

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form sections B through M: B Check if applicable, C Name of organization (TRIANGLE COMMUNITY FOUNDATION INC), D Employer identification number (56-1380796), E Telephone number (919-474-8370), F Name and address of principal officer (LORI O'KEEFE), G Gross receipts (\$151,210,522), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status (501(c)(3)), J Website (WWW.TRIANGLECF.ORG), K Form of organization (Corporation), L Year of formation (1983), M State of legal domicile (NC)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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.

Signature and Preparer information: Sign Here (Philip Lambert, Treasurer), Paid (Amanda E. Waterhouse), Preparer (RSM US LLP, 230 N Elm St, Greensboro, NC 27401), Date (05/12/23), PTIN (P02014004), Firm's EIN (42-0714325), Phone no. (336-272-4551)

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: WE INSPIRE AND MOBILIZE GIVING, LEADERSHIP, AND ACTION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 32,025,777. including grants of \$ 31,857,166. ) (Revenue \$ ) TRIANGLE COMMUNITY FOUNDATION CONNECTS PHILANTHROPIC RESOURCES WITH COMMUNITY NEEDS, CREATES OPPORTUNITY FOR ENLIGHTENED CHANGE AND ENCOURAGES PHILANTHROPY AS A WAY OF LIFE.

4b (Code: ) (Expenses \$ 468,175. including grants of \$ ) (Revenue \$ ) SPECIAL SERVICES - SERVICES TO AREA NON-PROFITS INCLUDE: MEETINGS WITH THE FOUNDATION'S PRESIDENT; NON-PROFIT CAPACITY BUILDING; NETWORKING; AND TRAININGS.

4c (Code: ) (Expenses \$ 937,433. including grants of \$ ) (Revenue \$ ) PHILANTHROPIC EVENTS - PHILANTHROPIC EVENTS INCLUDE: DONOR EDUCATION FORUMS; CAPACITY BUILDINGS WORKSHOPS FOR NONPROFITS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 33,431,385.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records   
 ROBERT NAYLOR - 919-474-8370  
 PO BOX 12729, DURHAM, NC 27709-2729

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORI O'KEEFE PRESIDENT & CEO	40.00			X			205,764.	0.	26,583.	
(2) ROBERT NAYLOR CFO	40.00			X			152,224.	0.	23,349.	
(3) KENNETH BAROFF VP DONOR DEV	40.00					X	135,886.	0.	9,269.	
(4) LINDSAY HARRELL CONTROLLER	40.00					X	121,451.	0.	13,411.	
(5) FARAD ALI IMMEDIATE PAST CHAIR	0.50	X		X			0.	0.	0.	
(6) TUCKER BARTLETT TREASURER	0.50	X		X			0.	0.	0.	
(7) MICHAEL SCHOENFELD CHAIR	0.50	X		X			0.	0.	0.	
(8) LARRY ROCAMORA SECRETARY	0.50	X		X			0.	0.	0.	
(9) REBECCA BALTER MEMBER	0.50	X					0.	0.	0.	
(10) ANITA BROWN-GRAHAM MEMBER	0.50	X					0.	0.	0.	
(11) SHELDON FOX MEMBER	0.50	X					0.	0.	0.	
(12) MICHAEL GOODMON MEMBER	0.50	X					0.	0.	0.	
(13) PHIL LAMBERT MEMBER	0.50	X					0.	0.	0.	
(14) LUIS PASTOR MEMBER	0.50	X					0.	0.	0.	
(15) LILYN HESTER MEMBER	0.50	X					0.	0.	0.	
(16) CHRIS DEVITA MEMBER	0.50	X					0.	0.	0.	
(17) WAYNE MORGAN MEMBER	0.50	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VIJAY SHAH MEMBER	0.50	X						0.	0.	0.
(19) TIM TROST MEMBER	0.50	X						0.	0.	0.
(20) MELINDA WIGGINS MEMBER	0.50	X						0.	0.	0.
(21) RICK GUIRLINGER MEMBER	0.50	X						0.	0.	0.
<b>1b Subtotal</b> .....							615,325.	0.	72,612.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							615,325.	0.	72,612.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 4

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CREWCIAL PARTNERS LLC PO BOX 2008, RIVERVALE, NJ 07675	INVESTMENT MGMT	205,347.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	39,757,777.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			39,757,777.			
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		5,454,268.		-484,085.	5,938,353.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	05,655,429.	70,876.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	96,925,154.	0.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	8,730,275.	70,876.			
	<b>d</b> Net gain or (loss) .....			8,801,151.		54,434.	8,746,717.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> OTHER INCOME	<b>Business Code</b>	900099	272,172.		272,172.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			272,172.			
<b>12 Total revenue.</b> See instructions .....			54,285,368.	0.	-429,651.	14,957,242.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	31,842,166.	31,842,166.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	15,000.	15,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	428,299.	261,091.	130,845.	36,363.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,169,841.	713,135.	357,386.	99,320.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,110.	37,862.	18,975.	5,273.
<b>9</b> Other employee benefits .....	114,081.	69,544.	34,852.	9,685.
<b>10</b> Payroll taxes .....	168,084.	102,464.	51,350.	14,270.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	17,932.		8,966.	8,966.
<b>c</b> Accounting .....	61,143.		61,143.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	891,642.		891,642.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	87,939.	5,289.	81,913.	737.
<b>12</b> Advertising and promotion .....	5,520.			5,520.
<b>13</b> Office expenses .....	20,927.	9,401.	7,464.	4,062.
<b>14</b> Information technology .....	95,198.	58,033.	29,083.	8,082.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	167,253.	101,957.	51,096.	14,200.
<b>17</b> Travel .....	9,164.	5,586.	2,800.	778.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	40,701.	21,562.	13,471.	5,668.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	106,713.	65,052.	32,601.	9,060.
<b>23</b> Insurance .....	21,313.	12,993.	6,511.	1,809.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> MAINTENANCE & REPAIRS	52,265.	31,861.	15,967.	4,437.
<b>b</b> PROFESSIONAL DEVELOPMEN	30,812.	18,783.	9,413.	2,616.
<b>c</b> DUES	27,148.	16,549.	8,294.	2,305.
<b>d</b> TELEPHONE	18,034.	10,994.	5,509.	1,531.
<b>e</b> All other expenses	40,285.	32,063.	6,434.	1,788.
<b>25</b> Total functional expenses. Add lines 1 through 24e	35,493,570.	33,431,385.	1,825,715.	236,470.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	13,557,519.	<b>1</b>	8,272,791.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	123,254.	<b>4</b>	67,394.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	17,485.	<b>9</b>	15,500.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,012,188.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 599,252.	519,649.	<b>10c</b> 412,936.
	<b>11</b> Investments - publicly traded securities .....	148,613,189.	<b>11</b>	136,880,607.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	133,319,702.	<b>12</b>	118,607,455.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	6,443,089.	<b>15</b>	5,378,363.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	302,593,887.	<b>16</b>	269,635,046.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	151,668.	<b>17</b>	142,164.
	<b>18</b> Grants payable .....	1,996,910.	<b>18</b>	1,234,619.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	18,051,912.	<b>21</b>	15,900,620.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	316,538.	<b>25</b>	259,391.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	20,517,028.	<b>26</b>	17,536,794.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	275,633,769.	<b>27</b>	246,719,890.
	<b>28</b> Net assets with donor restrictions .....	6,443,090.	<b>28</b>	5,378,362.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	282,076,859.	<b>32</b>	252,098,252.
<b>33</b> Total liabilities and net assets/fund balances .....	302,593,887.	<b>33</b>	269,635,046.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	54,285,368.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	35,493,570.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	18,791,798.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	282,076,859.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-47,997,410.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-772,995.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	252,098,252.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	35,713,296.	12,909,722.	32,664,667.	17,693,660.	39,757,777.	138,739,122.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	35,713,296.	12,909,722.	32,664,667.	17,693,660.	39,757,777.	138,739,122.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						38,473,879.
<b>6 Public support.</b> Subtract line 5 from line 4.						100,265,243.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	35,713,296.	12,909,722.	32,664,667.	17,693,660.	39,757,777.	138,739,122.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,620,237.	3,951,507.	3,729,557.	3,197,823.	5,938,353.	20,437,477.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	288,642.	133,271.	51,658.	142,665.	272,172.	888,408.
<b>11 Total support.</b> Add lines 7 through 10						160,065,007.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	62.64 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	63.05 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2017 AMOUNT: \$ 288,642.

2018 AMOUNT: \$ 133,271.

2019 AMOUNT: \$ 51,658.

2020 AMOUNT: \$ 142,665.

2021 AMOUNT: \$ 272,172.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

TRIANGLE COMMUNITY FOUNDATION INC

Employer identification number

56-1380796

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  TRIANGLE COMMUNITY FOUNDATION INC	Employer identification number  56-1380796
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 8,096,959.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 7,567,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,666,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 1,996,624.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 1,712,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 1,688,063.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  TRIANGLE COMMUNITY FOUNDATION INC	Employer identification number  56-1380796
---	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>995,808.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,521,444.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  TRIANGLE COMMUNITY FOUNDATION INC	Employer identification number  56-1380796
---	--

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	PUBLIC SECURITY _____ _____ _____	\$ 2,567,000.	12/29/21
4	PUBLIC SECURITY _____ _____ _____	\$ 1,996,624.	01/19/22
6	PUBLIC SECURITY _____ _____ _____	\$ 1,688,063.	10/19/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  TRIANGLE COMMUNITY FOUNDATION INC	Employer identification number  56-1380796
---	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization: TRIANGLE COMMUNITY FOUNDATION INC
Employer identification number: 56-1380796

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historically important area, certified historic structure) and a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	130,956,602.	103,929,300.	107,805,115.	111,518,105.	106,809,705.
b Contributions	2,079,024.	132,639.	326,071.	729,914.	1,594,428.
c Net investment earnings, gains, and losses	-15,767,190.	33,783,692.	1,351,467.	4,786,167.	8,536,493.
d Grants or scholarships	9,817,825.	4,469,537.	3,645,126.	6,005,359.	4,642,407.
e Other expenditures for facilities and programs	4,253,589.	2,419,492.	1,908,227.	3,223,712.	780,114.
f Administrative expenses					
g End of year balance	103,197,022.	130,956,602.	103,929,300.	107,805,115.	111,518,105.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - b Permanent endowment  .0000 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   |                          | <input checked="" type="checkbox"/> |
| (ii) Related organizations  |                          | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		1,012,188.	599,252.	412,936.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				412,936.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CASH EQUIVALENTS	9,399,508.	END-OF-YEAR MARKET VALUE
(B) CERTIFICATES OF DEPOSIT	4,549,371.	END-OF-YEAR MARKET VALUE
(C) ALTERNATIVE INVESTMENTS	104,658,576.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	118,607,455.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT LIABILITY	259,391.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	259,391.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	4,863,677.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-47,997,409.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-545,778.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-48,543,187.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	53,406,864.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	878,504.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	878,504.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	54,285,368.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	34,739,648.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	124,582.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	124,582.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	34,615,066.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	878,504.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	878,504.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	35,493,570.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

AGENCY FUNDS ARE CREATED BY A NONPROFIT AGENCY TO BENEFIT THAT AGENCY.

THAT IS, THE AGENCY IS BOTH DONOR AND BENEFICIARY. THE AGENCY FUND IS

ESTABLISHED SO THAT THE DONOR/BENEFICIARY CAN UTILIZE THE INVESTMENT AND

ADMINISTRATIVE SERVICES OF THE FOUNDATION IN EXCHANGE FOR PAYING THE

NORMAL 1% ADMINISTRATIVE AND OTHER INVESTMENT MANAGEMENT FEES.

PART V, LINE 4:

THE ENDOWED FUNDS CAN MAKE GRANTS TO ANY US 501(C)(3) IN GOOD STANDING.

PART X, LINE 2:

MANAGEMENT EVALUATED THE TAX POSITIONS OF THE FOUNDATION AND ITS

**Part XIII** Supplemental Information *(continued)*

AFFILIATED SUPPORTING ORGANIZATIONS AND CONCLUDED THAT THE FOUNDATION AND

ITS AFFILIATED SUPPORTING ORGANIZATIONS HAD TAKEN NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH THE PROVISIONS OF THE INCOME TAXES TOPIC OF THE FASB ASC. THE

FOUNDATION FILES A FORM 990-T IN ACCORDANCE WITH APPLICABLE U.S. FEDERAL

REGULATIONS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-772,995.
--	-----------

DURHAM ARTS COUNCIL REVENUE INCLUDED IN CONSOLIDATED

FINANCIALS	-112,981.
------------	-----------

TCF REAL ESTATE FOUNDATION REVENUE INCLUDED IN CONSOLIDATED

FINANCIALS	340,198.
------------	----------

TOTAL TO SCHEDULE D, PART XI, LINE 2D	-545,778.
---------------------------------------	-----------

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

DURHAM ARTS COUNCIL EXPENSES INCLUDED IN CONSOLIDATED

FINANCIALS	30,561.
------------	---------

TCF REAL ESTATE FOUNDATION EXPENSES INCLUDED IN

CONSOLIDATED FINANCIALS	94,021.
-------------------------	---------

TOTAL TO SCHEDULE D, PART XII, LINE 2D	124,582.
--	----------







**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

THE ORGANIZATION USES GAAP TO REPORT EXPENDITURES IN FOREIGN REGIONS.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **TRIANGLE COMMUNITY FOUNDATION INC** Employer identification number **56-1380796**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A HELPING HAND 1502 W HWY 54, SUITE 405 DURHAM, NC 27707	56-1923835	501(C)(3)	12,000.	0.			HUMAN SERVICES
A PLACE AT THE TABLE PO BOX 26205 RALEIGH, NC 27611	47-2959935	501(C)(3)	9,750.	0.			GENERAL PURPOSE
ABUNDANCE NC 220 LORAX LANE BOX 5 PITTSBORO, NC 27312	20-4327530	501(C)(3)	10,000.	0.			FOOD/AGRI/NUTRIT
ACTION FOR THE CLIMATE EMERGENCY (ACE) - 529 MAIN STREET STE 200 - CHARLESTOWN, MA 02129	26-3106566	501(C)(3)	300,000.	0.			EDUCATION
AFFORDABLE COMMUNITY RESIDENCE ASSOCIATION, INC. - PO BOX 25265 - DURHAM, NC 27702-5265	56-1609845	501(C)(3)	19,919.	0.			DISEASE/RESEARCH
ALICE AYCOCK POE CENTER FOR HEALTH EDUCATION - 224 SUNNYBROOK ROAD - RALEIGH, NC 27610	56-1500678	501(C)(3)	5,810.	0.			GENERAL PURPOSE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **545.**

