Form	Form 990-T Exempt Organization Business Income Tax Return								OMB No. 1545-0687
			•	nd proxy tax und					0045
		For ca	lendar year 2015 or other tax y			, and ending JUN		_ ·	2015
	tment of the Treasury		Information about F	Ļ	Open to Public Inspection for				
_	al Revenue Service		Do not enter SSN number						501(c)(3) Organizations Only oyer identification number
A [2	Check box if address changed		Name of organization (L	Emp	oyer identification number loyees' trust, see uctions.)				
	empt under section	Print	TRIANGLE COMMUNI	56-1380796					
х	501(c)(3)	or Type	Number, street, and room	E Unrelated business activity codes (See instructions.)					
	408(e) 220(e)	"	PO BOX 12729						
	408A □ 530(a)		City or town, state or pro						
	529(a) ok value of all assets		DURHAM, NC 2770					90009	99
C at e	end of year		p exemption number (See		<u> </u>		104/)		
			k organization type			501(c) trust	401(a) trust	L	Other trust
			ary unrelated business act						
			ooration a subsidiary in an		it-subsi	diary controlled group?	▶ ∟	Ye	es X No
			tifying number of the pare	nt corporation.		Talanka	ne number 🕨 91	0 47	4 0270
	e books are in care of rt I Unrelate		de or Business In		1	(A) Income	(B) Expenses		(C) Net
	Gross receipts or sal		ue or business in			(A) modilio	(B) Expended		(6) 1101
	Less returns and allo			c Balance ►	1c				
			e A, line 7)		2				
3	Gross profit. Subtrac				3				
			ch Schedule D)		4a	9,870.			9,870.
			Part II, line 17) (attach Forr		4b	-,			,,,,,,
			sts		4c				
					5	48,426.			48,426.
6	Income (loss) from partnerships and S corporations (attach statement)					,			,
7	Unrelated debt-finance	ced inco	me (Schedule E)		7				
8			and rents from controlled		8				
9	Investment income of	f a section	on 501(c)(7), (9), or (17) o	organization (Schedule G)	9				
10	Exploited exempt act	ivity inco	ome (Schedule I)		10				
11			e J)		11				
12	Other income (See in	struction	ns; attach schedule)		12				
13	Total. Combine lines	s 3 throu	ıgh 12		13	58,296.			58,296.
Pa			ot Taken Elsewhe						
			utions, deductions mus	<u> </u>					
14			rectors, and trustees (Sch					14	
15								15	
16								16	
17								17	
18								18	
19	Charitable contribut							19	
20 21			e instructions for limitation					20	
22			562) n Schedule A and elsewhe					22b	
23								23	
24	Contributions to def	ferred co	mpensation plans					24	
25								25	
26	Employee benefit programs Excess exempt expenses (Schedule I)								
27	Excess readership costs (Schedule J)								
28			nedule)					27 28	
29			nes 14 through 28					29	0.
30			ncome before net operatin					30	58,296.
31			n (limited to the amount or					31	58,296.
32			ncome before specific ded					32	0.
33			y \$1,000, but see line 33 i					33	1,000.
34	Unrelated business		e income. Subtract line 33						
	line 22							24	l n

