my knowledge	a and bellef, it is true,
	Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	DI FASE 3
X	Here	11/16/20 EXECUTIVE DIRECTOR The property of th	the IRS discuss this return the IRS discuss this return to the IRS discuss this return to the IRS discuss this reparer shown below (see
ı		Signature of officer Date Title	uctions)? X Yes No
			PTIN
		Print/Type preparer's name Preparer's signature Date Check if self- employed	
	Paid	CRECORY W HAVES CRECORY W HAVES 11/16/20	P00054246
	Prep	diei	58-0673524
	Use	Only Firm's name MOORE STEPHENS TILLER LLC / Firm's EIN > 1960 SATELLITE BLVD., SULPE 3600	30-00/3324
			70) 995-8800
	923711 0		70) 995-8800 Form 990-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of inven	itory valuation N/A					
1 Inventory at beginning of year	1	<u> </u>	6 Inventory at end of year 6					
2 Purchases	2		7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3		from line 5. Enter here	and in l	Part I,			
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	acquired	for resale) apply to		_	
							-	1
5 Total. Add lines 1 through 4b Schedule C - Rent Income (From Real	Property and		ease	d With Real Prop	erty)		
(see instructions)			<u> </u>		· · · · · · · · · · · · · · · · · · ·			
1. Description of property								
(1)								
(2)			·					
_(3)								
(4)		-						
	2. Rent receiv	ed or accrued			1			
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	and personal property (if the percental personal property exceeds 50% or if at is based on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connect nd 2(b) (a	ted with the income in ittach schedule)	ח
(1)		-						
_(2)								
_(3)								
					1			
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)	1				
			2. Gross income from	1	Deductions directly control to debt-finance			
1. Description of debt-fini	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)						1	· · · · · ·	
(2)				1		<u> </u>		
_(3)						1		
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(4	8. Allocable deduct column 6 × total of co 3(a) and 3(b))	
(1)	·- <u>-</u>		%			1		
(2)	-	<u></u>	%		-		************	
(3)			%					
(4)			%					
	· -				nter here and on page 1, Part I, line 7, column (A)		inter here and on pag Part 1, line 7, column	
Totals				1	0	.		0.
Total dividends-received deductions and	cluded in column	8	•				-	0.
		-						10010

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)

1. Name of periodical	al	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 (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
otals 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
otals, Part II (lines 1-5)	▶	0.	0.		•		l c

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
<u>(1)</u>			%	
(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 15
	BUSINESS ACTIVITY	

PASS-THRU UNRELATED BUSINESS INCOME FROM ALTERNATIVE INVESTMENT PARTNERSHIP INVESTMENTS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 16
DESCRIPTION	NET INCOME OR (LOSS)
PASS-THRU UBTI - ORDINARY BUSINESS INCOME (LOSS)	24,765.
PASS-THRU UBTI - OTHER PORTFOLIO INCOME (LOSS)	-1,019.
PASS-THRU UBTI - ORDINARY BUSINESS INCOME (LOSS)	-39.
PASS-THRU UBTI - INTEREST INCOME	166.
PASS-THRU UBTI - OTHER PORTFOLIO INCOME (LOSS)	-529.
PASS-THRU UBTI - OTHER INCOME (LOSS)	-327.
PASS-THRU UBTI - ORDINARY BUSINESS INCOME (LOSS)	187.
PASS-THRU UBTI - OTHER INCOME (LOSS)	-1.
PASS-THRU UBTI - ORDINARY BUSINESS INCOME (LOSS)	-298.
PASS-THRU UBTI - OTHER PORTFOLIO INCOME (LOSS)	137.
PASS-THRU UBTI - ORDINARY BUSINESS INCOME (LOSS)	-15,488.
PASS-THRU UBTI - NET RENTAL REAL ESTATE INCOME	-2,587.
PASS-THRU UBTI - OTHER NET RENTAL INCOME (LOSS)	-30.
PASS-THRU UBTI - INTEREST INCOME	650.
PASS-THRU UBTI - DIVIDEND INCOME	841.
PASS-THRU UBTI - ROYALTIES	212.
PASS-THRU UBTI - OTHER PORTFOLIO INCOME (LOSS)	-42,798.
PASS-THRU UBTI - OTHER INCOME (LOSS)	-3,588.
PASS-THRU UBTI - ORDINARY BUSINESS INCOME (LOSS)	873.
PASS-THRU UBTI - INTEREST INCOME	606.
PASS-THRU UBTI - OTHER PORTFOLIO INCOME (LOSS)	-11,342.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-49,609.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

