

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

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

▶ 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).

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>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)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE WINSTON-SALEM FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 751 W. FOURTH STREET, NO. 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code WINSTON-SALEM, NC 27101-2702</p>	<p>D Employer identification number (Employees' trust, see instructions.) 56-6037615</p> <p>E Unrelated business activity code (See instructions.) 900099</p>
--	------------------------------	---	---

C Book value of all assets at end of year: **564,558,427.**

F Group exemption number (See instructions.) ▶ _____

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. 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.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **THE WINSTON-SALEM FOUNDATION** Telephone number ▶ **336-725-2382**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5 1,088,085.		1,088,085.
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 1,088,085.		1,088,085.

Part II 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 Salaries 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)	20	
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	1,088,085.
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	1,088,085.

Part III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	1,088,085.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 4 STMT 5	34	868,956.
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	219,129.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 3	36	218,129.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	1,000.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV 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: 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.

Part V Tax and Payments			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. 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 schedule)	48	
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	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	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 Refunded	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
57	At any time during the 2019 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		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? If "Yes," see instructions for other forms the organization may have to file.		X
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 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.

Sign Here	Signature of officer	Date	VP, FINANCE AND ADMINISTRATION	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	DAVID VOGLER	10/31/20	DAVID VOGLER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Check if self-employed	PTIN
	DAVID VOGLER	DAVID VOGLER	<input type="checkbox"/>	P00187735
	Firm's name DIXON HUGHES GOODMAN LLP	Firm's EIN 56-0747981	100 N. MAIN STREET, SUITE 2300	
Firm's address WINSTON-SALEM, NC 27101	Phone no. 336-714-8100			

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	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)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		0.		0.
Total dividends-received deductions included in column 8				0.

Schedule F - 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 page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 25.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

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	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)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

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

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

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

INVESTMENT INCOME AND CAPITAL GAINS (LOSSES)

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

THE TAXPAYER ELECTS TO DEDUCT QUALIFIED CONTRIBUTIONS OF UP TO 100% OF TAXABLE INCOME REDUCED BY OTHER ALLOWABLE CONTRIBUTIONS, AS ALLOWED PER THE TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT OF 2019, SEC. 204(A). THE TAXPAYER HAS CONTEMPORANEOUS WRITTEN ACKNOWLEDGEMENT SUPPORTING A DISASTER RELIEF CHARITABLE CONTRIBUTION OF \$5,000,000, MADE IN 2019.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	34,459.	34,459.	0.	0.
12/31/13	46,729.	46,729.	0.	0.
12/31/14	520,662.	520,662.	0.	0.
12/31/15	361,234.	249,721.	111,513.	111,513.
12/31/17	106,616.	0.	106,616.	106,616.
NOL CARRYOVER AVAILABLE THIS YEAR			218,129.	218,129.

FORM 990-T CONTRIBUTIONS STATEMENT 4

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
SAMARITAN'S PURSE	N/A	5,000,000.
SALEM ACADEMY & COLLEGE	N/A	1,361,537.
TOTAL TO FORM 990-T, PAGE 2, LINE 34		6,361,537.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 5

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT	5,000,000	
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2014	1,000,000	
FOR TAX YEAR 2015	4,451,509	
FOR TAX YEAR 2016	3,799,764	
FOR TAX YEAR 2017	2,366,950	
FOR TAX YEAR 2018	4,921,317	
TOTAL CARRYOVER	16,539,540	
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	1,361,537	
TOTAL CONTRIBUTIONS AVAILABLE	22,901,077	
TAXABLE INCOME LIMITATION AS ADJUSTED	868,956	
EXCESS CONTRIBUTIONS	22,032,121	
EXCESS 100% CONTRIBUTIONS	4,217,940	
TOTAL EXCESS CONTRIBUTIONS	22,032,121	
ALLOWABLE CONTRIBUTIONS DEDUCTION		868,956
TOTAL CONTRIBUTION DEDUCTION		868,956

Foreign Tax Credit - Corporations

▶ Attach to the corporation's tax return.
 ▶ Go to www.irs.gov/Form1118 for instructions and the latest information.
 For calendar year 2019, or other tax year beginning, and ending

Name of corporation: **THE WINSTON-SALEM FOUNDATION** Employer identification number: **56-6037615**

Use a separate Form 1118 for each applicable category of income (see instructions).
 a Separate Category (Enter code - see instructions) **PAS**
 b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions)
 c If code RBT is entered on line a, enter the country code for the treaty country (see instructions)

