

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **EAST CAROLINA UNIVERSITY EDUCATIONAL
FOUNDATION, INC.**

EIN or SSN
56-6061192

Name and title of officer or person subject to tax **RYAN ROBINSON
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | |
|-----------------------------|-------------------------------------|--|------------------|
| 1a Form 990 check here | <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b |
| 2a Form 990-EZ check here | <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| 3a Form 1120-POL check here | <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b |
| 4a Form 990-PF check here | <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5) | 4b |
| 5a Form 8868 check here | <input type="checkbox"/> | b Balance due (Form 8868, line 3c) | 5b |
| 6a Form 990-T check here | <input checked="" type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b 1,504. |
| 7a Form 4720 check here | <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1) | 7b |
| 8a Form 5227 check here | <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b |
| 9a Form 5330 check here | <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19) | 9b |
| 10a Form 8038-CP check here | <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **BERNARD ROBINSON & COMPANY, LLP** to enter my PIN **01192**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Ryan Robinson

Date **05/09/2024**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56589174910

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **BERNARD ROBINSON & COMPANY, LLP** Date **05/09/24**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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EXTENDED TO MAY 15, 2024

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

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

| | | | | |
|--|---|---------------|---|---|
| A <input type="checkbox"/> Check box if address changed. | B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A | Print or Type | Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) EAST CAROLINA UNIVERSITY FOUNDATION, INC Number, street, and room or suite no. If a P.O. box, see instructions. 2200 S. CHARLES BLVD #1100 City or town, state or province, country, and ZIP or foreign postal code GREENVILLE, NC 27858 | D Employer identification number 56-6093187 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return. |
| | | | C Book value of all assets at end of year 201,592,548. | |
| G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university | | | | |
| H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439 | | | | |
| I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/> | | | | |
| J Enter the number of attached Schedules A (Form 990-T) 1 | | | | |
| K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. | | | | |
| L The books are in care of BRITTANY STOCKSTILL Telephone number 252-737-4811 | | | | |

Part I Total Unrelated Business Taxable Income

| | | |
|--|----|--------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 1 | 0. |
| 2 Reserved | 2 | |
| 3 Add lines 1 and 2 | 3 | |
| 4 Charitable contributions (see instructions for limitation rules) STMT 1 | 4 | 0. |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 | 5 | |
| 6 Deduction for net operating loss. See instructions | 6 | 0. |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 | 7 | |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) | 8 | 1,000. |
| 9 Trusts. Section 199A deduction. See instructions | 9 | |
| 10 Total deductions. Add lines 8 and 9 | 10 | 1,000. |
| 11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero | 11 | 0. |

Part II Tax Computation

| | | |
|---|---|----|
| 1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) | 1 | 0. |
| 2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 2 | |
| 3 Proxy tax. See instructions | 3 | |
| 4 Other tax amounts. See instructions | 4 | |
| 5 Alternative minimum tax (trusts only) | 5 | |
| 6 Tax on noncompliant facility income. See instructions | 6 | |
| 7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies | 7 | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

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Form 990-T (2022)

Page **2**

Part III Tax and Payments

| | | | | |
|---|-----------|--|--|----|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 1a | | | |
| b Other credits (see instructions) | 1b | | | |
| c General business credit. Attach Form 3800 (see instructions) | 1c | | | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 1d | | | |
| e Total credits. Add lines 1a through 1d | 1e | | | |
| 2 Subtract line 1e from Part II, line 7 | 2 | | | 0. |
| 3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement) | 3 | | | |
| 4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here | 4 | | | 0. |
| 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) | 5 | | | 0. |
| 6a Payments: A 2021 overpayment credited to 2022 | 6a | | | |
| b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> | 6b | | | |
| c Tax deposited with Form 8868 | 6c | | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | | |
| e Backup withholding (see instructions) | 6e | | | |
| f Credit for small employer health insurance premiums (attach Form 8941) | 6f | | | |
| g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other | 6g | | | |
| 7 Total payments. Add lines 6a through 6g | 7 | | | |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 8 | | | |
| 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | | | |
| 10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid | 10 | | | |
| 11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded | 11 | | | |