**3** Enter total number of other organizations listed in the line 1 table **22.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR YOUNG ARTISTS AND WRITERS - 557 BROADWAY - NEW YORK, NY 10012	13-3780998	501(C)(3)	30,000.	0.			GENERAL PURPOSE
ALLIANCE MEDICAL MINISTRY 101 DONALD ROSS DR. RALEIGH, NC 27610	56-2168673	501(C)(3)	19,250.	0.			GENERAL PURPOSE
AMERICAN BIBLE SOCIETY 101 N INDEPENDENCE MALL EAST FL8 PHILADELPHIA, PA 19106-2155	13-1623885	501(C)(3)	100,000.	0.			GENERAL PURPOSE
AMERICAN CANCER SOCIETY PO BOX 11796 CHARLOTTE, NC 28220	13-1788491	501(C)(3)	21,130.	0.			GENERAL PURPOSE
AMERICAN CIVIL LIBERTIES UNION OF NC LEGAL FOUNDATION - PO BOX 28004 - RALEIGH, NC 27611	56-1019644	501(C)(3)	6,750.	0.			CIV RTS/SOC ACTN
AMERICAN CORPORATE PARTNERS 140 E. 45TH ST. NEW YORK, NY 10017	61-1556042	501(C)(3)	25,000.	0.			EMPLOYMENT
AMERICAN DANCE FESTIVAL PO BOX 90772 DURHAM, NC 27708-0772	06-0932294	501(C)(3)	8,500.	0.			GENERAL PURPOSE
AMERICAN DIABETES ASSOCIATION - CHARLOTTE - P.O. BOX 7023 - MERRIFIELD, VA 22116-7023	13-1623888	501(C)(3)	31,659.	0.			GENERAL PURPOSE
AMERICAN ENDOWMENT FOUNDATION 5700 DARROW RD STE 118 HUDSON, OH 44236	34-1747398	501(C)(3)	76,068.	0.			PHILAN/VOL/GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION, TRIANGLE - 5001 SOUTH MIAMI BLVD, SUITE 300 - DURHAM, NC 27703	13-5613797	501(C)(3)	21,808.	0.			GENERAL PURPOSE
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	52-1573446	501(C)(3)	9,000.	0.			GENERAL PURPOSE
AMERICAN LUNG ASSOCIATION IN NORTH CAROLINA - 401 HAWTHORNE LANE STE 110 #298 - CHARLOTTE, NC 28204	13-1632524	501(C)(3)	10,410.	0.			DISEASE/RESEARCH
AMERICAN RED CROSS - DISASTER RELIEF - PO BOX 37839 - BOONE, IA 50037-0839	53-0196605	501(C)(3)	79,946.	0.			DISASTER SERVCS
AMERICAN RED CROSS, TRIANGLE CHAPTER - 100 NORTH PEARTREE LANE - RALEIGH, NC 27610	53-0196605	501(C)(3)	29,543.	0.			GENERAL PURPOSE
AMERICAN RIVERS, INC. 1101 14TH STREET NW WASHINGTON, DC 20005	23-7305963	501(C)(3)	21,000.	0.			ENVIRONMENT
AMERICAN SUPPORT FOR ISRAEL PO BOX 3263 WASHINGTON, DC 20010-0263	26-3383926	501(C)(3)	10,000.	0.			PHILAN/VOL/GRANT
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	19,500.	0.			GENERAL PURPOSE
AMERICORPS ST. LOUIS 1315 ANN AVENUE ST. LOUIS, MO 63104	43-1873533	501(C)(3)	7,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMHERST COLLEGE PO BOX 5000 AMHERST, MA 01002	04-2103542	501(C)(3)	8,500.	0.			EDUCATION
ANDREW JACKSON'S HERMITAGE 4580 RACHEL'S LANE NASHVILLE, TN 37076	62-0478087	501(C)(3)	20,000.	0.			GENERAL PURPOSE
APPALACHIAN STATE UNIVERSITY - UNIVERSITY ADVANCEMENT - ASU P.O. BOX 32014 - BOONE, NC 28608-2014	23-7099379	501(C)(3)	14,100.	0.			EDUCATION
ART THERAPY INSTITUTE 200 NORTH GREENSBORO STREET STE D-6 CARRBORO, NC 27510	26-3447555	501(C)(3)	47,750.	0.			MENTAL HEALTH
ARTS ACCESS INC. 3900 MERTON DRIVE RALEIGH, NC 27609	58-1678626	501(C)(3)	15,500.	0.			ARTS-CULTR-HUMAN
ARTSCENTER 300-G E. MAIN ST. CARRBORO, NC 27510	51-0198497	501(C)(3)	69,214.	0.			GENERAL PURPOSE
ARTSPLOSURE P.O. BOX 391 RALEIGH, NC 27602-0391	58-1387567	501(C)(3)	5,250.	0.			ARTS-CULTR-HUMAN
AT THE WELL 3417 ORDWAY STREET NW WASHINGTON, DC 20016	83-2697895	501(C)(3)	50,000.	0.			HEALTH CARE
AZIZ AND GWEN SANCAR FOUNDATION 311 WEST UNIVERSITY DRIVE CHAPEL HILL, NC 27516	26-0871109	501(C)(3)	8,500.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALD HEAD ISLAND CONSERVANCY INC. PO BOX 3109 BALD HEAD ISLAND, NC 28461	58-1574496	501(C)(3)	6,000.	0.			ENVIRONMENT
BANK OF AMERICA CHARITABLE GIFT FUND - PO BOX 1802 - PROVIDENCE, RI 02901	04-6010342	501(C)(3)	25,000.	0.			GENERAL PURPOSE
BARNABAS INTERNATIONAL PO BOX 708 ELKHORN, WI 53121	36-3535053	501(C)(3)	6,000.	0.			RELI/SPIRITUALTY
BEACON OF HOPE-LYNCHBURG CITY SCHOOLS - P.O. BOX 1261 - LYNCHBURG, VA 24504	45-3797831	501(C)(3)	16,667.	0.			YOUTH DEVELOPMNT
BETA CHAPTER OF PDT INC. 210 N COLUMBIA STREET CHAPEL HILL, NC 27514	26-3266418	501(C)(3)	10,000.	0.			EDUCATION
BIG BROTHERS BIG SISTERS MOUNTAIN REGION - 1229 S ST FRANCIS DR STE C - SANTA FE, NM 87505	85-0276498	501(C)(3)	10,000.	0.			GENERAL PURPOSE
BIG BROTHERS BIG SISTERS OF THE TRIANGLE, INC. - 808 AVIATION PARKWAY - MORRISVILLE, NC 27560	56-2109717	501(C)(3)	23,200.	0.			YOUTH DEVELOPMNT
BLACK MALE VOTER PROJECT EF INC 384 NORTHYARDS BLVD NW STE 190 ATLANTA, GA 30313	86-2205899	501(C)(3)	25,000.	0.			CIV RTS/SOC ACTN
BLACKNALL MEMORIAL PRESBYTERIAN CHURCH - 1902 PERRY ST. - DURHAM, NC 27705	23-7093809		27,500.	0.			RELI/SPIRITUALTY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE HILL COMMUNITY DEVELOPMENT PO BOX 438 BLUE HILL, ME 04614	82-0663285	501(C)(3)	16,000.	0.			GENERAL PURPOSE
BLUE RIDGE CONSERVANCY PO BOX 568 BOONE, NC 28607	58-2502695	501(C)(3)	6,000.	0.			ENVIRONMENT
BLUEPRINT NORTH CAROLINA PO BOX 607 DURHAM, NC 27702	27-2459538	501(C)(3)	10,250.	0.			GENERAL PURPOSE
BOOK HARVEST 2501 UNIVERSITY DRIVE DURHAM, NC 27707	45-2610533	501(C)(3)	81,250.	0.			EDUCATION
BOOMERANG YOUTH, INC. 825-A NORTH ESTES DRIVE CHAPEL HILL, NC 27514	47-4660452	501(C)(3)	86,000.	0.			HUMAN SERVICES
BOY SCOUTS OF AMERICA, OCCONEECHEE COUNCIL - 3231 ATLANTIC AVENUE - RALEIGH, NC 27604-1675	56-0529984	501(C)(3)	39,434.	0.			GENERAL PURPOSE
BOYS & GIRLS CLUB OF CENTRAL CAROLINA - 1414 BRAGG STREET - SANFORD, NC 27330	56-1923703	501(C)(3)	45,500.	0.			YOUTH DEVELOPMNT
BOYS & GIRLS CLUBS OF TUCSON PO BOX 40217 TUCSON, AZ 85717	86-0172257	501(C)(3)	40,000.	0.			YOUTH DEVELOPMNT
BOYS AND GIRLS CLUB OF WAKE COUNTY 701 N RALEIGH BLVD RALEIGH, NC 27610	56-0863051	501(C)(3)	49,160.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF DURHAM AND ORANGE COUNTIES - 1010 MARTIN LUTHER KING JR PARKWAY STE 300 - DURHAM, NC 27713	56-6001906	501(C)(3)	8,382.	0.			GENERAL PURPOSE
BOYS AND GIRLS CLUBS OF NORTH CENTRAL NORTH CAROLINA - PO BOX 176 - OXFORD, NC 27565	56-2525793	501(C)(3)	7,177.	0.			GENERAL PURPOSE
BRAIN & BEHAVIOR RESEARCH FOUNDATION - 747 THIRD AVENUE 33RD FLOOR - NEW YORK, NY 10017	31-1020010	501(C)(3)	6,250.	0.			GENERAL PURPOSE
BREAST CANCER RESEARCH FOUNDATION INC. - 28 WEST 44TH STREET, SUITE 609 - NEW YORK, NY 10036	13-3727250	501(C)(3)	5,080.	0.			GENERAL PURPOSE
BRENNAN CENTER FOR JUSTICE 120 BROADWAY, SUITE 1750 NEW YORK, NY 10271	13-3839293	501(C)(3)	5,250.	0.			GENERAL PURPOSE
BRIDGE II SPORTS 3729 MURPHY SCHOOL ROAD DURHAM, NC 27705-8009	20-8577055	501(C)(3)	25,000.	0.			RECREATN/SPORTS
BRIDGE TO TURKIYE 100 FOX BRIAR LANE CARY, NC 27518	58-2678580	501(C)(3)	12,200.	0.			GENERAL PURPOSE
BROOKLYN COLLEGE FOUNDATION 2900 BEDFORD AVENUE BROOKLYN, NY 11210	11-1904329	501(C)(3)	9,000.	0.			EDUCATION
BUCK LEONARD ASSOCIATION FOR SPORTS & HUMAN ENRICHMENT - PO BOX 811 - ROCKY MOUNT, NC 27802	05-0546757	501(C)(3)	8,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUMP: THE TRIANGLE 504 WEST CHAPEL HILL ST DURHAM, NC 27701	20-5410127	501(C)(3)	10,000.	0.			ARTS-CULTR-HUMAN
BURBANK FREEWILL BAPTIST CHURCH 282 STOCTON ROAD ROAN MOUNTAIN, TN 37687	10-0006486		8,000.	0.			GENERAL PURPOSE
CAMP CORRAL 801 N. WEST STREET RALEIGH, NC 27603	45-3555807	501(C)(3)	29,215.	0.			YOUTH DEVELOPMNT
CAMPAIGN4CHANGE PO BOX 3355 DURHAM, NC 27713	26-0096724	501(C)(3)	15,000.	0.			GENERAL PURPOSE
CAMPBELL UNIVERSITY PO BOX 116 BUIES CREEK, NC 27506	56-0529940	501(C)(3)	15,000.	0.			EDUCATION
CAMPUS CRUSADE FOR CHRIST INTERNATIONAL - PO BOX 628222 - ORLANDO, FL 32832-8222	33-0863088	501(C)(3)	8,233.	0.			GENERAL PURPOSE
CAPE FEAR RIVER WATCH 617 SURRY ST. WILMINGTON, NC 28401	58-2121884	501(C)(3)	10,000.	0.			GENERAL PURPOSE
CARE - COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE, INC. - PO BOX 1870 - MERRIFIELD, VA 22116	13-1685039	501(C)(3)	15,300.	0.			GENERAL PURPOSE
CARING COMMUNITY FOUNDATION PO BOX 1364 CARY, NC 27512	20-0036976	501(C)(3)	5,334.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING HOUSE, INC. 2625 PICKETT ROAD DURHAM, NC 27705	56-1647154	501(C)(3)	24,700.	0.			GENERAL PURPOSE
CAROLINA ABORTION FUND PO BOX 51534 DURHAM, NC 27707	45-3810502	501(C)(3)	21,000.	0.			GENERAL PURPOSE
CAROLINA BALLET, INC. 3401 ATLANTIC AVENUE, SUITE 131 RALEIGH, NC 27604	56-1445383	501(C)(3)	38,750.	0.			ARTS-CULTR-HUMAN
CAROLINA BIBLE CAMP INC., PO BOX 1234 MOCKSVILLE, NC 27028	23-7282936	501(C)(3)	30,000.	0.			GENERAL PURPOSE
CAROLINA FRIENDS SCHOOL 4809 FRIENDS SCHOOL ROAD DURHAM, NC 27705	56-0812560	501(C)(3)	207,750.	0.			EDUCATION
CAROLINA PUBLIC PRESS PO BOX 17595 ASHEVILLE, NC 28816	46-0801080	501(C)(3)	10,000.	0.			ARTS-CULTR-HUMAN
CAROLINA THEATRE OF DURHAM, INC. 309 W. MORGAN STREET DURHAM, NC 27701-2119	56-1759337	501(C)(3)	14,000.	0.			ARTS-CULTR-HUMAN
CAROLINA TIGER RESCUE 1940 HANKS CHAPEL RD PITTSBORO, NC 27312	56-1522499	501(C)(3)	6,000.	0.			ANIMAL-RELATED
CASA 624 WEST JONES STREET RALEIGH, NC 27603	56-1778714	501(C)(3)	77,750.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE OF RALEIGH - 7200 STONEHENGE DRIVE - RALEIGH, NC 27613	56-0529943	501(C)(3)	6,500.	0.			RELI/SPIRITUALTY
CENTER FOR ACTION AND CONTEMPLATION - PO BOX 12464 - ALBUQUERQUE, NM 87195	85-0354965	501(C)(3)	12,500.	0.			ARTS-CULTR-HUMAN
CENTER FOR CHILD AND FAMILY HEALTH NC - 1121 W. CHAPEL HILL STREET - DURHAM, NC 27701	58-1446309	501(C)(3)	10,419.	0.			GENERAL PURPOSE
CENTER FOR COMMUNITY SELF-HELP 301 W. MAIN ST. DURHAM, NC 27701	56-1271685	501(C)(3)	38,250.	0.			GENERAL PURPOSE
CENTER FOR DEATH PENALTY LITIGATION - 123 W. MAIN STREET - DURHAM, NC 27701	56-1939274	501(C)(3)	5,250.	0.			GENERAL PURPOSE
CENTER FOR DOCUMENTARY STUDIES 1317 W. PETTIGREW ST. DURHAM, NC 27705	56-1655039	501(C)(3)	8,000.	0.			GENERAL PURPOSE
CENTER FOR THIRD WORLD ORGANIZING 1714 FRANKLIN ST OAKLAND, CA 94612	52-1211059	501(C)(3)	10,000.	0.			GENERAL PURPOSE
CENTRE FOR EFFECTIVE ALTRUISM 2054 UNIVERSITY AVE BERKELEY, CA 94704	47-1988398	501(C)(3)	6,000.	0.			GENERAL PURPOSE
CHAPEL HILL-CARRBORO MEALS ON WHEELS - PO BOX 2102 - CHAPEL HILL, NC 27514	59-1721954	501(C)(3)	34,200.	0.			FOOD/AGRI/NUTRIT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAPEL HILL-CARRBORO PUBLIC SCHOOL FOUNDATION - PO BOX 877 - CARRBORO, NC 27510	56-1421977	501(C)(3)	9,000.	0.			GENERAL PURPOSE
CHAPEL OF THE CROSS 304 E. FRANKLIN STREET CHAPEL HILL, NC 27514	56-0623934	501(C)(3)	89,714.	0.			GENERAL PURPOSE
CHARLES HAMILTON HOUSTON FOUNDATION, INC. - PO BOX 25138 - DURHAM, NC 27702	47-4992302	501(C)(3)	25,000.	0.			EDUCATION
CHARLES HOUSE ASSOCIATION 7511 SUNRISE RD CHAPEL HILL, NC 27514	58-1582881	501(C)(3)	25,700.	0.			GENERAL PURPOSE
CHARLOTTE RESCUE MISSION 907 W. 1ST STREET CHARLOTTE, NC 28202	56-0571223	501(C)(3)	15,000.	0.			GENERAL PURPOSE
CHATHAM ARTS COUNCIL PO BOX 418 PITTSBORO, NC 27312	56-1621611	501(C)(3)	30,250.	0.			ARTS-CULTR-HUMAN
CHATHAM COUNTY COUNCIL ON AGING PO BOX 715 PITTSBORO, NC 27312	56-1084260	501(C)(3)	23,700.	0.			GENERAL PURPOSE
CHATHAM EDUCATION FOUNDATION P.O. BOX 1518 PITTSBORO, NC 27312	56-1796990	501(C)(3)	10,000.	0.			EDUCATION
CHATHAM HABITAT FOR HUMANITY PO BOX 883 PITTSBORO, NC 27312	56-1689599	501(C)(3)	135,886.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHATHAM OUTREACH ALLIANCE (CORA FOOD PANTRY) - 40 CAMP DRVE - PITTSBORO, NC 27312	56-1668767	501(C)(3)	23,750.	0.			HUMAN SERVICES
CHICKTECH 921 SW WASHINGTON ST PORTLAND, OR 97205	46-3780208	501(C)(3)	7,500.	0.			GENERAL PURPOSE
CHILDREN'S CRANIOFACIAL ASSOCIATION - 13140 COIT ROAD - DALLAS, TX 75240	75-2265649	501(C)(3)	10,300.	0.			HEALTH CARE
CHILDREN'S HOME SOCIETY OF NC PO BOX 14608 GREENSBORO, NC 27415	56-0529946	501(C)(3)	7,600.	0.			HUMAN SERVICES
CHILDREN'S LITERACY PROJECT 112 BROADWAY STREET STE B DURHAM, NC 27701	47-2832907	501(C)(3)	58,500.	0.			EDUCATION
CHRIST EPISCOPAL CHURCH 120 EAST EDENTON STREET RALEIGH, NC 27601	56-0530247	501(C)(3)	18,050.	0.			GENERAL PURPOSE
CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 75057	23-7319371	501(C)(3)	20,000.	0.			HUMAN SERVICES
CHURCH OF THE GOOD SHEPHERD 126 HILLSBOROUGH ST. RALEIGH, NC 27601	58-1488877	501(C)(3)	12,600.	0.			RELI/SPIRITUALTY
CHURCH OF THE GOOD SHEPHERD 3741 GARRETT ROAD DURHAM, NC 27713	58-1644776	501(C)(3)	50,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH ON MORGAN 136 E. MORGAN ST RALEIGH, NC 27601			20,000.	0.			RELI/SPIRITUALTY
CHURCH WORLD SERVICE - DURHAM 504 W. CHAPEL HILL ST. DURHAM, NC 27701	13-4080201	501(C)(3)	6,500.	0.			GENERAL PURPOSE
CITY LIGHTS MINISTRY 1600 WILLIAMSON STREET WINSTON-SALEM, NC 27107	47-0977146	501(C)(3)	100,000.	0.			GENERAL PURPOSE
CITY OF OAKS FOUNDATION 222 W. HARGETT STREET, SUITE 608 RALEIGH, NC 27601	27-4467111	501(C)(3)	30,000.	0.			PHILAN/VOL/GRANT
CITYLIGHT CHURCH 4383 NICHOLAS STREET SUITE 120 OMAHA, NE 68131			5,703.	0.			RELI/SPIRITUALTY
CLASSIC STAGE COMPANY 136 E 13TH ST NEW YORK, NY 10003	23-7025308	501(C)(3)	10,000.	0.			GENERAL PURPOSE
CLAYTON CULTURAL ARTS FOUNDATION PO BOX 879 CLAYTON, NC 27528	56-2175042	501(C)(3)	14,619.	0.			ARTS-CULTR-HUMAN
CLUB NOVA COMMUNITY INC. PO BOX 1346 CARRBORO, NC 27510	27-0103430	501(C)(3)	35,750.	0.			MENTAL HEALTH
CODE THE DREAM 201 W. MAIN STREET, SUITE 100, PMB0 DURHAM, NC 27701	26-3275886	501(C)(3)	19,166.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CODE.ORG 1501 4TH AVE, SUITE 900 SEATTLE, WA 98101	46-0858543	501(C)(3)	17,000.	0.			GENERAL PURPOSE
COMMON CAUSE EDUCATION FUND NC PO BOX 6207 RALEIGH, NC 27628	31-1705370	501(C)(3)	56,500.	0.			GENERAL PURPOSE
COMMON COUNSEL FOUNDATION 1624 FRANKLIN ST OAKLAND, CA 94612	94-3214166	501(C)(3)	10,000.	0.			GENERAL PURPOSE
COMMOTION - COMMUNITY IN MOTION 6704 WEIMER DRIVE RALEIGH, NC 27617	84-4005067	501(C)(3)	22,500.	0.			ARTS-CULTR-HUMAN
COMMUNITIES IN PARTNERSHIP PO BOX 11247 DURHAM, NC 27703-2151	47-5567396	501(C)(3)	647,500.	0.			COMMUN/BUS/INDUS
COMMUNITIES IN SCHOOLS OF CHATHAM COUNTY - PO BOX 903 - SILER CITY, NC 27344	58-1849144	501(C)(3)	77,750.	0.			YOUTH DEVELOPMNT
COMMUNITIES IN SCHOOLS OF WAKE COUNTY - 971 HARP STREET - RALEIGH, NC 27604	56-1704570	501(C)(3)	35,250.	0.			GENERAL PURPOSE
COMMUNITY EMPOWERMENT FUND 208 N. COLUMBIA STREET STE. 100 CHAPEL HILL, NC 27514	27-0428981	501(C)(3)	54,550.	0.			COMMUN/BUS/INDUS
COMMUNITY FOUNDATION OF GREATER GREENSBORO - 301 N ELM STREET STE 100 - GREENSBORO, NC 27401	56-1380249	501(C)(3)	100,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY MUSIC SCHOOL 322 CHAPANOKE ROAD RALEIGH, NC 27603	58-2098168	501(C)(3)	18,250.	0.			ARTS-CULTR-HUMAN
COMMUNITY REMEMBRANCE COALITION - CHATHAM - 594 FEARRINGTON POST, UNIT E - PITTSBORO, NC 27312-0000	84-4779404	501(C)(3)	10,000.	0.			GENERAL PURPOSE
COMMUNITY SCHOOL OF DIGITAL AND VISUAL - 1955 W CORNWALLIS RD - DURHAM, NC 27705			55,000.	0.			EDUCATION
COMMUNITY SUCCESS INITIATIVE, INC. PO BOX 61114 RALEIGH, NC 27661	16-1702165	501(C)(3)	45,750.	0.			HUMAN SERVICES
COMPASS CENTER FOR WOMEN AND FAMILIES - 210 HENDERSON ST - CHAPEL HILL, NC 27514	56-1271474	501(C)(3)	84,300.	0.			HUMAN SERVICES
CONGREGATION OF THE SACRED HEARTS PO BOX 111 FAIRHAVEN, MA 02719	04-2160533	501(C)(3)	11,500.	0.			GENERAL PURPOSE
CONSERVATION LEGACY 701 CAMINO DEL RIO SUITE 101 DURANGO, CO 81301	84-1450808	501(C)(3)	21,800.	0.			GENERAL PURPOSE
CONSERVATION TRUST FOR NC 1028 WASHINGTON STREET RALEIGH, NC 27605	58-1552188	501(C)(3)	8,300.	0.			GENERAL PURPOSE
COURT APPOINTED SPECIAL ADVOCATES FIRST JUDICIAL DISTRICT - 466 WEST SAN FRANCISCO STREET - SANTA FE, NM 87501	85-0432642	501(C)(3)	10,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY RESEARCH TRIANGLE CORPORATE WORK STUDY PROGRAM - 334 BLACKWELL STREET SUITE 100 - DURHAM, NC 27701	83-2700481	501(C)(3)	44,495.	0.			GENERAL PURPOSE
CROSSNORE SCHOOL PO BOX 249 CROSSNORE, NC 28616-9988	56-0567980	501(C)(3)	30,000.	0.			GENERAL PURPOSE
CROSSROADS FELLOWSHIP 2721 E. MILLBROOK ROAD RALEIGH, NC 27604	56-2223603	501(C)(3)	11,175.	0.			GENERAL PURPOSE
CRYSTAL COAST HOSPICE HOUSE P O BOX 640 NEWPORT, NC 28570	26-2806108	501(C)(3)	5,250.	0.			HUMAN SERVICES
CYSTIC FIBROSIS FOUNDATION, CAROLINAS CHAPTER - 7101 CREEDMOOR ROAD - RALEIGH, NC 27613	13-1930701	501(C)(3)	9,000.	0.			GENERAL PURPOSE
DANIEL CENTER FOR MATH AND SCIENCE 735 ROCK QUARRY ROAD RALEIGH, NC 27610	27-1597059	501(C)(3)	10,250.	0.			SOCIAL SCIENCE
DAVIDSON COLLEGE BOX 7170 DAVIDSON, NC 28035-7174	56-0529961	501(C)(3)	13,250.	0.			GENERAL PURPOSE
DEMENTIA ALLIANCE OF NORTH CAROLINA - 9131 ANSON WAY, SUITE 206 - RALEIGH, NC 27615	56-1501117	501(C)(3)	5,750.	0.			GENERAL PURPOSE
DEMOCRACY NORTH CAROLINA 3000 AERIAL CENTER PARKWAY STE 160 MORRISVILLE, NC 27560	56-2271150	501(C)(3)	59,750.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESIGNED FOR JOY 517 W CABARRUS STREET STE A RALEIGH, NC 27603	82-2093018	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
DHIC, INC. (FORMERLY DOWNTOWN HOUSING IMPROVEMENT CORP.) - 113 S. WILMINGTON ST. - RALEIGH, NC 27601	56-1085131	501(C)(3)	9,000.	0.			GENERAL PURPOSE
DIAMANTE ARTS & CULTURAL CENTER 5104 WESTERN BLVD RALEIGH, NC 27606	56-2103799	501(C)(3)	15,000.	0.			ARTS-CULTR-HUMAN
DISPUTE SETTLEMENT CENTER, INC. 302 WEST WEAVER STREET CARRBORO, NC 27510	56-1216584	501(C)(3)	60,250.	0.			GENERAL PURPOSE
DOCTORS WITHOUT BORDERS USA INC. PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	58,000.	0.			GENERAL PURPOSE
DOCUMENTARY EDUCATIONAL RESOURCES 108 WATER ST WATERTOWN, MA 02472	04-2498206	501(C)(3)	10,000.	0.			GENERAL PURPOSE
DOMINICAN FRIARS 3150 VINCE HAGAN DR IRVING, TX 75062		501(C)(3)	10,000.	0.			GENERAL PURPOSE
DON'T WASTE DURHAM 506 RAMSEUR STREET DURHAM, NC 27701	82-1687711	501(C)(3)	20,250.	0.			COMMUN/BUS/INDUS
DOOR INTERNATIONAL PO BOX 30516 LANSING, MI 48909-8016	56-2151149	501(C)(3)	22,500.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOROTHEA DIX PARK CONSERVANCY PO BOX 28575 RALEIGH, NC 27611	20-8421281	501(C)(3)	483,688.	0.			GENERAL PURPOSE
DOWN EAST PARTNERSHIP FOR CHILDREN PO BOX 1245 ROCKY MOUNT, NC 27802	56-1859313	501(C)(3)	10,000.	0.			GENERAL PURPOSE
DR CHARLES VAN DER HORST WATER SAFETY INITIATIVE - 1821 HILLDALE RD STE 1B #126 - DURHAM, NC 27705-2671	84-2837052	501(C)(3)	12,500.	0.			GENERAL PURPOSE
DRESS FOR SUCCESS TRIANGLE 1812 TILLERY PLACE, SUITE 105 RALEIGH, NC 27604	26-2229898	501(C)(3)	330,500.	0.			GENERAL PURPOSE
DUKE CHILDREN'S HOSPITAL AND HEALTH CENTER - 300 W MORGAN STREET STE 1200 - DURHAM, NC 27701	56-2070036	501(C)(3)	41,386.	0.			GENERAL PURPOSE
DUKE HOMECARE AND HOSPICE 4321 MEDICAL PARK DRIVE, SUITE 101 DURHAM, NC 27704-2175	56-2070036	501(C)(3)	16,471.	0.			GENERAL PURPOSE
DUKE MEMORIAL UNITED METHODIST CHURCH - 504 WEST CHAPEL HILL ST. - DURHAM, NC 27701	56-0685370	501(C)(3)	67,365.	0.			RELI/SPIRITUALTY
DUKE SCHOOL 3716 ERWIN RD DURHAM, NC 27705	58-1521494	501(C)(3)	12,500.	0.			GENERAL PURPOSE
DUKE UNIVERSITY ALUMNI AND DEVELOPMENT RECORDS - DUKE UNIVERSITY BOX 90581 - DURHAM, NC 27708-0581	56-0532129	501(C)(3)	750,926.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY FUQUA SCHOOL OF BUSINESS - 100 FUQUA DRIVE - DURHAM, NC 27708-0120	56-0532129	501(C)(3)	10,000.	0.			GENERAL PURPOSE
DURHAM ACADEMY 3130 PICKETT ROAD DURHAM, NC 27705-6008	56-0538019	501(C)(3)	523,000.	0.			EDUCATION
DURHAM ART GUILD INC 120 MORRIS ST DURHAM, NC 27701-3230	56-0798002	501(C)(3)	5,200.	0.			ARTS-CULTR-HUMAN
DURHAM ARTS COUNCIL 120 MORRIS ST. DURHAM, NC 27701	56-0599829	501(C)(3)	88,695.	0.			GENERAL PURPOSE
DURHAM CAN 732 NINTH STREET #604 DURHAM, NC 27705	31-1661463	501(C)(3)	10,000.	0.			GENERAL PURPOSE
DURHAM CENTRAL PARK PO BOX 1526 DURHAM, NC 27702	58-2222977	501(C)(3)	28,750.	0.			RECREATN/SPORTS
DURHAM CHILDREN'S INITIATIVE 2101 ANGIER AVENUE STE 200 DURHAM, NC 27703	32-0263133	501(C)(3)	83,250.	0.			YOUTH DEVELOPMNT
DURHAM COMMUNITY LAND TRUSTEES 1208 W. CHAPEL HILL ST. DURHAM, NC 27701	56-1203878	501(C)(3)	41,500.	0.			HOUSING
DURHAM CRISIS RESPONSE CENTER 206 N DILLARD ST DURHAM, NC 27701	58-1496427	501(C)(3)	5,500.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DURHAM EAGLES FOUNDATION 4022 BOOKER AVENUE DURHAM, NC 27713	20-5935843	501(C)(3)	17,500.	0.			GENERAL PURPOSE
DURHAM LITERACY CENTER INC. PO BOX 52209 DURHAM, NC 27717	56-1479534	501(C)(3)	13,100.	0.			EDUCATION
DURHAM NATIVITY SCHOOL PO BOX 3537 DURHAM, NC 27702	56-2274228	501(C)(3)	164,900.	0.			EDUCATION
DURHAM PUBLIC SCHOOLS FOUNDATION 600 EAST UMSTEAD STREET DURHAM, NC 27701	82-2803464	501(C)(3)	53,297.	0.			EDUCATION
DURHAM RESCUE MISSION PO BOX 11368 DURHAM, NC 27703	58-1482590	501(C)(3)	40,177.	0.			GENERAL PURPOSE
DURHAM SPORTS COMMISSION 212 W. MAIN STREET DURHAM, NC 27701	81-4953773	501(C)(3)	10,000.	0.			RECREATN/SPORTS
DURHAM SUCCESS SUMMIT INC 732 9TH STREET DURHAM, NC 27705	86-2985757	501(C)(3)	10,000.	0.			PUBLIC/SOC BENFT
DURHAM SYMPHONY PO BOX 1993 DURHAM, NC 27702	56-1162641	501(C)(3)	15,000.	0.			ARTS-CULTR-HUMAN
DURHAM TECHNICAL COMMUNITY COLLEGE FOUNDATION - 1637 E LAWSON STREET - DURHAM, NC 27703	56-1423848	501(C)(3)	342,681.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DURHAM TRIPLE PLAY LEAGUES PO BOX 15942 DURHAM, NC 27704	46-1448762	501(C)(3)	6,500.	0.			RECREATN/SPORTS
DURHAMCARES P.O. BOX 331 DURHAM, NC 27702	26-2689130	501(C)(3)	10,000.	0.			COMMUN/BUS/INDUS
EAGLE RANCH INC. P.O. BOX 7200 CHESTNUT MOUNTAIN, GA 30502	58-1497408	501(C)(3)	65,000.	0.			GENERAL PURPOSE
EARTHJUSTICE 50 CALIFORNIA STREET SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	9,250.	0.			ENVIRONMENT
EARTHSHARE NORTH CAROLINA PO BOX 196 DURHAM, NC 27702	56-1775025	501(C)(3)	25,500.	0.			GENERAL PURPOSE
EAST CAROLINA UNIVERSITY FOUNDATION - OFFICE OF UNIVERSITY DEVELOPMENT - GREENVILLE CIRCLE, STE 1100 - GREENVILLE, NC	56-6093187	501(C)(3)	30,000.	0.			EDUCATION
EAST CHAPEL HILL ROTARY CLUB FOUNDATION - PO BOX 2254 - CHAPEL HILL, NC 27515	56-2161324	501(C)(3)	18,000.	0.			COMMUN/BUS/INDUS
EASTERN CAROLINA YMCA 100 YMCA LANE NEW BERN, NC 28560	58-1402035	501(C)(3)	5,500.	0.			GENERAL PURPOSE
EASTERN EUROPEAN MISSION PO BOX 55245 HURST, TX 76054	74-2200722	501(C)(3)	30,000.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECHO 506 RAMSEUR STREET, SUITE 1 DURHAM, NC 27701	47-4482327	501(C)(3)	5,750.	0.			EMPLOYMENT
ECO-INSTITUTE AT PICKARDS MOUNTAIN 8519 PICKARDS MEADOW RD CHAPEL HILL, NC 27516	82-2032530	501(C)(3)	56,000.	0.			ENVIRONMENT
EDENTON ST. UNITED METHODIST CHURCH - 228 W. EDENTON ST. - RALEIGH, NC 27603	56-0547492		10,000.	0.			GENERAL PURPOSE
EDUCATION JUSTICE ALLIANCE 1214 EAST LENOIR STREET RALEIGH, NC 27610	87-1986048	501(C)(3)	25,000.	0.			CRIME AND LEGAL
EL CENTRO HISPANO 2000 CHAPEL HILL ROAD, SUITE 26A DURHAM, NC 27707	56-2011661	501(C)(3)	44,500.	0.			GENERAL PURPOSE
EL FUTURO 2020 CHAPEL HILL ROAD, SUITE 23 DURHAM, NC 27707	80-0122334	501(C)(3)	65,416.	0.			MENTAL HEALTH
ELLERBE CREEK WATERSHED ASSOCIATION - PO BOX 2679 - DURHAM, NC 27715	56-2123874	501(C)(3)	149,250.	0.			ENVIRONMENT
EMMANUEL INTERNATIONAL MINISTRIES PO BOX 5277 WHEATON, IL 60189	36-4379208	501(C)(3)	20,000.	0.			GENERAL PURPOSE
EMPOWERED MINDS ACADEMY 311 OAKWOOD AVE DURHAM, NC 27701	81-2038509	501(C)(3)	20,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMPOWERMENT, INC. 109 N. GRAHAM ST. CHAPEL HILL, NC 27516	56-1965772	501(C)(3)	14,000.	0.			GENERAL PURPOSE
ENO RIVER ASSOCIATION 4404 GUESS ROAD DURHAM, NC 27712	56-1134204	501(C)(3)	35,502.	0.			GENERAL PURPOSE
ENO RIVER UNITARIAN UNIVERSALIST FELLOWSHIP - 4907 GARRETT ROAD - DURHAM, NC 27707	51-0151684	501(C)(3)	21,200.	0.			GENERAL PURPOSE
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	10,750.	0.			GENERAL PURPOSE
EPISCOPAL DIOCESE OF LOS ANGELES 840 ECHO PARK LAKE AVENUE LOS ANGELES, CA 90026	23-7103106	501(C)(3)	10,000.	0.			FAITH BASED
EPISCOPAL RELIEF AND DEVELOPMENT PO BOX 7058 MERRIFIELD, VA 22116-7058	73-1635264	501(C)(3)	18,250.	0.			GENERAL PURPOSE
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	63-1135091	501(C)(3)	12,500.	0.			CIV RTS/SOC ACTN
EQUITY BEFORE BIRTH 112 BROADWAY ST DURHAM, NC 27701	85-2675630	501(C)(3)	20,500.	0.			HUMAN SERVICES
ESSENTIAL PARTNERS, INC. 186 ALEWIFE BROOK PARKWAY, SUITE 21 CAMBRIDGE, MA 02138	22-3432160	501(C)(3)	75,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERY MOTHER COUNTS 333 HUDSON STREET NEW YORK, NY 10013	45-4102644	501(C)(3)	20,000.	0.			GENERAL PURPOSE
EXECUTIVE SERVICE CORPS OF THE TRIANGLE INC. - P.O. BOX 14754 - DURHAM, NC 27709	56-1625629	501(C)(3)	30,000.	0.			HUMAN SERVICES
EXTRA TERRESTRIAL PROJECTS 514 DANIELS STREET #129 RALEIGH, NC 27605	47-3204519	501(C)(3)	20,000.	0.			ARTS-CULTR-HUMAN
EYES EARS NOSE AND PAWS INC. PO BOX 3443 CHAPEL HILL, NC 27515	61-1436221	501(C)(3)	103,300.	0.			GENERAL PURPOSE
FAMILIES MOVING FORWARD PO BOX 25426 DURHAM, NC 27702	56-1633998	501(C)(3)	63,250.	0.			HOUSING
FEARRINGTON CARES 2020 FEARRINGTON POST PITTSBORO, NC 27312	56-1702206	501(C)(3)	51,500.	0.			GENERAL PURPOSE
FELLOWSHIP HOME OF RALEIGH, INC. 506 CUTLER ST. RALEIGH, NC 27603	56-6063092	501(C)(3)	10,000.	0.			GENERAL PURPOSE
FIDELITY CHARITABLE GIFT FUND P.O. BOX 770001 CINCINNATI, OH 45277-0053	11-0303001	501(C)(3)	149,897.	0.			GENERAL PURPOSE
FIRST BAPTIST CHURCH OF WINSTON SALEM - 501 W. FIFTH ST. - WINSTON-SALEM, NC 27101			30,000.	0.			RELI/SPIRITUALTY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST IN FAMILIES OF NC 3109 UNIVERSITY DRIVE SUITE 100 DURHAM, NC 27707	46-0471896	501(C)(3)	10,000.	0.			GENERAL PURPOSE
FIRST NORTH CAROLINA PO BOX 5715 GREENSBORO, NC 27435	46-1301122	501(C)(3)	10,250.	0.			GENERAL PURPOSE
FIRST PRESBYTERIAN CHURCH 305 E. MAIN ST. DURHAM, NC 27701	56-0563131		135,511.	0.			RELI/SPIRITUALTY
FIRST TEE OF THE TRIANGLE PO BOX 91447 RALEIGH, NC 27675	56-2266025	501(C)(3)	13,000.	0.			YOUTH DEVELOPMNT
FIRST UNITED METHODIST CHURCH OF CARY - 117 S. ACADEMY ST. - CARY, NC 27511	20-0142293	501(C)(3)	25,000.	0.			RELI/SPIRITUALTY
FLORIDA KEYS SPCA 5230 COLLEGE RD. KEY WEST, FL 33040	65-0891564	501(C)(3)	10,000.	0.			GENERAL PURPOSE
FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA - 1924 CAPITAL BOULEVARD - RALEIGH, NC 27604	56-1283426	501(C)(3)	165,226.	0.			GENERAL PURPOSE
FOOD DEPOT 1222 A SILER ROAD SANTA FE, NM 87507	85-0416803	501(C)(3)	10,000.	0.			GENERAL PURPOSE
FOREST AT DUKE 2701 PICKETT ROAD DURHAM, NC 27705	56-1630158	501(C)(3)	7,030.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKIE LEMMON FOUNDATION 3101 POPLARWOOD COURT RALEIGH, NC 27604	56-1572087	501(C)(3)	18,500.	0.			GENERAL PURPOSE
FREEDOM HOUSE RECOVERY CENTER, INC. - 104 NEW STATESIDE DRIVE - CHAPEL HILL, NC 27516	56-1082674	501(C)(3)	12,000.	0.			GENERAL PURPOSE
FRIENDS OF CANADIAN EDUCATION 19 CONNELL DRIVE WEST ORANGE, NJ 07052	56-1776997	501(C)(3)	100,000.	0.			GENERAL PURPOSE
FRIENDS OF THE NC ACCESSIBLE BOOKS AND LIBRARY SERVICES - 1841 CAPITAL BLVD - RALEIGH, NC 27635	58-1973202	501(C)(3)	22,437.	0.			GENERAL PURPOSE
FRIENDS OF THE NC MUSEUM OF NATURAL SCIENCES - PO BOX 26928 - RALEIGH, NC 27611-6928	56-1240806	501(C)(3)	62,000.	0.			GENERAL PURPOSE
FULL FRAME DOCUMENTARY FILM FESTIVAL - 320 BLACKWELL STREET - DURHAM, NC 27701	56-1655039	501(C)(3)	11,000.	0.			GENERAL PURPOSE
FUND FOR HUMAN POSSIBILITY PO BOX 331 CHAPEL HILL, NC 27514-0331	56-1868691	501(C)(3)	6,000.	0.			EDUCATION
FUQUAY-VARINA REVITALIZATION ASSOCIATION INC. - 108 RALEIGH ST - FUQUAY-VARINA, NC 27526	56-2122680	501(C)(3)	25,000.	0.			GENERAL PURPOSE
GASPARD & DANCERS INC. 106 PATHWOOD LN DURHAM, NC 27705	46-4652567	501(C)(3)	28,500.	0.			ARTS-CULTR-HUMAN