OMB No 1545-0123

Name

Employer identification number

_ THE SARTAIN LANIER FAMILY FOUNDATION INC 58-					6045056	
Did the corporation dispose of any investmen	Yes X No					
If "Yes," attach Form 8949 and see its instru-			r gain or loss			
Part I Short-Term Capital Gai	ns and Losses (See	instructions)				
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(6) Adjustments to dail	n	(h) Gain or (loss) Subtract column (e) from column (d) and	
This form may be easier to complete if you	Proceeds Cost of loss from Form(s) 8949.					
round off cents to whole dollars.	(Gallos prico)	(4 5 (14 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	7 27 17 1110 27 00101111 (9		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					146.	
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7	İ	4_		
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5		
6 Unused capital loss carryover (attach computa	ition)			6	146.	
	7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h					
Part II Long-Term Capital Gain	ns and Losses (See	instructions)				
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to gair		(h) Gain or (loss) Subtract	
This form may be easier to complete if you	Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,	column (e) from column (d) and combine the result with column (g)	
round off cents to whole dollars.	(Salos prico)	(Grotital busis)	Fart II, IIII 2, Coldnii 1(g	<u>, </u>	combine me 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			<u></u>		6,675.	
11 Enter gain from Form 4797, line 7 or 9				11_	10,228.	
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	l exchanges from Form 8824			13_		
14 Capital gain distributions				14		
15 Net long-term capital gain or (loss) Combine		n h		15	16,903.	
Part III Summary of Parts I and	<u> </u>					
16 Enter excess of net short-term capital gain (lin	e 7) over net long-term capita	il loss (line 15)	ļ	16	146.	
17 Net capital gain. Enter excess of net long-term	16,903.					
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	oper line on other returns	Į	18	17,049.	
Note: If losses exceed gains, see Capital Los.	ses in the instructions.					
LHA For Paperwork Reduction Act Notice,	see the Instructions for Form	1120.		s	chedule D (Form 1120) 2019	

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.

THE SARTAIN LA	NIER FAM	ILY FOUNI	ONI NOITAC	<u>C</u>		_ 58-6	045056
Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	low, see whether ation as Form 10 box to check	you received an 99-B Either will	y Form(s) 1099-B o show whether you	or substitute statem ir basis (usually you	ent(s) from r cost) was	your broker A su reported to the IF	ibstitute IS by your
Part I Short-Term. Transact	tions involving capit	al assets you held	1 year or less are ge	nerally short-term (see	instructions	s) For long-term	
transactions, see page 2 Note: You may aggregate a codes are required Enter the	e totals directly on \$	Schedule D, line 1a	i, you aren't required	I to report these trans	actions on Fe	orm 8949 (see instru	ctions)
You must check Box A, B, or C below. If you have more short-term transactions than we	Check only one bo Il fit on this page for on	 If more than one to e or more of the boxes 	oox applies for your shores, complete as many for	t-term transactions, comp ms with the same box che	llete a separate cked as you ne	e Form 8949, page 1, for eed	each applicable box
(A) Short-term transactions re	ported on Form(s	s) 1099-B showin	ig basis was repoi	rted to the IRS (see	Note abo	ove)	
(B) Short-term transactions re	ported on Form(s	i) 1099-B showin	ig basis wasn't re	eported to the IRS			
X (C) Short-term transactions no	ot reported to you	on Form 1099-	В	т		 	
1 (a) Description of property (Example 100 sh XYZ Co)	ription of property Date acquired Date sold or Proceeds Cost or other In column (a) enter a cod						
		(Mo , day, yr)		Note below and see Column (e) In the Instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
MAKENA CAPOITAL							
SPLITTER X,							
LP-PASS-THRU							146.
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			<u> </u>				
	 			 			
2 Totals. Add the amounts in colur	nne (d) (e) (e) e	ad (h) (eubtract		 			
negative amounts) Enter each to Schedule D, line 1b (if Box A abo	tal here and inclu	de on your			1	!	
above is checked), or line 3 (if B	-						146.

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

Social security number or taxpayer identification no.

THE SARTAIN LANIER FAMILY FOUNDATION INC

58-6045056

Before you check Box D, E, or F belo	w, see whether	you received any	Form(s) 1099-B	r substitute statem	ent(s) fron	your broker A su	bstitute			
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 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	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 (cions reported on F Schedule D, line 8a	orm(s) 1099-6 snowi i, you aren't required	to report these trans	actions on f	Form 8949 (see instru	ctions)			
You must check Box D, E, or F below. C	codes are required Enter the totals directly on Schedule D, line 8a, 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 rep	•	•	•	•	,,,,,,	,				
X (F) Long-term transactions not	reported to you	on Form 1099-B		·						
1 (a)	(b)	(c)	(d)	(e)		nt, if any, to gain or	(h)			
Description of property	Date acquired	Date sold or	Proceeds	Cost or other		ou enter an amount (g), enter a code in	Gain or (loss).			
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the	column (f). See instructions.	Subtract column (e)			
		(Mo , day, yr)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result			
				the instructions	Code(s)	Amount of adjustment	with column (g)			
VARIOUS						adjustilierit				
ALTERNATIVE			•							
INVESTMENTS-PASS-T			·							
HR		1-715		·			527.			
MAKENA CAPOITAL										
SPLITTER X,						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
LP-PASS-THRU							6,135.			
TAILWIND CAPITAL										
PARTNERS II,										
LP-PASS-TH							13.			
			-							

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)

<u>6,675.</u>

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

Form 8949 (2019)