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

| | | | |
|---|-----------------------------------|-----|----|
| 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority 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 | | Yes | No |
| | | | X |
| 2 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. | | | |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year | | | |
| 4 Enter available pre-2018 NOL carryovers here \$ <u>10,142.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. | | | |
| 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. | | | |
| Business Activity Code | Available post-2017 NOL carryover | | |
| 525990 | \$ 121,094. | | |
| | | | |
| 6a Did the organization change its method of accounting? (see instructions) | | | X |
| b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V | | | |

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| | | | | | |
|-------------------------------|--|----------------------|----------|---|---|
| Sign Here | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | | |
| | Signature of officer | Date | Title | PRESIDENT | <div style="border: 1px solid black; padding: 2px;"> May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | JOHN M. ROBINSON | JOHN M. ROBINSON | 05/09/24 | | P01281319 |
| | Firm's name BERNARD ROBINSON & COMPANY, LLP PO BOX 19608 | | | Firm's EIN 56-0571159 | |
| | Firm's address GREENSBORO, NC 27419-9608 | | | Phone no. 336-294-4494 | |

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EAST CAROLINA UNIVERSITY FOUNDATION, INC

56-6093187

| FORM 990-T | CONTRIBUTION LIMITATIONS | | STATEMENT | 1 |
|---------------------|---|--|------------------------|---|
| | CONTRIBUTIONS SUBJECT TO THE 10% LIMIT | QUALIFIED DISASTER RELIEF CONTRIBUTIONS | TOTAL CONTRIBUTIONS | |
| TOTAL CONTRIBUTIONS | 74. | 2. | 76. | |
| 10% TAXABLE INCOME | 0. | | | |
| CURRENT YEAR AMOUNT | 0. | -10,142. | 0. | |

| FORM 990-T | PRE-2018 NET OPERATING LOSS DEDUCTION | | | STATEMENT | 2 |
|-----------------------------------|---------------------------------------|-------------------------------|-------------------|------------------------|---|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR | |
| 06/30/15 | 12,806. | 12,806. | 0. | 0. | |
| 06/30/17 | 3,292. | 3,292. | 0. | 0. | |
| 06/30/18 | 16,844. | 6,702. | 10,142. | 10,142. | |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 10,142. | 10,142. | |

**SCHEDULE A
(Form 990-T)**Department of the Treasury
Internal Revenue Service**Unrelated Business Taxable Income
From an Unrelated Trade or Business**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).

OMB No. 1545-0047

2022Open to Public Inspection for
501(c)(3) Organizations Only

| | |
|---|---|
| A Name of the organization <div style="text-align: center;">EAST CAROLINA UNIVERSITY FOUNDATION, INC</div> | B Employer identification number <div style="text-align: center;">56-6093187</div> |
| C Unrelated business activity code (see instructions) 525990 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business **PARTNERSHIP AND OTHER PASSTHROUGH INVESTMENTS**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|--------------------|--------------|----------|
| 1 a Gross receipts or sales | | | |
| b Less returns and allowances c Balance | 1c | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions | 4a 13,533. | | 13,533. |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 STATEMENT 4 | 5 -41,158. | | -41,158. |
| 6 Rent income (Part IV) | 6 | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | |
| 11 Advertising income (Part IX) | 11 | | |
| 12 Other income (see instructions; attach statement) STMT 5 | 12 1,284. | | 1,284. |
| 13 Total. Combine lines 3 through 12 | 13 -26,341. | | -26,341. |

Part II **Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | |
|--|-----------|----------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | |
| 2 Salaries and wages | 2 | |
| 3 Repairs and maintenance | 3 | |
| 4 Bad debts | 4 | |
| 5 Interest (attach statement). See instructions | 5 | |
| 6 Taxes and licenses | 6 | |
| 7 Depreciation (attach Form 4562). See instructions | 7 | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | |
| 9 Depletion | 9 | |
| 10 Contributions to deferred compensation plans | 10 | |
| 11 Employee benefit programs | 11 | |
| 12 Excess exempt expenses (Part VIII) | 12 | |
| 13 Excess readership costs (Part IX) | 13 | |
| 14 Other deductions (attach statement) SEE STATEMENT 6 | 14 | 9,300. |
| 15 Total deductions. Add lines 1 through 14 | 15 | 9,300. |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | -35,641. |
| 17 Deduction for net operating loss. See instructions | 17 | 0. |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | -35,641. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold