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEEX, INC. 2326 E. MIFFLIN ST. MADISON, WI 53704	85-2283764	501(C)(3)	12,000.	0.			GENERAL PURPOSE
GEORGE MARK CHILDREN'S FUND 2121 GEORGE MARK LANE SAN LEANDRO, CA 94578	94-3255845	501(C)(3)	7,500.	0.			GENERAL PURPOSE
GIGI'S PLAYHOUSE RALEIGH 2887 JONES FRANKLIN ROAD RALEIGH, NC 27606	81-1482925	501(C)(3)	11,000.	0.			MENTAL HEALTH
GIRLS ON THE RUN OF THE TRIANGLE, INC. - 1415 WEST NC HIGHWAY 54, SUITE 211 - DURHAM, NC 27707-5597	56-2228790	501(C)(3)	8,000.	0.			RECREATN/SPORTS
GIRLS WHO CODE, INC. 28 W 23RD STREET NEW YORK, NY 10010	30-0728021	501(C)(3)	8,500.	0.			GENERAL PURPOSE
GLOBAL TRAINING NETWORK INC. PO BOX 6507 PEORIA, AZ 85385	68-0586399	501(C)(3)	5,250.	0.			GENERAL PURPOSE
GLOBAL VACCINES, INC. 408 DRAGONFLY TRAIL CHAPEL HILL, NC 27517-9503	65-1161833	501(C)(3)	10,000.	0.			GENERAL PURPOSE
GO GLOBAL NC PO BOX 2162 WAKE FOREST, NC 27588	56-1751280	501(C)(3)	77,097.	0.			GENERAL PURPOSE
GRACE BAPTIST CHURCH 1114 BROAD STREET ELIZABETHTON, TN 37643			25,000.	0.			RELI/SPIRITUALTY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER EUROPE MISSION 18950 BASE CAMP RD MONUMENT, CO 80132	36-2345199	501(C)(3)	8,198.	0.			GENERAL PURPOSE
GREENSBORO COLLEGE FOUNDATION 815 W. MARKET ST. GREENSBORO, NC 27401	56-2077641	501(C)(3)	20,505.	0.			GENERAL PURPOSE
GROWING TOGETHER PRESCHOOL 3301 BOULDER CT. RALEIGH, NC 27607	56-1836826	501(C)(3)	8,000.	0.			GENERAL PURPOSE
HABITAT FOR HUMANITY OF DURHAM COUNTY - 215 N. CHURCH STREET - DURHAM, NC 27701	58-1674794	501(C)(3)	148,200.	0.			GENERAL PURPOSE
HABITAT FOR HUMANITY OF ORANGE COUNTY - 88 VILCOM CENTER DRIVE, SUITE L110 - CHAPEL HILL, NC 27514	58-1603427	501(C)(3)	133,800.	0.			GENERAL PURPOSE
HABITAT FOR HUMANITY OF WAKE COUNTY - 2420 NORTH RALEIGH BLVD - RALEIGH, NC 27604	56-1492703	501(C)(3)	12,750.	0.			GENERAL PURPOSE
HAITI REFORESTATION PARTNERSHIP PO BOX 7116 CHARLOTTESVILLE, VA 22906	58-1933713	501(C)(3)	22,000.	0.			GENERAL PURPOSE
HAVEN HOUSE SERVICES 1008 BULLARD COURT RALEIGH, NC 27615	56-1073632	501(C)(3)	69,500.	0.			HUMAN SERVICES
HAW RIVER ASSEMBLY, INC. PO BOX 187 BYNUM, NC 27228	58-1510282	501(C)(3)	27,750.	0.			ENVIRONMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEAL CHARLOTTE 420 E 15TH STREET CHARLOTTE, NC 28206	81-5158164	501(C)(3)	10,000.	0.			GENERAL PURPOSE
HEALING TRANSITIONS 1251 GOODE STREET RALEIGH, NC 27603-2261	56-2135246	501(C)(3)	52,748.	0.			MENTAL HEALTH
HEATON CHRISTIAN CHURCH PO BOX 117 ELK PARK, NC 28622	56-1369746		25,000.	0.			RELI/SPIRITUALTY
HELPS EDUCATION FUND 2009 FAIRVIEW ROAD RALEIGH, NC 27268	45-2046989	501(C)(3)	10,000.	0.			GENERAL PURPOSE
HIDDEN VOICES 9602 ART ROAD CEDAR GROVE, NC 27231	20-0763984	501(C)(3)	24,000.	0.			ARTS-CULTR-HUMAN
HIGH HOPES THERAPEUTIC RIDING, INC. - 36 TOWN WOODS ROAD - OLD LYME, CT 06371	06-0987749	501(C)(3)	20,000.	0.			HEALTH CARE
HIGHER ED WORKS PO BOX 10463 RALEIGH, NC 27605	82-4082527	501(C)(3)	10,000.	0.			GENERAL PURPOSE
HILL LEARNING CENTER 3200 PICKETT ROAD DURHAM, NC 27705	56-2089788	501(C)(3)	46,700.	0.			GENERAL PURPOSE
HISTORIC PRESERVATION SOCIETY OF DURHAM - PO BOX 25411 - DURHAM, NC 27702-5411	23-7361218	501(C)(3)	54,250.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLLY SPRINGS UNITED METHODIST CHURCH - 108 AVENT FERRY ROAD - HOLLY SPRINGS, NC 27540	56-1401676	501(C)(3)	19,874.	0.			RELI/SPIRITUALTY
HOLY TRINITY CHURCH OF RALEIGH 549 NORTH BLOUNT STREET RALEIGH, NC 27604	20-1534970	501(C)(3)	7,500.	0.			GENERAL PURPOSE
HOME SOLUTIONS OF DAVIDSON COUNTY, NC - P.O. BOX 933 - LEXINGTON, NC 27293	56-1998627	501(C)(3)	6,000.	0.			COMMUN/BUS/INDUS
HOPE INTERNATIONAL 227 GRANITE RUN DRIVE LANCASTER, PA 17601	23-2836648	501(C)(3)	5,250.	0.			GENERAL PURPOSE
HOPE REINS 8420 WAKE FOREST HIGHWAY RALEIGH, NC 27613	27-1074966	501(C)(3)	8,650.	0.			GENERAL PURPOSE
HOPELINE INC. P.O. BOX 10490 RALEIGH, NC 27605	56-1096751	501(C)(3)	10,500.	0.			HEALTH CARE
HOPKINS SCHOOL INCORPORATED 986 FOREST ROAD NEW HAVEN, CT 06515	06-0646674	501(C)(3)	7,000.	0.			GENERAL PURPOSE
HOUSING FOR NEW HOPE 18 WEST COLONY PLACE STE 250 DURHAM, NC 27705	58-2089068	501(C)(3)	14,250.	0.			GENERAL PURPOSE
HUMMINGBIRD FARM P.O. BOX 1603 PITTSBORO, NC 27312	56-2099676	501(C)(3)	10,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMAGINE NORTH CAROLINA FIRST PO BOX 428 RALEIGH, NC 27602	46-4006055	501(C)(3)	115,000.	0.			SOCIAL SCIENCE
IMMERSION FOR SPANISH LANGUAGE ACQUISITION - P.O BOX 16278 - CHAPEL HILL, NC 27516	45-5336885	501(C)(3)	25,000.	0.			EDUCATION
INDEPENDENT ANIMAL RESCUE, INC. PO BOX 14232 DURHAM, NC 27709-4232	56-1951483	501(C)(3)	15,500.	0.			GENERAL PURPOSE
INTEGRATIVE STRATEGIES FORUM, INC. 1806 GRACE CHURCH ROAD SILVER SPRING, MD 20910-2111	52-2200029	501(C)(3)	174,740.	0.			GENERAL PURPOSE
INTERACT 1012 OBERLIN ROAD RALEIGH, NC 27605	58-1320613	501(C)(3)	23,689.	0.			GENERAL PURPOSE
INTERACTIVE RESOURCE CENTER INC. PO BOX 20568 GREENSBORO, NC 27405-7503	80-0315285	501(C)(3)	11,000.	0.			GENERAL PURPOSE
INTER-FAITH COUNCIL FOR SOCIAL SERVICE - 110 W. MAIN STREET, SUITE D - CARRBORO, NC 27510	59-1224041	501(C)(3)	69,821.	0.			HOUSING
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE, SUITE 120 RALEIGH, NC 27603	56-1753180	501(C)(3)	55,750.	0.			GENERAL PURPOSE
INTERNATIONAL BLUEGRASS MUSIC ASSOCIATION - 4206 GALLATIN PIKE - NASHVILLE, TN 37216	38-3764317	501(C)(3)	50,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	39,150.	0.			GENERAL PURPOSE
INWAVE 354 MARCELLUS WAY ARCHER LODGE, NC 27527	84-2044877	501(C)(3)	22,500.	0.			ARTS-CULTR-HUMAN
JEWISH FEDERATION OF LOUISVILLE 3600 DUTCHMANS LANE LOUISVILLE, KY 40205	61-0444765	501(C)(3)	10,000.	0.			GENERAL PURPOSE
JEWISH FOR GOOD 1937 W. CORNWALLIS ROAD DURHAM, NC 27705	58-1384316	501(C)(3)	12,350.	0.			GENERAL PURPOSE
JOBS FOR AMERICA'S GRADUATES, INC. 1729 KING STREET STE 100 ALEXANDRIA, VA 22314	52-1194546	501(C)(3)	25,000.	0.			GENERAL PURPOSE
JOBS FOR LIFE P.O. BOX 20368 RALEIGH, NC 27619	56-2193808	501(C)(3)	10,000.	0.			EMPLOYMENT
JONATHAN PROJECT 5 W. HARGETT STREET, SUITE 212 RALEIGH, NC 27601	83-2711610	501(C)(3)	10,000.	0.			GENERAL PURPOSE
JOURNEY TO DREAM 1960 ARCHER AVENUE LEWISVILLE, TX 75077	20-1209865	501(C)(3)	23,500.	0.			YOUTH DEVELOPMNT
JUDEA REFORM CONGREGATION 1933 WEST CORNWALLIS ROAD DURHAM, NC 27705	56-1337018	501(C)(3)	49,975.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUSTICE THROUGH MUSIC PROJECT 8100 BEECH TREE ROAD BETHESDA, MD 20817	27-0051467	501(C)(3)	10,000.	0.			GENERAL PURPOSE
JUSTICEMATTERS INC. PO BOX 199 DURHAM, NC 27702	27-1378558	501(C)(3)	17,000.	0.			CRIME AND LEGAL
JUVENILE DIABETES FOUNDATION INTERNATIONAL - 105 WESTPARK DRIVE #415 - BRENTWOOD, TN 37027	23-1907729	501(C)(3)	77,500.	0.			DISEASE/RESEARCH
KARL STIRNER ARTS TRAIL INC 123 S 3RD STREET EASTON, PA 18042	81-4283487	501(C)(3)	20,000.	0.			ARTS-CULTR-HUMAN
KEEP DURHAM BEAUTIFUL 2011 FAY STREET DURHAM, NC 27705	02-0735076	501(C)(3)	20,000.	0.			ENVIRONMENT
KENAN-FLAGLER BUSINESS SCHOOL FOUNDATION - CB #3440 - CHAPEL HILL, NC 27599-3440	56-0771850	501(C)(3)	21,000.	0.			GENERAL PURPOSE
KHMU CHURCH HIGH POINT 303 N. ROTARY DRIVE HIGH POINT, NC 27262	56-0556746		305,000.	0.			GENERAL PURPOSE
KIDZNOTES PO BOX 200 DURHAM, NC 27702	27-0446845	501(C)(3)	31,075.	0.			ARTS-CULTR-HUMAN
KING BAUDOIN FOUNDATION UNITED STATES INC - 10 ROCKEFELLER PLAZA - NEW YORK, NY 10020	58-2277856	501(C)(3)	102,000.	0.			PHILAN/VOL/GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KRAMDEN INSTITUTE 5010 NC HWY 55 DURHAM, NC 27713	74-3108814	501(C)(3)	48,666.	0.			SCIENCE/TECHN.
LAKE JUNALUSKA ASSEMBLY INC PO BOX 67 LAKE JUNALUSKA, NC 28745	56-0547461	501(C)(3)	58,000.	0.			GENERAL PURPOSE
LATINO EDUCATION ACHIEVEMENT PARTNERSHIP - 1737 HILLDALE ROAD - DURHAM, NC 27705	46-2545659	501(C)(3)	19,750.	0.			EDUCATION
LEADERSHIP TRIANGLE 907 GLENWOOD AVENUE RALEIGH, NC 27605	56-1852726	501(C)(3)	65,413.	0.			EDUCATION
LEARNING OUTSIDE INC. PO BOX 718 CARRBORO, NC 27510	45-2686552	501(C)(3)	8,500.	0.			GENERAL PURPOSE
LEARNING TOGETHER 568 EAST LENOIR ST RALEIGH, NC 27601	51-0161593	501(C)(3)	10,250.	0.			HUMAN SERVICES
LEGAL AID OF NORTH CAROLINA, INC. PO BOX 28741 RALEIGH, NC 27611	31-1784161	501(C)(3)	28,500.	0.			GENERAL PURPOSE
LEUKEMIA & LYMPHOMA SOCIETY, NC EASTERN CHAPTER - 401 HARRISON OAKS BLVD, SUITE 200 - CARY, NC 27513	13-5644916	501(C)(3)	21,550.	0.			GENERAL PURPOSE
LGBTQ CENTER OF DURHAM 114 HUNT STREET DURHAM, NC 27704	27-1277498	501(C)(3)	25,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE SKILLS FOUNDATION PO BOX 51129 DURHAM, NC 27717	20-3676000	501(C)(3)	37,500.	0.			HOUSING
LINCOLN COMMUNITY HEALTH CENTER INCORPORATED - 1301 FAYETTEVILLE ST. - DURHAM, NC 27707-2119	56-1031244	501(C)(3)	11,283.	0.			GENERAL PURPOSE
LITTLETON BAPTIST CHURCH PO BOX 216 LITTLETON, NC 27850			10,000.	0.			GENERAL PURPOSE
LOVE OUT LOUD PO BOX 20912 WINSTON-SALEM, NC 27120-0912	47-4085418	501(C)(3)	15,000.	0.			GENERAL PURPOSE
MADE4ME, INC 5540 ATLANTIC SPRINGS RD SUITE101 RALEIGH, NC 27616	81-5420009	501(C)(3)	8,068.	0.			GENERAL PURPOSE
MALLARME CHAMBER PLAYERS 120 MORRIS STREET DURHAM, NC 27701	58-1711177	501(C)(3)	64,500.	0.			ARTS-CULTR-HUMAN
MARY BALDWIN UNIVERSITY PO BOX 1500 STAUNTON, VA 24402-1500	54-0506319	501(C)(3)	40,910.	0.			GENERAL PURPOSE
MASONIC HOME FOR CHILDREN AT OXFORD - 600 COLLEGE STREET - OXFORD, NC 27565	56-0603924	501(C)(3)	5,707.	0.			GENERAL PURPOSE
MCCLATCHY JOURNALISM INSTITUTE 1731 HOWE AVE STE 242 SACRAMENTO, CA 95825-2209	84-2968843	501(C)(3)	17,500.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF DURHAM INC. 2522 ROSS ROAD DURHAM, NC 27703	56-1729111	501(C)(3)	6,250.	0.			FOOD/AGRI/NUTRIT
MEALS ON WHEELS OF WAKE COUNTY 1001 BLAIR DRIVE, SUITE 100 RALEIGH, NC 27603-2030	56-1061085	501(C)(3)	15,500.	0.			GENERAL PURPOSE
MOJOAA PERFORMING ARTS COMPANY P.O. BOX 40413 RALEIGH, NC 27629	47-1671009	501(C)(3)	15,000.	0.			ARTS-CULTR-HUMAN
MONTREAT COLLEGE P.O. BOX 1267 MONTREAT, NC 28757	56-0543261	501(C)(3)	11,414.	0.			EDUCATION
MOREHEAD PLANETARIUM AND SCIENCE CENTER - UNC CHAPEL HILL CB #3480 - CHAPEL HILL, NC 27599-3480			7,500.	0.			GENERAL PURPOSE
MOREHEAD-CAIN SCHOLARSHIP FUND PO BOX 690 CHAPEL HILL, NC 27514-0690	56-2462593	501(C)(3)	10,000.	0.			GENERAL PURPOSE
MUSEUM OF DURHAM HISTORY PO BOX 362 DURHAM, NC 27702-0362	94-3455685	501(C)(3)	23,500.	0.			ARTS-CULTR-HUMAN
MUSEUM OF LIFE AND SCIENCE 433 W MURRAY AVENUE DURHAM, NC 27704	56-0938434	501(C)(3)	30,546.	0.			GENERAL PURPOSE
MUSIC MAKER RELIEF FOUNDATION PO BOX 1358 HILLSBOROUGH, NC 27278	13-3782018	501(C)(3)	12,500.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MY KID'S CLUB PO BOX 784 SELMA, NC 27576	83-2337004	501(C)(3)	12,500.	0.			YOUTH DEVELOPMNT
NAMI OF WAKE CO. PO BOX 12562 RALEIGH, NC 27605	56-1552949	501(C)(3)	9,498.	0.			GENERAL PURPOSE
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206-2761	74-2044647	501(C)(3)	10,000.	0.			GENERAL PURPOSE
NATIONAL NETWORK OF ABORTION FUNDS 9450 SW GEMINI DRIVE BEAVERTON, OR 97008-7105	04-3236982	501(C)(3)	10,000.	0.			CIV RTS/SOC ACTN
NATIONAL PARK FOUNDATION PO BOX 17394 BALTIMORE, MD 21298-9450	52-1086761	501(C)(3)	53,750.	0.			GENERAL PURPOSE
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET 11TH FLOOR NEW YORK, NY 10011	13-2654926	501(C)(3)	11,250.	0.			GENERAL PURPOSE
NC CENTER FOR NONPROFITS 5800 FARINGDON PLACE RALEIGH, NC 27609	56-1729407	501(C)(3)	15,000.	0.			GENERAL PURPOSE
NC CHILD 3101 POPLARWOOD COURT RALEIGH, NC 27604	58-1534066	501(C)(3)	22,500.	0.			GENERAL PURPOSE
NC COASTAL FEDERATION 3609 NC 24 NEWPORT, NC 28570	58-1494098	501(C)(3)	6,500.	0.			ENVIRONMENT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NC CONGRESS OF LATINO ORGANIZATIONS NCCLO - 4907 GARRETT RD - DURHAM, NC 27707-3443	51-0526332	501(C)(3)	31,000.	0.			CIV RTS/SOC ACTN
NC ENVIRONMENTAL DEFENSE FUND 4000 WESTCHASE BOULEVARD STE 510 RALEIGH, NC 27607	11-6107128	501(C)(3)	26,000.	0.			GENERAL PURPOSE
NC MUSEUM OF ART FOUNDATION 4630 MAIL SERVICE CENTER RALEIGH, NC 27699-4630	23-7071511	501(C)(3)	24,500.	0.			GENERAL PURPOSE
NC SYMPHONY SOCIETY, INC. 3700 GLENWOOD AVENUE, SUITE 130 RALEIGH, NC 27612	56-0556755	501(C)(3)	26,500.	0.			ARTS-CULTR-HUMAN
NC THEATRE ONE EAST SOUTH STREET RALEIGH, NC 27601	56-1072874	501(C)(3)	20,000.	0.			GENERAL PURPOSE
NC VETERINARY MEDICAL FOUNDATION 1060 WILLIAM MOORE DRIVE RALEIGH, NC 27607	58-1344473	501(C)(3)	21,000.	0.			EDUCATION
NC WASTE AWARENESS AND REDUCTION NETWORK (NC WARN) - PO BOX 61051 - DURHAM, NC 27715-1051	56-1734433	501(C)(3)	26,000.	0.			ENVIRONMENT
NCCU FOUNDATION PO BOX 19363 DURHAM, NC 27707	23-7410301	501(C)(3)	5,519.	0.			EDUCATION