Schedule A Income or (Loss) Before Adjustments (Report all amounts in U.S. dollars. See Specific Instructions .)						
1. EIN or Reference ID Number (see instructions)*	2. Foreign Country or U.S. Possession (enter two-letter code - use a separate line for each) (see instructions)	Gross Income or (Loss) From Sources Outside the United States				5. Interest
		3. Inclusions Under Sections 951(a)(1) and 951A (see instructions)		4. Dividends (see instructions)		
		(a) Exclude Gross-Up	(b) Gross-Up (section 78)	(a) Exclude Gross-Up	(b) Gross-Up (section 78)	
A	OC					
B						
C						
Totals (add lines A through C) ▶						
6. Gross Rents, Royalties, and License Fees	7. Sales	8. Gross Income From Performance of Service	9. Section 986(c) Gain or Loss	10. Section 987 Gain or Loss	11. Section 988 Gain or Loss	12. Other (attach schedule)
A						1,543,999.
B						
C						
Tot						1,543,999.
13. Total (add columns 3(a) through 12)	14. Allocable Deductions					(f) Expenses Allocable to Sales Income
	(a) Dividends Received Deduction (see instructions)	(b) Deduction Allowed Under Section 250(a)(1)(A) - Foreign Derived Intangible Income	(c) Deduction Allowed Under Section 250(a)(1)(B) - Global Intangible Low-Taxed Income	Rental, Royalty, and Licensing Expenses		
				(d) Depreciation, Depletion, and Amortization	(e) Other Allocable Expenses	
A	1,543,999.				716,089.	
B						
C						
Tot						716,089.
14. Allocable Deductions (continued)			15. Apportioned Share of Deductions (enter amount from applicable line of Schedule H Part II, column (d))	16. Net Operating Loss Deduction	17. Total Deductions (add columns 14(i) through 16)	18. Total Income or (Loss) Before Adjustments (subtract column 17 from column 13)
(g) Expenses Allocable to Gross Income From Performance of Services	(h) Other Allocable Deductions	(i) Total Allocable Deductions (add columns 14(a) through 14(h))				
A		716,089.			716,089.	827,910.
B						
C						
Tot			716,089.		716,089.	827,910.

* For section 863(b) income, NOLs, income from RICs, high-taxed income, section 965, and section 951A, use a single line (see instructions).
 For Paperwork Reduction Act Notice, see the Instructions. Form **1118** (Rev. 12-2018)

Schedule B Foreign Tax Credit (Report all foreign tax amounts in U.S. dollars.)

Part I - Foreign Taxes Paid, Accrued, and Deemed Paid (see instructions)

1. Credit Is Claimed for Taxes (check one): <input checked="" type="checkbox"/> Date Paid <input checked="" type="checkbox"/> Date Accrued		2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used) Tax Withheld at Source on:					
		(a) Dividends	(b) Distributions of Previously Taxed Income	(c) Branch Remittances	(d) Interest	(e) Rents, Royalties, and License Fees	(f) Other
A	12/31/19 12/31/19	109,705.					
B							
C							
Totals (add lines A through C) ▶		109,705.					

2. Foreign Taxes Paid or Accrued (attach schedule showing amounts in foreign currency and conversion rate(s) used) Other Foreign Taxes Paid or Accrued on:				3. Tax Deemed Paid (see instructions)
(g) Sales	(h) Services Income	(i) Other	(j) Total Foreign Taxes Paid or Accrued (add columns 2(a) through 2(i))	
A			109,705.	
B				
C				
Tot			109,705.	

Part II - Separate Foreign Tax Credit (Complete a separate Part II for each applicable category of income.)

1a Total foreign taxes paid or accrued (total from Part I, column 2(j))	109,705.	
b Foreign taxes paid or accrued by the corporation during prior tax years that were suspended due to the rules of section 909 and for which the related income is taken into account by the corporation during the current tax year (see instructions)		
2 Total taxes deemed paid (total from Part I, column 3)		
3 Reductions of taxes paid, accrued, or deemed paid (enter total from Schedule G)	()	
4 Taxes reclassified under high-tax kickout		
5 Enter the sum of any carryover of foreign taxes (from Schedule K, line 3, column (xiv), and from Schedule I, Part III, line 3) plus any carrybacks to the current tax year	654,485.	
6 Total foreign taxes (combine lines 1a through 5)		764,190.
7 Enter the amount from the applicable column of Schedule J, Part I, line 11 (see instructions). If Schedule J is not required to be completed, enter the result from the "Totals" line of column 18 of the applicable Schedule A		827,910.
8a Total taxable income from all sources (enter taxable income from the corporation's tax return)		
b Adjustments to line 8a (see instructions)		
c Subtract line 8b from line 8a		
9 Divide line 7 by line 8c. Enter the resulting fraction as a decimal (see instructions). If line 7 is greater than line 8c, enter 1		1.000000
10 Total U.S. income tax against which credit is allowed (regular tax liability (see section 26(b)) minus any American Samoa economic development credit)		0.
11 Credit limitation (multiply line 9 by line 10) (see instructions)		0.
12 Separate foreign tax credit (enter the smaller of line 6 or line 11). Enter here and on the appropriate line of Part III		0.