Enter method of inventory valuation

| | | | |
|---|--|---|--|
| 1 | Inventory at beginning of year | 1 | |
| 2 | Purchases | 2 | |
| 3 | Cost of labor | 3 | |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | |
| 7 | Inventory at end of year | 7 | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2 | 8 | |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

| | | | | | |
|---|---|---|---|---|----|
| 1 | Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |
| 2 | Rent received or accrued | A | B | C | D |
| a | From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | | | | |
| b | From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | | | | |
| c | Total rents received or accrued by property. Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) | | | | 0. |
| 4 | Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 | Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) | | | | 0. |

Part V Unrelated Debt-Financed Income (see instructions)

| | | | | | |
|----|---|---|---|---|----|
| 1 | Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions. | | | | |
| A | <input type="checkbox"/> | | | | |
| B | <input type="checkbox"/> | | | | |
| C | <input type="checkbox"/> | | | | |
| D | <input type="checkbox"/> | | | | |
| 2 | Gross income from or allocable to debt-financed property | A | B | C | D |
| 3 | Deductions directly connected with or allocable to debt-financed property | | | | |
| a | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| c | Total deductions (add lines 3a and 3b, columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt-financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | | | |
| 8 | Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) | | | | 0. |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | | | | 0. |
| 11 | Total dividends-received deductions included in line 10 | | | | 0. |

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

| 1. Name of controlled organization | | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|--|-----------------------------------|---|-------------------------------------|---|--|
| | | | 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 | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

| Nonexempt Controlled Organizations | | | | |
|------------------------------------|---|-------------------------------------|--|--|
| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
| Totals | | | 0. | 0. |

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4) |
|--------------------------|---|---|----------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | Add amounts in column 2. Enter here and on Part I, line 9, column (A) | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| Totals | 0. | | | 0. |

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | | | |
|---|--|---|--|
| 1 | Description of exploited activity: _____ | | |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 | |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 | |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 | |
| 5 | Gross income from activity that is not unrelated business income | 5 | |
| 6 | Expenses attributable to income entered on line 5 | 6 | |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 | |