NCSU OFFICE OF CONTRACTS AND GRANTS - CAMPUS BOX 7214 - RALEIGH, NC 27695-7214	56-6000756		77,097.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBOR TO NEIGHBOR MINISTRIES PO BOX 25628 RALEIGH, NC 27611	56-2016457	501(C)(3)	18,500.	0.			GENERAL PURPOSE
NEO PHILANTHROPY, INC 45 WEST 36TH STREET, 6TH FLOOR NEW YORK, NY 10018	13-3191113	501(C)(3)	22,000.	0.			GENERAL PURPOSE
NEWMAN CATHOLIC STUDENT CENTER PARISH - 218 PITTSBORO STREET - CHAPEL HILL, NC 27516-2738	56-0929282		7,750.	0.			GENERAL PURPOSE
NORTH CAROLINA AMATEUR SPORTS, INC. - 406 BLACKWELL ST. - DURHAM, NC 27701	58-1527276	501(C)(3)	35,298.	0.			GENERAL PURPOSE
NORTH CAROLINA ARTS IN ACTION PO BOX 51277 DURHAM, NC 27717	20-3029784	501(C)(3)	27,550.	0.			ARTS-CULTR-HUMAN
NORTH CAROLINA BOTANICAL GARDEN FOUNDATION, INC. - UNC AT CHAPEL HILL CAMPUS BOX 3375 - CHAPEL HILL, NC 27599-3375	56-6076622	501(C)(3)	26,050.	0.			ENVIRONMENT
NORTH CAROLINA BUSINESS LEADERS FOR EDUCATION - 100 SAS CAMPUS DRIVE, BLDG T - CARY, NC 27513	46-2988453	501(C)(3)	10,000.	0.			GENERAL PURPOSE
NORTH CAROLINA COALITION FOR ALTERNATIVES TO THE DEATH PENALTY - 123 WEST MAIN ST., SUITE 700 - DURHAM, NC 27701	45-4288573	501(C)(3)	15,000.	0.			GENERAL PURPOSE
NORTH CAROLINA COASTAL LAND TRUST 3 PINE VALLEY DRIVE WILMINGTON, NC 28412	56-1791849	501(C)(3)	14,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA COMMUNITY FOUNDATION - 3737 GLENWOOD AVENUE - RALEIGH, NC 27612	58-1661700	501(C)(3)	6,396,403.	0.			GENERAL PURPOSE
NORTH CAROLINA CONSERVATION NETWORK - 234 FAYETTEVILLE STREET, 5TH FLOOR - RALEIGH, NC 27601	58-2504713	501(C)(3)	162,750.	0.			GENERAL PURPOSE
NORTH CAROLINA EARLY CHILDHOOD FOUNDATION - 514 DANIELS STREET #173 - RALEIGH, NC 27605	45-3971534	501(C)(3)	6,000.	0.			GENERAL PURPOSE
NORTH CAROLINA JUSTICE CENTER PO BOX 28068 RALEIGH, NC 27611	56-1348186	501(C)(3)	22,500.	0.			GENERAL PURPOSE
NORTH CAROLINA OPERA, INC. 612 WADE AVENUE, STE 100 RALEIGH, NC 27605	31-1486222	501(C)(3)	7,472.	0.			GENERAL PURPOSE
NORTH CAROLINA PUBLIC RADIO - WUNC 120 FRIDAY CENTER DR. CHAPEL HILL, NC 27517	56-6001393	501(C)(3)	63,340.	0.			GENERAL PURPOSE
NORTH CAROLINA PUBLIC RADIO WFAE 8801 JM KEYNES DRIVE SUITE 91 CHARLOTTE, NC 28262	56-1803808	501(C)(3)	42,500.	0.			GENERAL PURPOSE
NORTH CAROLINA READING SERVICE 211 E. SIX FORKS ROAD RALEIGH, NC 27609	58-1528968	501(C)(3)	24,437.	0.			GENERAL PURPOSE
NORTH CAROLINA SCIENCE FAIR FOUNDATION - 264 COTTLE LAKE DRIVE - COATS, NC 27521	26-1888311	501(C)(3)	10,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA STATE ENGINEERING FOUNDATION, INC. - CAMPUS BOX 7901 - RALEIGH, NC 27695	56-6046987	501(C)(3)	10,000.	0.			EDUCATION
NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7474 RALEIGH, NC 27695-7474	56-6049503	501(C)(3)	83,000.	0.			GENERAL PURPOSE
NORTH CAROLINA ZOOLOGICAL SOCIETY 4403 ZOO PKWY ASHEBORO, NC 27205	56-0990900	501(C)(3)	143,908.	0.			ANIMAL-RELATED
NORTH CAROLINIANS AGAINST GUN VIOLENCE EDUCATION FUND INC. - PO BOX 51565 - DURHAM, NC 27717	56-1897050	501(C)(3)	12,250.	0.			GENERAL PURPOSE
NORTHERN LIGHT HEALTH FOUNDATION PO BOX 604 BLUE HILL, ME 04614	22-2514163	501(C)(3)	10,000.	0.			GENERAL PURPOSE
NORTHERN VIRGINIA FAMILY SERVICE 10455 WHITE GRANITE DRIVE OAKTON, VA 22124	54-0791977	501(C)(3)	10,160.	0.			GENERAL PURPOSE
NOURISH INTERNATIONAL PO BOX 2173 GARNER, NC 27529	83-0462309	501(C)(3)	12,750.	0.			INTERNATIONAL
NOVA SOUTHEASTERN UNIVERSITY PO BOX 2217 FT. LAUDERDALE, FL 33303	59-1083502	501(C)(3)	200,000.	0.			EDUCATION
NUEVA GENERACION 2663 LENNOXVILLE RD. BEAUFORT, NC 28516	26-2251734	501(C)(3)	6,765.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAK CITY CARES, INC. 1430 SOUTH WILMINGTON STREET RALEIGH, NC 27603	83-0826329	501(C)(3)	35,750.	0.			RELI/SPIRITUALTY
OAK HILL FELLOWSHIP CENTER DBA CAMP OAK HILL - 1528 OAK HILL ROAD - OXFORD, NC 27565	56-1108825	501(C)(3)	7,500.	0.			GENERAL PURPOSE
OBERLIN COLLEGE PO BOX 72110 CLEVELAND, OH 44192	34-0714363	501(C)(3)	11,800.	0.			GENERAL PURPOSE
OCCONEECHEE COUNCIL BOY SCOUTS OF AMERICA - 3231 ATLANTIC AVENUE - RALEIGH, NC 27604	56-1788551	501(C)(3)	25,250.	0.			YOUTH DEVELOPMNT
OLDFIELDS SCHOOL 1500 GLENCOE RD SPARKS GLENCOE, MD 21152	52-0591645	501(C)(3)	50,000.	0.			EDUCATION
ORANGE CONGREGATIONS IN MISSION 300 MILLSTONE DR. HILLSBOROUGH, NC 27278	58-1563438	501(C)(3)	6,500.	0.			GENERAL PURPOSE
ORANGE COUNTYS UNITED WAY 18012 MITCHELL AVENUE SOUTH IRVINE, CA 92614	33-0047994	501(C)(3)	10,000.	0.			PHILAN/VOL/GRANT
ORPHAN OUTREACH 2001 WEST PLANO PARKWAY, SUITE 3700 PLANO, TX 75075	56-2623813	501(C)(3)	5,750.	0.			GENERAL PURPOSE
OVERTURE OUTREACH INTERNATIONAL PO BOX 16045 HIGH POINT, NC 27261	82-0747699	501(C)(3)	15,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS FOR ENVIRONMENTAL JUSTICE 813 DARBY ST. RALEIGH, NC 27610	71-0879549	501(C)(3)	20,000.	0.			ENVIRONMENT
PEE WEE HOMES 8410 MERIN RD CHAPEL HILL, NC 27516-9231	82-2624086	501(C)(3)	80,000.	0.			GENERAL PURPOSE
PHARMACY FOUNDATION OF NC 194 FINLEY GOLF COURSE ROAD, SUITE CHAPEL HILL, NC 27517	56-6037918	501(C)(3)	30,000.	0.			GENERAL PURPOSE
PIEDMONT CONSERVATION COUNCIL 201 E MAIN STREET 5TH FLOOR DURHAM, NC 27701	58-1798988	501(C)(3)	20,000.	0.			ENVIRONMENT
PILGRIM UNITED CHURCH OF CHRIST 3011 ACADEMY RD DURHAM, NC 27707			13,250.	0.			GENERAL PURPOSE
PLANNED PARENTHOOD FEDERATION OF AMERICA - PO BOX 97166 - WASHINGTON, DC 20090	13-1644147	501(C)(3)	38,250.	0.			GENERAL PURPOSE
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 7155 E. 38TH AVENUE - DENVER, CO 80207	84-0404253	501(C)(3)	30,000.	0.			GENERAL PURPOSE
PLANNED PARENTHOOD SOUTH ATLANTIC, INC. - 100 S. BOYLAN AVE. - RALEIGH, NC 27603	56-1282557	501(C)(3)	142,396.	0.			GENERAL PURPOSE
PLANNED PARENTHOOD SOUTHEAST 241 PEACHTREE STREET NE ATLANTA, GA 30303	58-6045874	501(C)(3)	10,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAYMAKERS REPERTORY COMPANY CAMPUS BOX 3235 CHAPEL HILL, NC 27599-3235			31,000.	0.			ARTS-CULTR-HUMAN
PLM FAMILIES TOGETHER 908 PLAINVIEW DRIVE, STE 101 RALEIGH, NC 27610	56-1278004	501(C)(3)	45,500.	0.			PUBLIC/SOC BENFT
PORCH CHAPEL HILL-CARRBORO PO BOX 16363 CHAPEL HILL, NC 27516	27-2759081	501(C)(3)	16,500.	0.			GENERAL PURPOSE
PRESTON'S LEAGUE 3013 TAVISTOCK DRIVE DURHAM, NC 27712	82-4370221	501(C)(3)	10,000.	0.			GENERAL PURPOSE
PREVENT CHILD ABUSE, NORTH CAROLINA - 3000 AERIAL CENTER PKWY - MORRISVILLE, NC 27560	58-1366718	501(C)(3)	10,500.	0.			HUMAN SERVICES
PROJECT C.U.R.E. / BENEVOLENT HEALTHCARE FOUNDATION - 10377 E. GEDDES AVE. - CENTENNIAL, CO 80112	84-1568566	501(C)(3)	7,000.	0.			GENERAL PURPOSE
PSYCHOANALYTIC CENTER OF THE CAROLINAS - 101 CLOISTER COURT - CHAPEL HILL, NC 27514	56-1258644	501(C)(3)	25,000.	0.			GENERAL PURPOSE
PUBLIC SCHOOLS FIRST NC INC. PO BOX 37832 RALEIGH, NC 27627	46-1510531	501(C)(3)	26,000.	0.			EDUCATION
PUPUSAS FOR EDUCATION 1114 N DRIVER STREET DURHAM, NC 27701	81-3347437	501(C)(3)	25,000.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RADICAL MENTORING 1151 HAMMOND DRIVE NE ATLANTA, GA 30346	58-1867150	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
RAICES 1305 N. FLORES STREET SAN ANTONIO, TX 78212	74-2436920	501(C)(3)	10,750.	0.			GENERAL PURPOSE
RALEIGH RESCUE MISSION INC. PO BOX 27391 RALEIGH, NC 27611	56-6024168	501(C)(3)	10,506.	0.			GENERAL PURPOSE
RALEIGH SYMPHONY ORCHESTRA PO BOX 25878 RALEIGH, NC 27611-5878	58-1466397	501(C)(3)	10,611.	0.			GENERAL PURPOSE
RALEIGH/WAKE PARTNERSHIP TO END AND PREVENT HOMELESSNESS - PO BOX 12044 - RALEIGH, NC 27605	65-1267717	501(C)(3)	10,000.	0.			GENERAL PURPOSE
RALEIGH-CARY JEWISH FEDERATION, INC. - 8210 CREEDMOOR ROAD, SUITE 104 - RALEIGH, NC 27613	56-1553301	501(C)(3)	7,363.	0.			GENERAL PURPOSE
RAVENS CROFT SCHOOL 7409 FALLS OF THE NEUSE ROAD RALEIGH, NC 27615	56-6001583	501(C)(3)	17,250.	0.			EDUCATION
RAZOM 140 2ND AVENUE SUITE 305 NEW YORK, NY 10003	46-4604398	501(C)(3)	18,400.	0.			GENERAL PURPOSE
REALITY MINISTRIES PO BOX 242 DURHAM, NC 27702	26-1514118	501(C)(3)	25,500.	0.			YOUTH DEVELOPMNT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER OF THE TRIANGLE - 2201 BRENTWOOD RD. SUITE 109 - RALEIGH, NC 27604	56-1955629	501(C)(3)	160,500.	0.			HOUSING
REFUGEE FELLOWSHIP 143 SMITH BRANCH ROAD ROAN MOUNTAIN, TN 37687			8,000.	0.			GENERAL PURPOSE
REFUGEE COMMUNITY PARTNERSHIP 110 WEST MAIN STREET CARRBORO, NC 27510	26-3608741	501(C)(3)	67,500.	0.			COMMUN/BUS/INDUS
REGENTS SCHOOL OF CHARLOTTESVILLE 200 BOB FINLEY WAY CHARLOTTESVILLE, VA 22903-7045	27-3330373	501(C)(3)	89,000.	0.			GENERAL PURPOSE
REINHARDT UNIVERSITY 7300 REINHARDT CIR WALESKA, GA 30183-2981	58-0603153	501(C)(3)	5,500.	0.			GENERAL PURPOSE
REPORTERS COMMITTEE FOR THE FREEDOM OF THE PRESS - 1156 15TH STREET NW SUITE 1020 - WASHINGTON, DC 20005	52-0972043	501(C)(3)	25,000.	0.			GENERAL PURPOSE
REX HOSPITAL FOUNDATION, INC. 2500 BLUE RIDGE ROAD RALEIGH, NC 27607	56-6052117	501(C)(3)	30,500.	0.			GENERAL PURPOSE
RISE SE RALEIGH 3420 IDLEWOOD VILLAGE DRIVE RALEIGH, NC 27610	46-4215646	501(C)(3)	50,000.	0.			EDUCATION
ROBERT C. PARKER SCHOOL 4254 NEW YORK ROUTE 43 WYNANTSKILL, NY 12198	14-1729589	501(C)(3)	6,672.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE OF CHAPEL HILL INC. - 101 OLD MASON FARM ROAD - CHAPEL HILL, NC 27517	56-1413188	501(C)(3)	6,330.	0.			HUMAN SERVICES
RONALD MCDONALD HOUSE OF DURHAM 506 ALEXANDER AVE. DURHAM, NC 27705	56-1220376	501(C)(3)	16,126.	0.			GENERAL PURPOSE
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVENUE - EVANSTON, IL 60201	36-3245072	501(C)(3)	5,226.	0.			GENERAL PURPOSE
SAFECHILD 864 WEST MORGAN STREET RALEIGH, NC 27603	56-1817816	501(C)(3)	62,740.	0.			GENERAL PURPOSE
SAINT ANDREWS PRESBYTERIAN CHURCH 7506 FALLS OF THE NEUSE ROAD RALEIGH, NC 27615	56-1127278	501(C)(3)	11,500.	0.			GENERAL PURPOSE
SALEM ACADEMY & COLLEGE 601 S. CHURCH STREET WINSTON-SALEM, NC 27101	56-0530005	501(C)(3)	10,750.	0.			GENERAL PURPOSE
SALVATION ARMY OF DURHAM, ORANGE, PERSON COUNTIES - PO BOX 1330 - DURHAM, NC 27702-1330	58-0660607	501(C)(3)	24,530.	0.			GENERAL PURPOSE
SALVATION ARMY OF WAKE CO. PO BOX 27584 RALEIGH, NC 27611	58-0660607	501(C)(3)	58,830.	0.			GENERAL PURPOSE
SAMARITAN'S FEET INTERNATIONAL 1836 CENTER PARK DR. CHARLOTTE, NC 28271	14-1880905	501(C)(3)	100,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	29,650.	0.			GENERAL PURPOSE
SANTA FE MOUNTAIN CENTER INC. PO BOX 449 TESUQUE, NM 87574	85-0272388	501(C)(3)	10,000.	0.			GENERAL PURPOSE
SARAH P. DUKE GARDENS BOX 90341 DURHAM, NC 27708-0341			11,000.	0.			GENERAL PURPOSE
SAVE THE CHILDREN FEDERATION, INC. 501 KINGS HWY E FAIRFIELD, CT 06825	06-0726487	501(C)(3)	5,750.	0.			GENERAL PURPOSE
SCHWAB CHARITABLE FUND PO BOX 628298 ORLANDO, FL 32862	31-1640316	501(C)(3)	76,068.	0.			GENERAL PURPOSE
SEASONS VILLAGE PO BOX 27264 RALEIGH, NC 27611	84-3639725	501(C)(3)	30,000.	0.			GENERAL PURPOSE
SECOND HARVEST FOOD BANK OF NORTHWEST NORTH CAROLINA INC. - 3655 REED STREET - WINSTON-SALEM, NC 27107	58-1457912	501(C)(3)	6,500.	0.			FOOD/AGRI/NUTRIT
SENIOR PHARMASSIST INC. 406 RIGSBEE AVENUE, SUITE 201 DURHAM, NC 27701-2186	56-2084639	501(C)(3)	32,446.	0.			HEALTH CARE
SENIOR SERVICES 2895 SHOREFAIR DRIVE WINSTON-SALEM, NC 27105	56-1085968	501(C)(3)	100,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAKORI HILLS COMMUNITY ARTS CENTER INC. - 1439 HENDERSON TANYARD ROAD - PITTSBORO, NC 27312	27-1626381	501(C)(3)	5,250.	0.			GENERAL PURPOSE
SHAW UNIVERSITY 118 E. SOUTH STREET RALEIGH, NC 27601	56-0530235	501(C)(3)	275,000.	0.			GENERAL PURPOSE
SHEPHERD'S TABLE SOUP KITCHEN 121 HILLSBOROUGH STREET RALEIGH, NC 27603	56-1423190	501(C)(3)	10,439.	0.			GENERAL PURPOSE
SISTER SONG, INC. PO BOX 94408 ATLANTA, GA 30377	51-0544927	501(C)(3)	12,500.	0.			GENERAL PURPOSE
SLICE 325 8231 HEMPSHIRE PLACE #103 RALEIGH, NC 27613	37-1847680	501(C)(3)	7,000.	0.			GENERAL PURPOSE
SMITHSONIAN INSTITUTION - OFFICE OF ADVANCEMENT - PO BOX 37012 - WASHINGTON, DC 20013-7012	53-0206027	501(C)(3)	40,000.	0.			ARTS-CULTR-HUMAN
SOLIDAIRE NETWORK 1423 BROADWAY # 314 OAKLAND, CA 94612	84-2130536	501(C)(3)	20,000.	0.			GENERAL PURPOSE
SOUND RIVERS, INC PO BOX 15451 NEW BERN, NC 28561	58-1475258	501(C)(3)	11,000.	0.			GENERAL PURPOSE
SOUTHERN ENVIRONMENTAL LAW CENTER - HEADQUARTERS - 120 GARRETT STREET STE 400 - CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	127,750.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE. MONTGOMERY, AL 36104	63-0598743	501(C)(3)	10,750.	0.			GENERAL PURPOSE
SOUTHERN VISION ALLIANCE PO BOX 51698 DURHAM, NC 27717	61-1639641	501(C)(3)	25,000.	0.			GENERAL PURPOSE
SPCA OF WAKE COUNTY 200 PETFINDER LANE RALEIGH, NC 27603	56-0891732	501(C)(3)	24,750.	0.			GENERAL PURPOSE