**SCHEDULE K
(Form 1118)**

Foreign Tax Carryover Reconciliation Schedule

(Rev. December 2018)

For calendar year 2019, or other tax year beginning _____, and ending _____

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.
▶ Attach to Form 1118.

▶ Go to www.irs.gov/Form1118 for instructions and the latest information.

Name of corporation

THE WINSTON-SALEM FOUNDATION

Employer Identification number
56-6037615

Use a separate Schedule K (Form 1118) for each category of income (see instructions).

- a Separate Category (enter code - see instructions) _____
- b If code 901j is entered on line a, enter the country code for the sanctioned country (see instructions) _____
- c If code RBT is entered on line a, enter the country code for the treaty country (see instructions) _____

▶ PAS

▶ _____

Foreign Tax Carryover Reconciliation	(i) 10th Preceding Tax Year	(ii) 9th Preceding Tax Year	(iii) 8th Preceding Tax Year	(iv) 7th Preceding Tax Year	(v) 6th Preceding Tax Year	(vi) 5th Preceding Tax Year	(vii) Subtotal (add columns (i) through (vi))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule K (see instrs.))			19,510.	53,624.	54,337.	82,859.	210,330.
2 Adjustments to line 1 (enter description - see instructions):							
a Carryback adjustment (see instructions)							
b Adjustments for section 905(c) redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2)			19,510.	53,624.	54,337.	82,859.	210,330.
4 Foreign tax carryover used in current tax year (enter as a negative number)							
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year							
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.	- 0 -		19,510.	53,624.	54,337.	82,859.	210,330.

For Paperwork Reduction Act Notice, see the instructions for Form 1118.

Schedule K (Form 1118) (Rev. 12-2018)

Foreign Tax Carryover Reconciliation (continued)	(viii) Subtotal from page 1 (enter the amounts from column (vii) on page 1)	(ix) 4th Preceding Tax Year	(x) 3rd Preceding Tax Year	(xi) 2nd Preceding Tax Year	(xii) 1st Preceding Tax Year	(xiii) Current Tax Year	(xiv) Totals (add columns (viii) through (xiii))
1 Foreign tax carryover from the prior tax year (enter amounts from the appropriate columns of line 8 of the prior year Schedule K (see instrs.))	210,330.	67,738.	160,225.	77,385.	138,807.		654,485.
2 Adjustments to line 1 (enter description - see instructions):							
a Carryback adjustment (See instructions)							
b Adjustments for section 905(c) redeterminations (see instructions)							
c							
d							
e							
f							
g							
3 Adjusted foreign tax carryover from prior tax year (combine lines 1 and 2). Include the column (xiv) total on the current year Form 1118, Schedule B, Part II, line 5.	210,330.	67,738.	160,225.	77,385.	138,807.		654,485.
4 Foreign tax carryover used in current tax year (enter as a negative number)							0.
5 Foreign tax carryover expired unused in current tax year (enter as a negative number)							
6 Foreign tax carryover generated in current tax year						109,705.	109,705.
7 Actual or estimated amount of line 6 to be carried back to prior tax year (enter as a negative number)							
8 Foreign tax carryover to the following tax year. Combine lines 3 through 7.	210,330.	67,738.	160,225.	77,385.	138,807.	109,705.	764,190.