Schedule A (Form 990-T) 2022

| FORM 990-T (A) | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 3 |
|---|---------------------------------|-------------------------|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| NORTHGATE PRIVATE EQUITY PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS) | | -101. |
| NORTHGATE PRIVATE EQUITY PARTNERS, LP - OTHER INCOME (LOSS) | | -59. |
| FEG PRIVATE OPPORTUNITIES FUND LP - ORDINARY BUSINESS INCOME (LOSS) | | 766. |
| FEG PRIVATE OPPORTUNITIES FUND LP - NET RENTAL REAL ESTATE INCOME | | -6,345. |
| FEG PRIVATE OPPORTUNITIES FUND LP - INTEREST INCOME | | 393. |
| FEG PRIVATE OPPORTUNITIES FUND LP - OTHER INCOME (LOSS) | | 10,824. |
| FEG PRIVATE OPPORTUNITIES FUND II LP - ORDINARY BUSINESS INCOME (LOSS) | | -1,459. |
| FEG PRIVATE OPPORTUNITIES FUND II LP - NET RENTAL REAL ESTATE INCOME | | 90. |
| FEG PRIVATE OPPORTUNITIES FUND II LP - INTEREST INCOME | | 56. |
| FEG PRIVATE OPPORTUNITIES FUND II LP - DIVIDEND INCOME | | 49,254. |
| FEG PRIVATE OPPORTUNITIES FUND II LP - ROYALTIES | | 171. |
| FEG PRIVATE OPPORTUNITIES FUND II LP - OTHER INCOME (LOSS) | | -97. |
| FEG PRIVATE OPPORTUNITIES III, L.P. - ORDINARY BUSINESS INCOME (LOSS) | | 13,216. |
| FEG PRIVATE OPPORTUNITIES III, L.P. - NET RENTAL REAL ESTATE INCOME | | -282. |
| FEG PRIVATE OPPORTUNITIES III, L.P. - INTEREST INCOME | | 278. |
| FEG PRIVATE OPPORTUNITIES III, L.P. - DIVIDEND INCOME | | 5,183. |
| FEG PRIVATE OPPORTUNITIES III, L.P. - OTHER INCOME (LOSS) | | -54,502. |
| FALCON PRIVATE CREDIT OPPORTUNITIES VI,LP - ORDINARY BUSINESS INCOME (LOSS) | | 1,792. |
| FALCON PRIVATE CREDIT OPPORTUNITIES VI,LP - OTHER NET RENTAL INCOME (LOSS) | | 66. |
| FALCON PRIVATE CREDIT OPPORTUNITIES VI,LP - ROYALTIES | | 123. |
| FEG PRIVATE OPPORTUNITIES FUND IV, L.P. - ORDINARY BUSINESS INCOME (LOSS) | | -6,905. |
| FEG PRIVATE OPPORTUNITIES FUND IV, L.P. - NET RENTAL REAL ESTATE INCOME | | -13,026. |
| FEG PRIVATE OPPORTUNITIES FUND IV, L.P. - OTHER NET RENTAL INCOME (LOSS) | | 13. |
| FEG PRIVATE OPPORTUNITIES FUND IV, L.P. - INTEREST INCOME | | 990. |
| FEG PRIVATE OPPORTUNITIES FUND IV, L.P. - DIVIDEND INCOME | | 3. |
| FEG PRIVATE OPPORTUNITIES FUND IV, L.P. - ROYALTIES | | 1,340. |
| FEG PRIVATE OPPORTUNITIES FUND IV, L.P. - OTHER INCOME (LOSS) | | 809. |
| TWIN BRIDGE NARROW GATE FUND, LP - ORDINARY BUSINESS INCOME (LOSS) | | -37,755. |
| TWIN BRIDGE NARROW GATE FUND, LP - INTEREST INCOME | | 354. |
| TWIN BRIDGE NARROW GATE FUND, LP - DIVIDEND INCOME | | 264. |
| TWIN BRIDGE NARROW GATE FUND, LP - OTHER INCOME (LOSS) | | -5,198. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | | -39,744. |

| FORM 990-T (A) | INCOME (LOSS) FROM S CORPORATIONS | STATEMENT | 4 |
|----------------|-----------------------------------|-----------|---|
|----------------|-----------------------------------|-----------|---|

| DESCRIPTION | NET INCOME OR (LOSS) |
|--|-------------------------|
| JANUS DEVELOPMENT GROUP INC. - ORDINARY BUSINESS INCOME (LOSS) | -1,612. |
| JANUS DEVELOPMENT GROUP INC. - INTEREST INCOME | 1. |
| JANUS DEVELOPMENT GROUP INC. - DIVIDEND INCOME | 197. |
| TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5 | -1,414. |

| FORM 990-T (A) | OTHER INCOME | STATEMENT | 5 |
|----------------|--------------|-----------|---|
|----------------|--------------|-----------|---|

| DESCRIPTION | AMOUNT |
|--|--------|
| CANCELLATION OF DEBT - NORTHGATE PRIVATE EQUITY PARTNERS, LP | 1,284. |
| TOTAL TO SCHEDULE A, PART I, LINE 12 | 1,284. |

| FORM 990-T (A) | OTHER DEDUCTIONS | STATEMENT | 6 |
|----------------|------------------|-----------|---|
|----------------|------------------|-----------|---|

| DESCRIPTION | AMOUNT |
|---|--------|
| OTHER DEDUCTIONS - PORTFOLIO FROM FEG PRIVATE OPPORTUNITIES FUND LP | 21. |
| OTHER DEDUCTIONS - PORTFOLIO FROM FEG PRIVATE OPPORTUNITIES FUND II LP | 2,073. |
| OTHER DEDUCTIONS - PORTFOLIO FROM FEG PRIVATE OPPORTUNITIES III, L.P. | 3,582. |
| OTHER DEDUCTIONS - PORTFOLIO FROM FEG PRIVATE OPPORTUNITIES FUND IV, L.P. | 3,624. |
| TOTAL TO SCHEDULE A, PART II, LINE 14 | 9,300. |