ST PAUL'S EPISCOPAL CHURCH 401 DUVAL ST KEY WEST, FL 33040		501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
ST THOMAS EPISCOPAL CHURCH 232 SAINT THOMAS LANE OWINGS MILLS, MD 21117-3806	52-0685069	501(C)(3)	10,000.	0.			GENERAL PURPOSE
ST. ALBANS EPISCOPAL CHURCH 1501 WASHINGTON AVENUE ALBANY, CA 94706	94-1547231	501(C)(3)	6,000.	0.			GENERAL PURPOSE
ST. ANDREWS PRESBYTERIAN CHURCH 5422 ST. ANDREWS CHURCH ROAD SANFORD, NC 27330-8192	56-6056270	501(C)(3)	41,647.	0.			RELI/SPIRITUALTY
ST. ANDREW'S SCHOOL OF DELAWARE, INC. - 350 NOXONTOWN ROAD - MIDDLETOWN, DE 19709	51-0079506	501(C)(3)	10,000.	0.			EDUCATION
ST. ANDREW'S SEWANEE SCHOOL 290 QUINTARD ROAD SEWANEE, TN 37375	62-0475694	501(C)(3)	50,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. FRANCIS SPRINGS PRAYER CENTER INC. - 477 GROGAN RD - STONEVILLE, NC 27048	03-0469917	501(C)(3)	20,000.	0.			GENERAL PURPOSE
ST. GEORGE'S SCHOOL PO BOX 1910 NEWPORT, RI 02840-0190	05-0259009	501(C)(3)	7,000.	0.			EDUCATION
ST. JOHN CHRYSOSTOM EPISCOPAL CHURCH - 30382 VIA CON DIOS - RANCHO SANTA MARGARITA, CA 92688-1518		501(C)(3)	19,500.	0.			GENERAL PURPOSE
ST. JOHNS UNIVERSITY 8000 UTOPIA PKWY JAMAICA, NY 11439	11-1630830	501(C)(3)	10,000.	0.			EDUCATION
ST. JOSEPH'S HISTORIC FOUNDATION, INC. - 804 OLD FAYETTEVILLE STREET - DURHAM, NC 27701	56-1152267	501(C)(3)	16,250.	0.			ARTS-CULTR-HUMAN
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	31,250.	0.			GENERAL PURPOSE
ST. LUKE'S EPISCOPAL CHURCH 1737 HILLANDALE ROAD DURHAM, NC 27705		501(C)(3)	5,996.	0.			GENERAL PURPOSE
ST. MARY'S SCHOOL 900 HILLSBOROUGH ST. RALEIGH, NC 27603	56-0532314	501(C)(3)	2,018,598.	0.			GENERAL PURPOSE
ST. MICHAEL'S EPISCOPAL CHURCH 1520 CANTERBURY RD. RALEIGH, NC 27608-1106	58-1488885	501(C)(3)	18,900.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. STEPHEN'S EPISCOPAL CHURCH 82 KIMBERLY DRIVE DURHAM, NC 27707	58-1488773	501(C)(3)	22,000.	0.			GENERAL PURPOSE
STANDUP SPEAKOUT OF NC PO BOX 71532 DURHAM, NC 27722	27-2331305	501(C)(3)	55,000.	0.			MENTAL HEALTH
STEPUP DURHAM PO BOX 1955 DURHAM, NC 27702	47-4578727	501(C)(3)	58,500.	0.			HUMAN SERVICES
STEPUP MINISTRY - RALEIGH 1701 OBERLIN ROAD RALEIGH, NC 27608	56-1655255	501(C)(3)	39,439.	0.			GENERAL PURPOSE
STONINGTON HISTORICAL SOCIETY PO BOX 103 STONINGTON, CT 06378	06-0966415	501(C)(3)	50,000.	0.			GENERAL PURPOSE
STOVETEAM INTERNATIONAL PO BOX 14707 PORTLAND, OR 97293	42-1757328	501(C)(3)	10,000.	0.			GENERAL PURPOSE
STUDENT ACTION WITH FARMWORKERS P.O. BOX 2835 DURHAM, NC 27715	56-1789014	501(C)(3)	64,000.	0.			CIV RTS/SOC ACTN
STUDENT U 600 E UMSTEAD STREET DURHAM, NC 27701	27-3460491	501(C)(3)	105,250.	0.			GENERAL PURPOSE
STUDENTS TO SCHOLARS 1117 SOURWOOD DRIVE CHAPEL HILL, NC 27517	82-2838733	501(C)(3)	10,000.	0.			EDUCATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSTAINABLE MARKETS FOUNDATION 45 W. 36TH STREET NEW YORK, NY 10018	13-4188834	501(C)(3)	50,000.	0.			GENERAL PURPOSE
SWINGPALS INC. PO BOX 2994 DURHAM, NC 27715	27-4234469	501(C)(3)	60,000.	0.			GENERAL PURPOSE
TABLE MINISTRIES INC. 209 E. MAIN STREET CARRBORO, NC 27510	26-1471735	501(C)(3)	16,750.	0.			GENERAL PURPOSE
TEACH ONE TECH 158 TAWNY SLOPE CT RALEIGH, NC 27603-5445	46-3858973	501(C)(3)	5,500.	0.			GENERAL PURPOSE
THE AFRICAN AMERICAN CULTURAL FESTIVAL OF RALEIGH AND WAKE COUNTY, INC. - 5 WEST HARGETT STREET ROOM 702 - RALEIGH, NC	90-0636941	501(C)(3)	15,000.	0.			ARTS-CULTR-HUMAN
THE BRIDGE INTERNATIONAL 5908 TATTERSALL DRIVE DURHAM, NC 27713	85-1180793	501(C)(3)	13,000.	0.			GENERAL PURPOSE
THE CARTER CENTER 453 FREEDOM PARKWAY ATLANTA, GA 30307	58-1454716	501(C)(3)	12,000.	0.			GENERAL PURPOSE
THE CARYING PLACE PO BOX 622 CARY, NC 27512	58-2425452	501(C)(3)	15,625.	0.			GENERAL PURPOSE
THE CENTERS FOR EXCEPTIONAL CHILDREN - 2315 COLISEUM DRIVE NORTHWEST - WINSTON-SALEM, NC 27106-5801	56-0615188	501(C)(3)	10,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CONSERVATION FUND 1655 N. FORT MYER DRIVE ARLINGTON, VA 22209-3199	52-1388917	501(C)(3)	5,500.	0.			ENVIRONMENT
THE CORRAL RIDING ACADEMY 3620 KILDAIRE FARM ROAD CARY, NC 27518	26-3122904	501(C)(3)	46,000.	0.			YOUTH DEVELOPMNT
THE EMILY K CENTER 904 W. CHAPEL HILL STREET DURHAM, NC 27701-2812	56-2230469	501(C)(3)	90,000.	0.			EDUCATION
THE EXPEDITION SCHOOL 437 DIMMOCKS MILLS ROAD, SUITE 33 HILLSBOROUGH, NC 27278	46-1173529	501(C)(3)	75,000.	0.			GENERAL PURPOSE
THE FOUNDATION OF HOPE FOR RESEARCH & TREATMENT OF MENTAL ILLNESS - 9401 GLENWOOD AVENUE - RALEIGH, NC 27617	56-6246626	501(C)(3)	52,500.	0.			GENERAL PURPOSE
THE GREEN CHAIR PROJECT 1853 CAPITAL BOULEVARD RALEIGH, NC 27604	27-2323103	501(C)(3)	41,500.	0.			GENERAL PURPOSE
THE GROUNDTRUTH PROJECT 10 GUEST STREET BOSTON, MA 02135	46-0908502	501(C)(3)	10,000.	0.			ARTS-CULTR-HUMAN
THE HISTORIC PRESERVATION FOUNDATION OF NORTH CAROLINA INC. - PO BOX 27644 - RALEIGH, NC 27611-7644	56-1145386	501(C)(3)	16,165.	0.			GENERAL PURPOSE
THE HOPE CENTER AT PULLEN 112 COX AVENUE RALEIGH, NC 27605	61-1570567	501(C)(3)	51,000.	0.			HUMAN SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LINKS FOUNDATION PO BOX 14432 DURHAM, NC 27709	52-1170830	501(C)(3)	11,500.	0.			COMMUN/BUS/INDUS
THE METHODIST HOME FOR CHILDREN INC. - 1041 WASHINGTON STREET - RALEIGH, NC 27605	56-0547482	501(C)(3)	10,500.	0.			GENERAL PURPOSE
THE NATURE CONSERVANCY - NC CHAPTER - 334 BLACKWELL STREET, SUITE 300 - DURHAM, NC 27701-2394	53-0242652	501(C)(3)	67,110.	0.			ENVIRONMENT
THE POINT CHURCH 1503 WALNUT STREET CARY, NC 27511		501(C)(3)	19,874.	0.			GENERAL PURPOSE
THE SUMMIT CHURCH 2335-114 PRESIDENTIAL DRIVE DURHAM, NC 27703	83-0398389	501(C)(3)	8,850.	0.			GENERAL PURPOSE
THE TREVOR PROJECT PO BOX 69232 WEST HOLLYWOOD, CA 90069	95-4681287	501(C)(3)	17,000.	0.			GENERAL PURPOSE
THE VESTRY OF WARDENS OF TRINITY EPISCOPAL CHURCH - PO BOX 372 - SCOTLAND NECK, NC 27874		501(C)(3)	16,114.	0.			GENERAL PURPOSE
THEGIFTED ARTS, INC. 410-170 GLENWOOD AVENUE RALEIGH, NC 27603	45-2650004	501(C)(3)	15,500.	0.			ARTS-CULTR-HUMAN
TIDES FOUNDATION PO BOX 399389 SAN FRANCISCO, CA 94139	51-0198509	501(C)(3)	53,500.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSITIONS LIFECARE 250 HOSPICE CIRCLE RALEIGH, NC 27607	56-1228779	501(C)(3)	51,750.	0.			GENERAL PURPOSE
TRANSPLANTING TRADITIONS COMMUNITY FARM - PO BOX 394 - CARRBORO, NC 27510	82-4415307	501(C)(3)	31,500.	0.			FOOD/AGRI/NUTRIT
TREESDURHAM 112 BROADWAY STREET STE B DURHAM, NC 27701	82-4120627	501(C)(3)	30,500.	0.			ENVIRONMENT
TRIANGLE APHASIA PROJECT 191 HIGH HOUSE ROAD CARY, NC 27511	27-1771636	501(C)(3)	10,250.	0.			HEALTH CARE
TRIANGLE BIKEWORKS 117 W MAIN STREET CARRBORO, NC 27510	46-1229632	501(C)(3)	45,500.	0.			YOUTH DEVELOPMNT
TRIANGLE FELLOWS 903A MONMOUTH AVE DURHAM, NC 27701	86-2201497	501(C)(3)	45,000.	0.			GENERAL PURPOSE
TRIANGLE LAND CONSERVANCY 514 SOUTH DUKE STREET DURHAM, NC 27701	58-1514406	501(C)(3)	78,316.	0.			ENVIRONMENT
TRIANGLE MARTIN LUTHER KING JR. COMMITTEE - PO BOX 25866 - RALEIGH, NC 27611	46-2290293	501(C)(3)	15,000.	0.			GENERAL PURPOSE
TRINITY ACADEMY 10224 BAILEYWICK ROAD RALEIGH, NC 27613	56-1913131	501(C)(3)	14,479.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY COLLEGE 300 SUMMIT ST. HARTFORD, CT 06106-3100	06-0646927	501(C)(3)	105,000.	0.			GENERAL PURPOSE
TRINITY UNITED METHODIST CHURCH 215 N. CHURCH ST. DURHAM, NC 27701		501(C)(3)	10,397.	0.			GENERAL PURPOSE
TROSIA 1820 JAMES ST. DURHAM, NC 27707	56-1861158	501(C)(3)	91,100.	0.			GENERAL PURPOSE
TRUSTEES OF BOSTON UNIVERSITY P.O. BOX 22605 NEW YORK, NY 10087	04-2103547	501(C)(3)	50,000.	0.			GENERAL PURPOSE
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755-4400	02-0222111	501(C)(3)	10,000.	0.			GENERAL PURPOSE
TULANE UNIVERSITY - OFFICE OF DEVELOPMENT - PO BOX 61075 - NEW ORLEANS, LA 70161-9986	72-0423889	501(C)(3)	10,000.	0.			GENERAL PURPOSE
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC. - 3824 BARRETT DRIVE, SUITE 200 - RALEIGH, NC 27609	13-1878704	501(C)(3)	13,000.	0.			GENERAL PURPOSE
U.S. NAVAL ACADEMY FOUNDATION, INC. - 291 WOOD ROAD - BEACH HALL - ANNAPOLIS, MD 21402	23-7003516	501(C)(3)	10,000.	0.			GENERAL PURPOSE
UC RIVERSIDE FOUNDATION 1136 HINDERAKER HALL RIVERSIDE, CA 92521	23-7433570	501(C)(3)	9,267.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNC CENTER FOR PUBLIC TELEVISION PO BOX 14900 RESEARCH TRIANGLE PARK, NC 27709-4900	56-6172047	501(C)(3)	156,290.	0.			GENERAL PURPOSE
UNC CHAPEL HILL OFFICE OF UNIVERSITY DEVELOPMENT - PO BOX 309 - CHAPEL HILL, NC 27514-0309	56-6001393	501(C)(3)	385,991.	0.			GENERAL PURPOSE
UNC HEALTH FOUNDATION 123 W FRANKLIN STREET STE 510 CHAPEL HILL, NC 27516	56-6057494	501(C)(3)	233,519.	0.			GENERAL PURPOSE
UNC SCHOOL OF EDUCATION 103 PEABODY HALL CHAPEL HILL, NC 27599-3500	56-6001393	501(C)(3)	39,069.	0.			GENERAL PURPOSE
UNC SCHOOL OF THE ARTS FOUNDATION INC. - 1533 S. MAIN ST. - WINSTON-SALEM, NC 27127-2188	56-6064850	501(C)(3)	36,683.	0.			GENERAL PURPOSE
UNITED ARTS COUNCIL OF RALEIGH AND WAKE COUNTY - PO BOX 26388 - RALEIGH, NC 27611	56-0770175	501(C)(3)	13,500.	0.			GENERAL PURPOSE
UNITED FOR A FAIR ECONOMY, INC. 184 HIGH ST. #603 BOSTON, MA 02110-3160	04-3286118	501(C)(3)	35,000.	0.			GENERAL PURPOSE
UNITED METHODIST COMMITTEE ON RELIEF - PO BOX 9068 - NEW YORK, NY 10087	13-5562279	501(C)(3)	13,500.	0.			GENERAL PURPOSE
UNITED STATES ASSOCIATION FOR UNHCR (THE UN REFUGEE AGENCY) - 1310 L STREET NW STE 450 - WASHINGTON, DC 20005	52-1662800	501(C)(3)	31,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	32,000.	0.			GENERAL PURPOSE
UNITED WAY OF CHATHAM COUNTY PO BOX 1066 PITTSBORO, NC 27312	58-1897275	501(C)(3)	12,250.	0.			GENERAL PURPOSE
UNITED WAY OF FORSYTH COUNTY 301 NORTH MAIN STREET WINSTON-SALEM, NC 27101-2805	23-7357234	501(C)(3)	100,000.	0.			GENERAL PURPOSE
UNITED WAY OF METRO NASHVILLE 250 VENTURE CIRCLE NASHVILLE, TN 37228-1604	62-0533104	501(C)(3)	10,000.	0.			GENERAL PURPOSE
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709-0962	56-1949103	501(C)(3)	73,253.	0.			GENERAL PURPOSE
UNITED WORLD MISSION PO BOX 602002 CHARLOTTE, NC 28260-2002	59-6045867	501(C)(3)	20,000.	0.			RELI/SPIRITUALTY
UNIVERSITY OF FLORIDA FOUNDATION, INC. - PO BOX 14425 - GAINESVILLE, FL 32604	59-0974739	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION - PO BOX 37963 - BOONE, IA 50037	54-6046419	501(C)(3)	250,000.	0.			GENERAL PURPOSE
UNIVERSITY UNITED METHODIST CHURCH 150 EAST FRANKLIN STREET CHAPEL HILL, NC 27514	56-0898043	501(C)(3)	24,865.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN COMMUNITY AGRINOMICS CATAWBA TRAIL FARM - 2080 SAWMILL CREEK PARKWAY - DURHAM, NC 27712	81-0691944	501(C)(3)	30,167.	0.			FOOD/AGRI/NUTRIT
URBAN MINISTRIES OF DURHAM PO BOX 249 DURHAM, NC 27702	58-1505891	501(C)(3)	41,826.	0.			HOUSING
URBAN MINISTRIES OF WAKE COUNTY PO BOX 26476 RALEIGH, NC 27611	58-1422700	501(C)(3)	14,250.	0.			GENERAL PURPOSE
URBAN MINISTRY CENTER PO BOX 31335 CHARLOTTE, NC 28231	56-1837620	501(C)(3)	7,500.	0.			HUMAN SERVICES
URSULINE SISTERS OF CLEVELAND 2600 LANDER ROAD PEPPER PIKE, OH 44124	34-0832279		7,500.	0.			GENERAL PURPOSE
USA FIELD HOCKEY ASSOCIATION INC. 1 OLYMPIC PLAZA COLORADO SPRINGS, CO 80909	23-6299893	501(C)(3)	8,500.	0.			RECREATN/SPORTS
UTAH FILM CENTER 50 W BROADWAY #1125 SALT LAKE CITY, UT 84101	75-3077559	501(C)(3)	52,000.	0.			GENERAL PURPOSE
VAAD HANOCHOS HATMIMIM, DBA THE MEANINGFUL LIFE CENTER - 788 EASTERN PKWY RM 303 - BROOKLYN, NY 11213	11-2633052	501(C)(3)	10,000.	0.			GENERAL PURPOSE
VAD LEE FOUNDATION 11901 HOMESTEAD PL WALDORF, MD 20601	87-3740887	501(C)(3)	10,000.	0.			GENERAL PURPOSE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA TECH FOUNDATION 902 PRICES FORK ROAD, STE 4500 BLACKSBURG, VA 24060	54-0721690	501(C)(3)	8,500.	0.			GENERAL PURPOSE
VISUAL ART EXCHANGE 410 GLENWOOD AVENUE #170 RALEIGH, NC 27603	56-1287429	501(C)(3)	25,000.	0.			ARTS-CULTR-HUMAN
WAKE COUNTY BAR ASSOCIATION FOUNDATION - 712 W. NORTH STREET - RALEIGH, NC 27603	56-1673401	501(C)(3)	8,687.	0.			CRIME AND LEGAL
WAKE EDUCATION PARTNERSHIP 3101 INDUSTRIAL DRIVE STE 100 RALEIGH, NC 27609	58-1518182	501(C)(3)	62,500.	0.			GENERAL PURPOSE
WAKE FOREST COMMUNITY YOUTH ORCHESTRA - PO BOX 243 - WAKE FOREST, NC 27588	47-1783414	501(C)(3)	22,500.	0.			ARTS-CULTR-HUMAN
WAKE FOREST UNIVERSITY PO BOX 7227 WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	78,000.	0.			GENERAL PURPOSE
WAKEMED FOUNDATION 3000 NEW BERN AVE. RALEIGH, NC 27620	56-6017737	501(C)(3)	17,000.	0.			GENERAL PURPOSE
WAKEUP WAKE COUNTY 1409 WESTCHESTER ROAD RALEIGH, NC 27610	86-1172522	501(C)(3)	22,250.	0.			COMMUN/BUS/INDUS
WALLTOWN CHILDREN'S THEATRE 1225 BERKELEY ST. DURHAM, NC 27705	56-2214825	501(C)(3)	17,500.	0.			ARTS-CULTR-HUMAN