Part III	Tax Computation											
35	Organizations Taxable as Corpora	tions. See instru	ctions for tax co	mputation.								
(Controlled group members (section	ns 1561 and 1563	3) check here 🕨	► See	instructions a	nd:						
a l	Enter your share of the \$50,000, \$2											
	(1) \$											
b 1	(1) \$ (2) \$ (3) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$											
	(2) Additional 3% tax (not more than \$100,000)											
	c Income tax on the amount on line 34										0.	
	Trusts Taxable at Trust Rates. See											
[Tax rate schedule or	Schedule D (Forr	n 1041)				•	36				
37								37				
39												
Part IV	/ Tax and Payments							•				
40a	Foreign tax credit (corporations atta	ach Form 1118; ti	rusts attach For	m 1116)		40a						
b	Other credits (see instructions)					40b						
	General business credit. Attach For											
	Credit for prior year minimum tax (
	Total credits. Add lines 40a throug							40e				
41	Subtract line 40e from line 39							41			0.	
42	Other taxes. Check if from: Fo	orm 4255 🔲 F	orm 8611	Form 8697	Form 88	866 🔲 C	Other (attach schedule)	42				
43	Total tax. Add lines 41 and 42							43			0.	
44 a	Payments: A 2014 overpayment cr											
	2015 estimated tax payments											
	Tax deposited with Form 8868											
d	Foreign organizations: Tax paid or v	withheld at source	e (see instructio	ns)		44d						
e	Backup withholding (see instruction	ns)				44e						
	Credit for small employer health ins											
g	Other credits and payments:		m 2439									
[Form 4136	Oth	ner		Total >	44g						
45	Total payments. Add lines 44a thro	ough 44g						45				
46	Estimated tax penalty (see instructi	ons). Check if Fo	rm 2220 is attac	ched 🕨 🗀]			46				
47	Tax due. If line 45 is less than the t	otal of lines 43 ar	nd 46, enter am	ount owed			>	47			0.	
48	Overpayment. If line 45 is larger th	an the total of line	es 43 and 46, ei	nter amount o	verpaid		>	48			0.	
	Enter the amount of line 48 you wa						Refunded >	49				
	Statements Regardi											
	y time during the 2015 calendar ye				-		-	•	oank,	Yes	No	
	rities, or other) in a foreign country						oreign Bank and Fin	ancial				
Acco 2 During	unts. If YES, enter the name of the g the tax year, did the organization receive, see instructions for other forms the organization.	foreign country h	or was it the gran	tor of or transfe	ror to a toreign to	rust?					Х	
											Х	
	the amount of tax-exempt interest				.							
	ule A - Cost of Goods S		thod of invent	-				1				
	ntory at beginning of year	1						6				
	hases	2			f goods sold. S			_				
	of labor	3					t I, line 2	7		T., 1		
	onal section 263A costs (att. schedule)	4a			rules of sectio	•	•			Yes	No	
	r costs (attach schedule)	4b				-	r resale) apply to					
5 Tota	I. Add lines 1 through 4b Under penalties of perjury, I declare the	5	thic return includi		anization?	ototomonto o	and to the best of my kn	owlodgo o	nd boliof it is	2 true		
Sign	correct, and complete. Declaration of	preparer (other than	taxpayer) is based	on all information	on of which prepared	arer has any k	nowledge.	owieuge a	nd beller, it is	s irue,		
Here			ı		MDE V CIIDED			•	S discuss thi		vith	
	Signature of officer		I Date		TREASURER			ne prepare	er shown belo	es see	No	
		-			····	nto.		if PTI		CS	_ NU	
	Print/Type preparer's name		Preparer's sign	αιυισ		ate	self- employed		IV			
Paid	YONG ZHANG						Sell- ellibiolet	- 1	01249785	5		
Prepai	rer	<u> </u> LLP					Firm's EIN		2-071432			
Use O	IIIy 	N ELM ST STE	3 1100				THIII 3 LIIV					
	I								(336) 272-4551			