FORM 1118	SCHEDULE A - OTHER INCOME OR (LOSS) BEFORE ADJUSTMENTS	STATEMENT 4
<hr/>	<hr/>	<hr/>
<u>TYPE OF GROSS INCOME</u>	<u>FOREIGN COUNTRY INCOME SOURCED FROM</u>	<u>AMOUNT</u>
FROM PARTNERSHIP K-1'S	OTHER COUNTRIES	1,543,999.
TOTAL TO SCHEDULE A, COLUMN 12		<u>1,543,999.</u>

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor THE WINSTON-SALEM FOUNDATION	Identifying number (see instructions) 56-6037615
---	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
CANYON BALANCED ASP FUND	47-2736277

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

Name of transferee (foreign corporation) CANYON BALANCED FUND (CAYMAN) LTD	5a Identifying number, if any 98-0665317
--	--

6 Address (including country) PO BOX 309, UGLAND HOUSE, SOUTH CHURCH STREET GEORGETOWN, GRAND CAYMAN KYI-1104 CAYMAN ISLANDS	5b Reference ID number
---	------------------------

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
CORPORATION

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	07/01/2019		747,156.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**
- 12 a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____
- 13** Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before _____ % (b) After _____ %
- 17 Type of nonrecognition transaction (see instructions) ▶ **SECTION 351**
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

Reportable Transaction Disclosure Statement

▶ **Attach to your tax return.** ▶ **See separate instructions.**

▶ **Go to www.irs.gov/Form8886 for instructions and the latest information.**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

THE WINSTON-SALEM FOUNDATION

56-6037615

Number, street, and room or suite no.

751 W. FOURTH STREET, NO. 200

City or town, state, and ZIP code

WINSTON-SALEM, NC 27101-2702

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 1 of 3

B Enter the form number of the tax return to which this form is attached or related ▶ 990
 Enter the year of the tax return identified above ▶ 2019
 Is this Form 8886 being filed with an amended tax return? Yes No

C Check the box(es) that apply. See instructions. Initial year filer Protective disclosure

1a Name of reportable transaction

IRC SEC. 165 LOSS ON FULL DISPOSITION

1b Initial year participated in transaction

2019

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.

- a** Listed **c** Contractual protection **e** Transaction of interest
b Confidential **d** Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶ _____

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ 3

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

- a** Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign

b Name

▶ **GLOBAL ENDOWMENT FUND II, LP**

c Employer identification number (EIN), if known ▶

26-1741307

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶

NONE

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		

Number, street, and room or suite no.

City or town, State, and ZIP code

b Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- Deductions
- Capital loss
- Ordinary loss
- Exclusions from gross income
- Nonrecognition of gain
- Adjustments to basis
- Absence of adjustments to basis
- Deferral
- Other _____
- Tax credits

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions \$ -147,585.

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions

d Enter your total investment or basis in the transaction. See instructions \$

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

TAXPAYER IS A PARTNER IN GLOBAL ENDOWMENT FUND II, LP. THE FUND HOLDS INVESTMENTS IN VARIOUS EXTERNAL PARTNERSHIP INVESTMENTS. DURING THE TAX YEAR 2019, IT WAS DETERMINED BY THE EXTERNAL PARTNERSHIP THAT ONE OF THE FUND'S INDIRECT INVESTMENTS, NINE TEN PARTNERS, LP, WAS WORTHLESS. THIS DETERMINATION THAT THE INVESTMENT BECAME WORTHLESS RESULTED IN A SEC. 165 LOSS WHICH EXCEEDS THE RELEVANT \$2,000,000 REPORTABLE LOSS THRESHOLD. THE TRANSACTION IS BEING REPORTED SINCE IT DOES NOT MEET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2013-11.

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: Tax-exempt Foreign Related

Name _____ Identifying number _____

Address _____

Description _____

b Type of individual or entity: Tax-exempt Foreign Related

Name _____ Identifying number _____

Address _____

Description _____

Reportable Transaction Disclosure Statement

▶ **Attach to your tax return.** ▶ **See separate instructions.**

▶ **Go to www.irs.gov/Form8886 for instructions and the latest information.**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

THE WINSTON-SALEM FOUNDATION

56-6037615

Number, street, and room or suite no.

751 W. FOURTH STREET, NO. 200

City or town, state, and ZIP code

WINSTON-SALEM, NC 27101-2702

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 2 of 3

B Enter the form number of the tax return to which this form is attached or related ▶ 990
 Enter the year of the tax return identified above ▶ 2019
 Is this Form 8886 being filed with an amended tax return? Yes No

C Check the box(es) that apply. See instructions. Initial year filer Protective disclosure

1a Name of reportable transaction
IRC SEC. 165 LOSS ON FULL DISPOSITION

1b Initial year participated in transaction
2019

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.
a Listed **c** Contractual protection **e** Transaction of interest
b Confidential **d** Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶ _____

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ _____

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

a Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign

b Name
 ▶ **GLOBAL ENDOWMENT FUND II, LP**

c Employer identification number (EIN), if known ▶ **26-1741307**

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶ **NONE**

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		

Number, street, and room or suite no.