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WCPE RADIO - EDUCATIONAL INFORMATION CORPORATION - PO BOX 828 - WAKE FOREST, NC 27588	56-1061859	501(C)(3)	16,750.	0.			ARTS-CULTR-HUMAN
WEBB SQUARED PO BOX 1605 PITTSBORO, NC 27312	86-3751750	501(C)(3)	12,500.	0.			GENERAL PURPOSE
WEST SPRINGFIELD HIGH SCHOOL 26 CENTRAL STREET WEST SPRINGFIELD, MA 01089			12,197.	0.			GENERAL PURPOSE
WHITE MEMORIAL PRESBYTERIAN CHURCH 1704 OBERLIN ROAD RALEIGH, NC 27608			96,500.	0.			GENERAL PURPOSE
WHITE OAK FOUNDATION, INC. 1624 WHITE OAK CHURCH ROAD APEX, NC 27523	56-2093795	501(C)(3)	30,000.	0.			HOUSING
WINDWARD FUND 1201 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	47-3522162	501(C)(3)	50,000.	0.			GENERAL PURPOSE
WOMEN IN NEED INC. ONE STATE STREET PLAZA NEW YORK, NY 10004	13-3164477	501(C)(3)	10,000.	0.			GENERAL PURPOSE
WOMEN'S CENTER OF WAKE CO. 400 S. WEST STREET RALEIGH, NC 27601	58-1316004	501(C)(3)	9,000.	0.			GENERAL PURPOSE
WOMEN'S THEATRE FESTIVAL PO BOX 10413 RALEIGH, NC 27605	82-3333755	501(C)(3)	22,500.	0.			ARTS-CULTR-HUMAN