Form 990-T (2015) TRIANGLE C					d Davagnal	Duanas	h. l aas	اء ۔	56-13807			age
Schedule C - Rent Incom 1. Description of property	me (Fro	om Keai	Proper	rty and	i Personai	Proper	ty Leas	sea	With Real Pr	ope	rty)(see ilistructions)
(1)												
(2)												
(3)												
(4)	2.	Rent receive	ad or accrue	ad .				$\overline{}$				
(a) From personal property (if the percentage of rent for personal property is more than (b) From real of rent for					nd personal proper ersonal property ex t is based on profit	ceeds 50%	centage or if	3(a) Deductions directly connected with the inc columns 2(a) and 2(b) (attach schedule				1
(1)	,							+				
(2)								+				
(3)								+				
(4)								+				
Total		0.	Total				0.	+				
(c) Total income. Add totals of colu	ımne 2/2\ :	- •	tar					_) Total deductions			
here and on page 1, Part I, line 6, co			.UI				0.	lÈn	, ter here and on page 1 rt I, line 6, column (B)			0.
Schedule E - Unrelated			Incom	16 (see	inetructione)		•	1 0	Ter, mic o, column (b)			
Solication Confedence	DCDL 1	manoca	1110011	(566	1			3	Deductions directly of	connecto	ed with or allocable	
					2. Gross in				to debt-fina			
1. Description of c	debt-finance	d property			or allocable financed		(a		aight line depreciation attach schedule)		(b) Other deductions (attach schedule)	3
(1)										-		
(2)										-		
(3)										\dashv		
(4)										-		
		F A	adinated be		6 0.1	4 11 1 1			<u> </u>	-	0 411 11 1 11	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	d	of or a debt-fina	rage adjusted basis or allocable to financed property ttach schedule)		6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)			8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)						9	/ 6					
(2)						9	/ 6					
(3)							%					
(4)							/ ₆			-		
(-)						,	_	Enter	here and on page 1,	-	Enter here and on page	. 1
									I, line 7, column (A).		Part I, line 7, column (I	
Totals										0.		0.
Total dividends-received deduction			^									0.
Schedule F - Interest, A	nnuitie	s. Roval	ties. ar	nd Rer	nts From C	ontrolle	ed Orga	aniz	zations (see in	struc	tions)	
		-, ,	,		ot Controlled C				(000			
1. Name of controlled organizatio		2.			3.	1	4.		5 Best of column 4	414 !-	6. Deductions direct	
1. Name of controlled organizatio	"	Employer ide	ntification		related income		of specified nents made		Part of column 4 included in the control		connected with inco	
		Humi) EI	(1055) (see instructions)	Payli	ients made		organization's gross i	ilicome	III Column 5	
(4)												
(1)												
(2)												
(3)												
(4)	- 4.1											
Nonexempt Controlled Organiza												
7. Taxable Income		nrelated incomee instructions		9. 10	tal of specified pay made	ments	in the co	ntroll	mn 9 that is included ing organization's s income	11.	Deductions directly conn vith income in column 10	ected
(1)												
(2)												
(3)												
(4)							Enter her	e and	nns 5 and 10. I on page 1, Part I, column (A).	Ente	Add columns 6 and 11. er here and on page 1, Pa line 8, column (B).	rt I,
Table							""	- 0,			, (5).	•
Totals						▶ [0.			0.

Schedule G - Investme (see instr		Section :	01(C)(<i>1</i>), (9), or (17) Or	ganızat	ion		
1. Desc	ription of income			2. Amount of income	3. Dedudirectly co	onnected ,	Set-asides attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
		E	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 (see instru	Exempt Activity		Other	Than Advertisi	ng Inco	me		
		3. Exper	1989	4. Net income (loss)	_			7. Excess exempt
1. Description of exploited activity	Z. Gross unrelated business income from trade or business	related business income from directly conn with product of unrelated		from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	Gross from active is not un business	vity that related	6. Expenses attributable to column 5	expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(2) (3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,	,		•	Enter here and on page 1, Part II, line 26.	
Totals	0.		0.					0.
Schedule J - Advertisi	ng Income (see	nstructions)						
	Periodicals Rep			olidated Basis				
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		culation 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 Rep 7 on a line-by-line ba		a Sepa	rate Basis (For e	ach perio	dical listed in F	art II, fill in	
		i		4. Advertising gain				7. Excess readership
1. Name of periodical	2. Gross advertising income		Direct sing costs	or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		irculation 6. Readership costs		costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
Totals from Part I	▶	0.	0 .		•	_		0.
Enter here and on page 1, Part I, page 1			ere and on 1, Part I, I, col. (B).	-				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)		0.	0 .			,		0.
Schedule K - Compens	sation of Office	rs, Direct	ors, an	d Irustees (see i	instruction	1S) 3. Percent of		
1. N	lame			2. Title		time devoted to business		ensation attributable elated business
(1)						9		
(2)						9		
(3)						9	6	
(4)						9		
Total. Enter here and on page 1, P	Part II, line 14				<u></u>	.		0.
								Form 990-T (2015)