City or town, State, and ZIP code

b Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- Deductions, Exclusions from gross income, Absence of adjustments to basis, Tax credits, Capital loss, Nonrecognition of gain, Deferral, Ordinary loss, Adjustments to basis, Other

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions \$ -126,084.

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions

d Enter your total investment or basis in the transaction. See instructions \$

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

TAXPAYER IS A PARTNER IN GLOBAL ENDOWMENT FUND II, LP. THE FUND HOLDS INVESTMENTS IN VARIOUS EXTERNAL PARTNERSHIP INVESTMENTS. DURING THE TAX YEAR 2019, IT WAS DETERMINED BY THE EXTERNAL PARTNERSHIP THAT ONE OF THE FUND'S INDIRECT INVESTMENTS, JASPER PARENT LLC, WAS WORTHLESS. THIS DETERMINATION THAT THE INVESTMENT BECAME WORTHLESS RESULTED IN A SEC. 165 LOSS WHICH EXCEEDS THE RELEVANT \$2,000,000 REPORTABLE LOSS THRESHOLD. THE TRANSACTION IS BEING REPORTED SINCE IT DOES NOT MEET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2013-11.

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: Tax-exempt Foreign Related

Name Identifying number

Address

Description

b Type of individual or entity: Tax-exempt Foreign Related

Name Identifying number

Address

Description

Reportable Transaction Disclosure Statement

▶ **Attach to your tax return.** ▶ **See separate instructions.**

▶ **Go to www.irs.gov/Form8886 for instructions and the latest information.**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

THE WINSTON-SALEM FOUNDATION

56-6037615

Number, street, and room or suite no.

751 W. FOURTH STREET, NO. 200

City or town, state, and ZIP code

WINSTON-SALEM, NC 27101-2702

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 3 of 3

B Enter the form number of the tax return to which this form is attached or related ▶ 990
 Enter the year of the tax return identified above ▶ 2019

Is this Form 8886 being filed with an amended tax return? Yes No

C Check the box(es) that apply. See instructions. Initial year filer Protective disclosure

1a Name of reportable transaction

IRC SEC. 165 LOSS ON FULL DISPOSITION

1b Initial year participated in transaction

2019

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply. See instructions.

- a** Listed **c** Contractual protection **e** Transaction of interest
b Confidential **d** Loss

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶ _____

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ _____

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(ies). See instructions. (Attach additional sheets, if necessary.)

- a** Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign

b Name

▶ **GLOBAL ENDOWMENT FUND II, LP**

c Employer identification number (EIN), if known ▶

26-1741307

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶

NONE

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		

Number, street, and room or suite no.

City or town, State, and ZIP code

b Name	Identifying number (if known)	Fees paid \$
Number, street, and room or suite no.		

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply. See instructions.

- Deductions, Exclusions from gross income, Absence of adjustments to basis, Tax credits, Capital loss, Nonrecognition of gain, Deferral, Ordinary loss, Adjustments to basis, Other

b Enter the total dollar amount of your tax benefits identified in 7a. See instructions \$ -60,168.

c Enter the anticipated number of years the transaction provides the tax benefits stated in 7b. See instructions

d Enter your total investment or basis in the transaction. See instructions \$

e Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

TAXPAYER IS A PARTNER IN GLOBAL ENDOWMENT FUND II, LP. THE FUND HOLDS INVESTMENTS IN VARIOUS EXTERNAL PARTNERSHIP INVESTMENTS. DURING THE TAX YEAR 2019, IT WAS DETERMINED BY THE EXTERNAL PARTNERSHIP THAT ONE OF THE FUND'S INDIRECT INVESTMENTS, BRAND RETAIL GROUP HOLIDAY BV, WAS WORTHLESS. THIS DETERMINATION THAT THE INVESTMENT BECAME WORTHLESS RESULTED IN A SEC. 165 LOSS WHICH EXCEEDS THE RELEVANT \$2,000,000 REPORTABLE LOSS THRESHOLD. THE TRANSACTION IS BEING REPORTED SINCE IT DOES NOT MEET ANY OF THE SPECIFIED EXCEPTIONS PROVIDED IN REV. PROC. 2013-11.

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es). See instructions. Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: Tax-exempt Foreign Related

Name Identifying number

Address

Description

b Type of individual or entity: Tax-exempt Foreign Related

Name Identifying number

Address

Description