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	8,750.	0.			GENERAL PURPOSE
WORKING DOGS FOR CONSERVATION FOUNDATION - PO BOX 280 - BOZEMAN, MT 59771	20-2708654	501(C)(3)	10,000.	0.			GENERAL PURPOSE
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVENUE NW 7TH FLO WASHINGTON, DC 20001	27-3521132	501(C)(3)	35,900.	0.			GENERAL PURPOSE
WORLD FOOD PROGRAM, USA 1725 EYE STREET NW, SUITE 510 WASHINGTON, DC 20006	13-3843435	501(C)(3)	7,000.	0.			GENERAL PURPOSE
WORLD RELIEF DURHAM 801 GILBERT STREET, SUITE 209 DURHAM, NC 27701	23-6393344	501(C)(3)	49,500.	0.			HUMAN SERVICES
WOUNDED WARRIOR PROJECT INC. 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	6,750.	0.			GENERAL PURPOSE
YASHRUT NORTH AMERICA 1487 CREST DRIVE LOS ANGELES, CA 90035	61-1818034	501(C)(3)	10,000.	0.			GENERAL PURPOSE
YMCA OF THE TRIANGLE AREA 801 CORPORATE CENTER DRIVE SUITE 20 RALEIGH, NC 27607-5073	56-0591307	501(C)(3)	311,981.	0.			GENERAL PURPOSE
YOU CAN VOTE 2726 CROASDAILE DR. DURHAM, NC 27705	83-2882290	501(C)(3)	23,500.	0.			CIV RTS/SOC ACTN