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EAST CAROLINA UNIVERSITY FOUNDATION, INC

56-6093187

| 990-T SCH A | | POST-2017 NET OPERATING LOSS DEDUCTION | | | STATEMENT | 7 |
|-----------------------------------|----------------|--|-------------------|------------------------|-----------|---|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR | | |
| 06/30/19 | 57,791. | 0. | 57,791. | 57,791. | | |
| 06/30/20 | 4,971. | 0. | 4,971. | 4,971. | | |
| 06/30/21 | 58,332. | 0. | 58,332. | 58,332. | | |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 121,094. | 121,094. | | |

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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

2022

Name

EAST CAROLINA UNIVERSITY FOUNDATION, INC

Employer identification number

56-6093187

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and 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 | | | | -686. |
| 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-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | -686. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (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 Form(s) 8949 with Box F checked | | | | 278. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | 13,941. |
| 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 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 | 14,219. |

Part III Summary of Parts I and II

| | | |
|--|-----------|---------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 13,533. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 13,533. |

Note: If losses exceed gains, see *Capital Losses* in the instructions.

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

Schedule D (Form 1120) 2022

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification no.

56-6093187

EAST CAROLINA UNIVERSITY FOUNDATION, INC

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. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

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.

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Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2022

Attachment
Sequence No. **27**

Name(s) shown on return

Identifying number

EAST CAROLINA UNIVERSITY FOUNDATION, INC

56-6093187

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

1a

b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets

1b

c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|-----------------|---|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| SEE STATEMENT 8 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3 | Gain, if any, from Form 4684, line 39 | | | | | | 3 |
| 4 | Section 1231 gain from installment sales from Form 6252, line 26 or 37 | | | | | | 4 |
| 5 | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | | | | | | 5 |
| 6 | Gain, if any, from line 32, from other than casualty or theft | | | | | | 6 |
| 7 | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows | | | | | | 7 13,941. |
| | Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. | | | | | | |
| | Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | | | | | | |
| 8 | Nonrecaptured net section 1231 losses from prior years. See instructions | | | | | | 8 |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions | | | | | | 9 13,941. |

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | |
|-----------|--|--|--|--|--|---------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 11 | Loss, if any, from line 7 | | | | | 11 () |
| 12 | Gain, if any, from line 7 or amount from line 8, if applicable | | | | | 12 |
| 13 | Gain, if any, from line 31 | | | | | 13 |
| 14 | Net gain or (loss) from Form 4684, lines 31 and 38a | | | | | 14 |
| 15 | Ordinary gain from installment sales from Form 6252, line 25 or 36 | | | | | 15 |
| 16 | Ordinary gain or (loss) from like-kind exchanges from Form 8824 | | | | | 16 |
| 17 | Combine lines 10 through 16 | | | | | 17 |
| 18 | For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. | | | | | |
| | a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions | | | | | 18a |
| | b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 | | | | | 18b |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

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Form 4797 (2022) **EAST CAROLINA UNIVERSITY FOUNDATION, INC**