FORM 990-T	NET	OPERATIN	G LOSS D	EDUCTI	ON	STATE	1ENT	1
TAX YEAR	LOSS SUSTAINED	LOS PREVIO APPL	USLY		OSS AINING	AVAILA THIS Y		
06/30/14 06/30/15	85,096. 188,298.		0.		85,096. 188,298.		85,09 188,29	
NOL CARRYOV	ER AVAILABLE THIS	S YEAR			273,394.	94. 273,		
FORM 990-T	INCO	OME (LOSS)	FROM PA	RTNERS	HIPS	STATE	MENT	2
PARTNERSHIP	NAME		GROSS I	NCOME	DEDUCTIONS		NCOME	
(46-3402754	ASSETS III, LP			-7,412.	0.		-7,4	412.
(27-4335021				5,704.	0.		5,7	704.
	3) FUND (46-1696235) GUARD FUND VI, LE			1,217. -262.	0. 0.			217. 262.
(46-5301209 NORTHGATE I		5)		-6,084. 1,876.	0. 0.		•	084. 876.
(27-0749535 STEPSTONE P) PIONEER CAPITAL II	-		46,457.	0.			457.
(26-0668106 TIFF PRIVAT (26-3319245	E EQUITY PARTNERS	S		-2,493. 9,423.	0.		·	493. 423.
TOTAL TO FO	RM 990-T, PAGE 1,	LINE 5		48,426.	0.		48,4	 426.

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. Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

Employer identification number

56-1380796

TRIANGLE COMMUNITY FOUNDATION, INC. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) to enter on the lines below. (e) Cost (d) (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (or other basis) 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 4,416. 3 Totals for all transactions reported on Form(s) 8949 with Box C checked 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 4,416. 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. (d) (e) Cost (or other basis) (h) Gain or (loss). Subtract column (e) from column (d) and ombine the result with column (g) (**g**) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) Proceeds (sales price) This form may be easier to complete if you round off cents to whole dollars. 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked 5,454. 10 Totals for all transactions reported on Form(s) 8949 with Box F checked 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 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 5,454. 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 4,416. 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 5,454. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 18 9,870.

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

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

Schedule D (Form 1120) (2015)

JWA

TRIANGLE COMMUNITY FOUNDATION, INC.

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

56-1380796

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 short-term. 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. ave 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 was not reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (d) (h) (e) loss. If you enter an amount **Proceeds** Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) (g) see Column (e) in combine the result Amount of Code(s) with column (g) the instructions adjustment AETHER REAL ESTATE ASSETS TTT K-1 645 GEM REALTY FUND K-1 169. MONTAUK TRIGUARD FUND VI K-13,665. PERENNIAL REAL ESTATE FUND II K-1 <96.> STEPSTONE PIONEER CAPITAL 33.

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)

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.

4 416.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

TRIANGLE COMMUNITY FOUNDATION, INC.

56-1380796

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate al codes are required. Enter the							
You must check Box D, E, or F below.	Il fit on this page for or	ne or more of the boxe	s, complete as many fo	orms with the same box c	hecked as yo	u need.	r each applicable box.
(D) Long-term transactions rep	•	•	-		e Note abo	ove)	
(E) Long-term transactions rep				eported to the IRS			
(F) Long-term transactions not				T	Adjustmar	nt, if any, to gain or	
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If yo in column column (f)	ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(wio., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
GEM REALTY FUND K-1							<1,583.
PERENNIAL REAL ESTATE FUND							
II K-1							8,478.
STEPSTONE PIONEER CAPITAL							
K-1							<1,441.
							,
2 Totals. Add the amounts in colu	ımns (d), (e), (a) :	and (h) (subtract					
negative amounts). Enter each t							
Schedule D, line 8b (if Box D ab		-					

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

above is checked), or line 10 (if Box F above is checked)