56-6093187

Page **2**

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|---|--------------------------------------|----------------------------------|
| A | | |
| B | | |
| C | | |
| D | | |
| These columns relate to the properties on lines 19A through 19D. | | |
| | Property A | Property B |
| | Property C | Property D |
| 20 Gross sales price (Note: See line 1a before completing.) | 20 | |
| 21 Cost or other basis plus expense of sale | 21 | |
| 22 Depreciation (or depletion) allowed or allowable | 22 | |
| 23 Adjusted basis. Subtract line 22 from line 21 | 23 | |
| 24 Total gain. Subtract line 23 from line 20 | 24 | |
| 25 If section 1245 property: | | |
| a Depreciation allowed or allowable from line 22 | 25a | |
| b Enter the smaller of line 24 or 25a | 25b | |
| 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | |
| a Additional depreciation after 1975. See instructions | 26a | |
| b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | |
| c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | |
| d Additional depreciation after 1969 and before 1976 | 26d | |
| e Enter the smaller of line 26c or 26d | 26e | |
| f Section 291 amount (corporations only) | 26f | |
| g Add lines 26b, 26e, and 26f | 26g | |
| 27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | |
| a Soil, water, and land clearing expenses | 27a | |
| b Line 27a multiplied by applicable percentage | 27b | |
| c Enter the smaller of line 24 or 27b | 27c | |
| 28 If section 1254 property: | | |
| a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | |
| b Enter the smaller of line 24 or 28a | 28b | |
| 29 If section 1255 property: | | |
| a Applicable percentage of payments excluded from income under section 126. See instructions | 29a | |
| b Enter the smaller of line 24 or 29a. See instructions | 29b | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | |
|---|-----------|--|
| 30 Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

| | | (a) Section 179 | (b) Section 280F(b)(2) |
|---|-----------|--------------------|---------------------------|
| 33 Section 179 expense deduction or depreciation allowable in prior years | 33 | | |
| 34 Recomputed depreciation. See instructions | 34 | | |
| 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | | |

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EAST CAROLINA UNIVERSITY FOUNDATION, INC

56-6093187

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT

8

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
|---|------------------|--------------|----------------|-------|------------------|-----------------|
| FEG PRIVATE OPPORTUNITIES FUND LP | | | | | | 6,760. |
| FEG PRIVATE OPPORTUNITIES FUND II LP | | | | | | 3,951. |
| FEG PRIVATE OPPORTUNITIES III, L.P. | | | | | | 5,924. |
| FALCON PRIVATE CREDIT OPPORTUNITIES | | | | | | -2,267. |
| FEG PRIVATE OPPORTUNITIES FUND IV, L.P. | | | | | | -428. |
| TWIN BRIDGE NARROW GATE FUND, LP | | | | | | 1. |
| TOTAL TO 4797, PART I, LINE 2 | | | | | | 13,941. |

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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

2022

Name

EAST CAROLINA UNIVERSITY FOUNDATION, INC

Employer identification number

56-6093187

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and 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 | | | | -686. |
| 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-kind exchanges from Form 8824 | | | 5 | |
| 6 Unused capital loss carryover (attach computation) | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h | | | 7 | -686. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (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 Form(s) 8949 with Box F checked | | | | 278. |
| 11 Enter gain from Form 4797, line 7 or 9 | | | 11 | 13,941. |
| 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 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 | 14,219. |

Part III Summary of Parts I and II

| | | |
|--|-----------|---------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) | 16 | |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | 17 | 13,533. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns | 18 | 13,533. |

Note: If losses exceed gains, see *Capital Losses* in the instructions.

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

Schedule D (Form 1120) 2022

Sales and Other Dispositions of Capital Assets

8949

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.

2022

Attachment
Sequence No. **12A**

Social security number or taxpayer identification no.

56-6093187

EAST CAROLINA UNIVERSITY FOUNDATION, INC

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

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 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)

<686.>

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.

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Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2022

Attachment
Sequence No. **27**

Name(s) shown on return

Identifying number

EAST CAROLINA UNIVERSITY FOUNDATION, INC

56-6093187

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

1a

b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets

1b

c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|-----------------|---|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| SEE STATEMENT 9 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 3 | Gain, if any, from Form 4684, line 39 | | | | | | 3 |
| 4 | Section 1231 gain from installment sales from Form 6252, line 26 or 37 | | | | | | 4 |
| 5 | Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | | | | | | 5 |
| 6 | Gain, if any, from line 32, from other than casualty or theft | | | | | | 6 |
| 7 | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows | | | | | | 7 13,941. |
| | Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. | | | | | | |
| | Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | | | | | | |
| 8 | Nonrecaptured net section 1231 losses from prior years. See instructions | | | | | | 8 |
| 9 | Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions | | | | | | 9 13,941. |

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| | | | | | | |
|-----------|--|--|--|--|--|---------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 11 | Loss, if any, from line 7 | | | | | 11 () |
| 12 | Gain, if any, from line 7 or amount from line 8, if applicable | | | | | 12 |
| 13 | Gain, if any, from line 31 | | | | | 13 |
| 14 | Net gain or (loss) from Form 4684, lines 31 and 38a | | | | | 14 |
| 15 | Ordinary gain from installment sales from Form 6252, line 25 or 36 | | | | | 15 |
| 16 | Ordinary gain or (loss) from like-kind exchanges from Form 8824 | | | | | 16 |
| 17 | Combine lines 10 through 16 | | | | | 17 |
| 18 | For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. | | | | | |
| | a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions | | | | | 18a |
| | b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 | | | | | 18b |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

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Form 4797 (2022) **EAST CAROLINA UNIVERSITY FOUNDATION, INC**

56-6093187

Page **2**

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|---|--------------------------------------|----------------------------------|
| A | | |
| B | | |
| C | | |
| D | | |
| These columns relate to the properties on lines 19A through 19D. | Property A | Property B |
| Property C | Property D | |
| 20 Gross sales price (Note: See line 1a before completing.) | 20 | |
| 21 Cost or other basis plus expense of sale | 21 | |
| 22 Depreciation (or depletion) allowed or allowable | 22 | |
| 23 Adjusted basis. Subtract line 22 from line 21 | 23 | |
| 24 Total gain. Subtract line 23 from line 20 | 24 | |
| 25 If section 1245 property: | | |
| a Depreciation allowed or allowable from line 22 | 25a | |
| b Enter the smaller of line 24 or 25a | 25b | |
| 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | |
| a Additional depreciation after 1975. See instructions | 26a | |
| b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions | 26b | |
| c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e | 26c | |
| d Additional depreciation after 1969 and before 1976 | 26d | |
| e Enter the smaller of line 26c or 26d | 26e | |
| f Section 291 amount (corporations only) | 26f | |
| g Add lines 26b, 26e, and 26f | 26g | |
| 27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. | | |
| a Soil, water, and land clearing expenses | 27a | |
| b Line 27a multiplied by applicable percentage | 27b | |
| c Enter the smaller of line 24 or 27b | 27c | |
| 28 If section 1254 property: | | |
| a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a | |
| b Enter the smaller of line 24 or 28a | 28b | |
| 29 If section 1255 property: | | |
| a Applicable percentage of payments excluded from income under section 126. See instructions | 29a | |
| b Enter the smaller of line 24 or 29a. See instructions | 29b | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | |
|--|-----------|--|
| 30 Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

| | | (a) Section 179 | (b) Section 280F(b)(2) |
|--|-----------|-----------------|------------------------|
| 33 Section 179 expense deduction or depreciation allowable in prior years | 33 | | |
| 34 Recomputed depreciation. See instructions | 34 | | |
| 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 | | |

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EAST CAROLINA UNIVERSITY FOUNDATION, INC

56-6093187

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 9

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
|---|------------------|--------------|----------------|-------|------------------|-----------------|
| FEG PRIVATE OPPORTUNITIES FUND LP | | | | | | 6,760. |
| FEG PRIVATE OPPORTUNITIES FUND II LP | | | | | | 3,951. |
| FEG PRIVATE OPPORTUNITIES III, L.P. | | | | | | 5,924. |
| FALCON PRIVATE CREDIT OPPORTUNITIES | | | | | | -2,267. |
| FEG PRIVATE OPPORTUNITIES FUND IV, L.P. | | | | | | -428. |
| TWIN BRIDGE NARROW GATE FUND, LP | | | | | | 1. |
| TOTAL TO 4797, PART I, LINE 2 | | | | | | 13,941. |