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG LIFE - GRANTS PO BOX 5184 HARLAN, IA 51593-0684	84-0385934	501(C)(3)	11,052.	0.			GENERAL PURPOSE
YOUTH EDUCATION FOR SAVINGS CONSORTIUM - 217 TYLERWAY LANE - MORRISVILLE, NC 27560	45-2699802	501(C)(3)	30,000.	0.			YOUTH DEVELOPMNT
ZOE EMPOWERS PO BOX 28839 RALEIGH, NC 27611	45-4671349	501(C)(3)	8,500.	0.			INTERNATIONAL

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STUDENT ASSISTANCE AWARDS	30	15,000.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS COORDINATOR RECEIVES GRANT RECOMMENDATIONS, PERFORMS DUE DILIGENCE

ON GRANTEE. RECORDS ON GRANTS AND GRANTEES ARE MAINTAINED IN DATABASE.

DONOR SERVICES REVIEWS AND SIGNS GRANT LETTERS. FINANCE REVIEWS GRANTS,

REVIEWS AND SIGNS GRANT CHECKS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
 TRIANGLE COMMUNITY FOUNDATION INC

Employer identification number  
 56-1380796

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2021

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LORI O'KEEFE PRESIDENT & CEO	(i)	205,764.	0.	0.	12,360.	22,127.	240,251.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROBERT NAYLOR CFO	(i)	152,224.	0.	0.	9,126.	19,061.	180,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **TRIANGLE COMMUNITY FOUNDATION INC**  
Employer identification number: **56-1380796**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	114	14,521,288.	FMV
10 Securities - Closely held stock	X	1	250,027.	TRANSFER AGREEMENT
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29** 2

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES TCF REAL ESTATE FOUNDATION, A RELATED ORGANIZATION, TO PROCESS GIFTS OF REAL PROPERTY.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

TRIANGLE COMMUNITY FOUNDATION INC

Employer identification number

56-1380796

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TRIANGLE COMMUNITY FOUNDATION CONNECTS PHILANTHROPIC RESOURCES WITH

COMMUNITY NEEDS, CREATES OPPORTUNITY FOR ENLIGHTENED CHANGES AND

ENCOURAGES PHILANTHROPY AS A WAY OF LIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

FINANCE STAFF REVIEWS AND SUPPLIES WORKSHEETS TO AID REVIEW BY BOARD BEFORE

FILING THE FORM TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS, THE BOARD MEMBERS AND EMPLOYEES REVIEW THE CONFLICT OF

INTEREST POLICY AND ANNUALLY ATTEST THAT THEY HAD NO CONFLICTS, OR DOCUMENT

POTENTIAL CONFLICTS. THEY ALSO SIGN THE WHISTLEBLOWER POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE REVIEW OF THE PRESIDENT'S PERFORMANCE IS DONE ANNUALLY. THE EXECUTIVE

COMMITTEE IS IN CHARGE OF THE REVIEW PROCESS. INDUSTRY SURVEY DATA IS

USED TO ENSURE THAT SALARY IS COMPETITIVE AMONG PEERS. THE BOARD ANNUALLY

APPROVES THE PRESIDENT'S SALARY.

FORM 990, PART VI, SECTION C, LINE 19:

OUR ANNUAL AUDIT REPORT, FORM 990, WHISTLEBLOWER POLICY AND DETERMINATION

LETTER ARE MADE PUBLIC THROUGH OUR WEBSITE. ALL OTHER DOCUMENTS OPEN TO

PUBLIC INSPECTION ARE AVAILABLE UPON REQUEST FOR THE SAME PERIOD OF

DISCLOSURE AS SET FORTH IN SECTION 6104(D).

Name of the organization TRIANGLE COMMUNITY FOUNDATION INC	Employer identification number 56-1380796
---	--

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-772,995.
--	-----------

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL STATEMENTS AND  
SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE FINANCIAL  
STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization **TRIANGLE COMMUNITY FOUNDATION INC** Employer identification number **56-1380796**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DURHAM ARTS COUNCIL ENDOWMENT FUND - 56-1826969, PO BOX 12729, DURHAM, NC 27709	TO PROVIDE A PERMANENT ENDOWMENT OF SUPPORT FOR LOCAL ARTS ORGANIZATIONS	NORTH CAROLINA	501(C)(3)	LINE 12A, I	TRIANGLE COMMUNITY FOUNDATION	X	
TCF REAL ESTATE FOUNDATION - 20-1398786 PO BOX 12729 DURHAM, NC 27709	RECEIVES, MANAGES, AND SELLS REAL ESTATE, GRANTS TO TCF	NORTH CAROLINA	501(C)(3)	LINE 12A, I	TRIANGLE COMMUNITY FOUNDATION	X	



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		X
<b>1b</b>		X
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				







<b>Part III Tax and Payments</b>			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....	<b>1a</b>		
b Other credits (see instructions) .....	<b>1b</b>		
c General business credit. Attach Form 3800 (see instructions) .....	<b>1c</b>		
d Credit for prior year minimum tax (attach Form 8801 or 8827) .....	<b>1d</b>		
e <b>Total credits.</b> Add lines 1a through 1d .....		<b>1e</b>	
2 Subtract line 1e from Part II, line 7 .....		<b>2</b>	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 Other (attach statement) .....		<b>3</b>	
4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....		<b>4</b>	0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....		<b>5</b>	0.
6a Payments: A 2020 overpayment credited to 2021 .....	<b>6a</b>		
b 2021 estimated tax payments. Check if section 643(g) election applies .....	<b>6b</b>		
c Tax deposited with Form 8868 .....	<b>6c</b>		
d Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
e Backup withholding (see instructions) .....	<b>6e</b>		
f Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
g Other credits, adjustments, and payments: Form 2439 .....			
Form 4136 .....			
Other .....			
Total .....	<b>6g</b>		
7 <b>Total payments.</b> Add lines 6a through 6g .....		<b>7</b>	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....		<b>8</b>	
9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....		<b>9</b>	
10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....		<b>10</b>	
11 Enter the amount of line 10 you want: <b>Credited to 2022 estimated tax</b> .....		<b>11</b>	
			<b>Refunded</b>

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)			
1 At any time during the 2021 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 .....		<b>Yes</b>	<b>No</b>
			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 .....			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and 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	\$ 178,835.		
	\$		
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.

<b>Sign Here</b>	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 _____	TREASURER Title		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	AMANDA E. WATERHOUSE	<i>Amanda E Waterhouse</i>	05/12/23		P02014004
	Firm's name	Firm's EIN		RSM US LLP 42-0714325	
Firm's address	Phone no.		230 N ELM ST, STE 1100 GREENSBORO, NC 27401 336-272-4551		

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 320,308.  
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 21,826.

SCHEDULE A PORTION OF PRE-2018 NOL  
 SCHEDULE A ENTITY SCHEDULE A SHARE

1	0.
2	0.
3	0.
4	0.
5	0.
6	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 0.  
 NET OPERATING DEDUCTION 21,826.  
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.  
 EXPIRING NET OPERATING LOSSES 0.  
 CARRY FORWARD OF NET OPERATING LOSS 298,482.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/14	85,096.	63,893.	21,203.	21,203.
06/30/15	188,298.	0.	188,298.	188,298.
06/30/17	70,541.	0.	70,541.	70,541.
06/30/18	40,266.	0.	40,266.	40,266.
NOL CARRYOVER AVAILABLE THIS YEAR			320,308.	320,308.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Table with 4 columns: A Name of the organization (TRIANGLE COMMUNITY FOUNDATION INC), B Employer identification number (56-1380796), C Unrelated business activity code (525990), D Sequence (1 of 6)

E Describe the unrelated trade or business 52 - RECIPIENT OF UBTI FROM ALTERNATIVE INVESTMENTS

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, Income (loss) from a partnership, etc.

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

Table with 3 columns: Description of deduction, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, etc.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**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 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> 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? <span style="float: right;">..... <input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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) .....				
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) <span style="float: right;">▶</span> .....				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....				
5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span> .....				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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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 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 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span> .....				0.
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span> .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span> .....				0.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)	
<b>Totals</b>			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)
<b>Totals</b>		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	



FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION		NET INCOME OR (LOSS)
AETHER REAL ASSETS III, L.P. - ORDINARY BUSINESS INCOME (LOSS)		-5,724.
BLUE HERON REAL ESTATE OPPORTUNITY - ORDINARY BUSINESS INCOME (LOSS)		70,871.
CROSSHARBOR INST PARTNERS (27-4335021) - ORDINARY BUSINESS INCOME (LOSS)		-724.
DENHAM COMMODITY PARTNERS FUND VI LP - ORDINARY BUSINESS INCOME (LOSS)		-1,819.
MONTAUK TRIGUARD FUND VI LP - ORDINARY BUSINESS INCOME (LOSS)		-7,848.
NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS)		-473.
PERENNIAL REAL ESTATE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)		694.
STEPSTONE PIONEER CAPITAL III LP - ORDINARY BUSINESS INCOME (LOSS)		5,380.
TIFF PRIVATE EQUITY PARTNERS 2009, LLC - ORDINARY BUSINESS INCOME (LOSS)		9,951.
JUNIPER CAPITAL III, L.P. - ORDINARY BUSINESS INCOME (LOSS)		-537,776.
AT ONE VENTURES, L.P. - ORDINARY BUSINESS INCOME (LOSS)		-330.
ECOSYSTEM INTEGRITY FUND III LP - ORDINARY BUSINESS INCOME (LOSS)		-92.
<b>TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5</b>		<b>-467,890.</b>

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 4
-----------------------	---	-------------

52 - RECIPIENT OF UBTI FROM ALTERNATIVE INVESTMENTS

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/20	33,283.	0.	33,283.	33,283.
06/30/21	145,552.	0.	145,552.	145,552.
<b>NOL CARRYOVER AVAILABLE THIS YEAR</b>			<b>178,835.</b>	<b>178,835.</b>

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name  <b>TRIANGLE COMMUNITY FOUNDATION INC</b>	Employer identification number  56-1380796
--	--

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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				64.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	64.

**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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				19,662.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	19,662.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	64.
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	19,662.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	19,726.

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





SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization TRIANGLE COMMUNITY FOUNDATION INC B Employer identification number 56-1380796 C Unrelated business activity code (see instructions) 454110 D Sequence: 2 of 6

E Describe the unrelated trade or business 45 - RECIPIENT OF UBTI FROM ALTERNATIVE INVESTMENTS

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership or an S corporation, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from a controlled organization, 9 Investment income of section 501(c)(7), (9), or (17) organizations, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

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

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1 Compensation of officers, directors, and trustees, 2 Salaries and wages, 3 Repairs and maintenance, 4 Bad debts, 5 Interest (attach statement), 6 Taxes and licenses, 7 Depreciation, 8 Less depreciation claimed in Part III and elsewhere on return, 9 Depletion, 10 Contributions to deferred compensation plans, 11 Employee benefit programs, 12 Excess exempt expenses, 13 Excess readership costs, 14 Other deductions, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 17 Deduction for net operating loss, 18 Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**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	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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)				
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 <b>Total deductions.</b> 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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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 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 <b>Total gross income</b> (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 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)	
<b>Totals</b>			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)
<b>Totals</b>		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	



---

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION		NET INCOME OR (LOSS)
PERENNIAL REAL ESTATE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)		6.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		6.

---

---

---

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 7
45 -	RECIPIENT OF UBTI FROM ALTERNATIVE INVESTMENTS	

---

TO FORM 990-T, SCHEDULE A, LINE E

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization TRIANGLE COMMUNITY FOUNDATION INC B Employer identification number 56-1380796 C Unrelated business activity code (see instructions) 480000 D Sequence: 3 of 6

E Describe the unrelated trade or business 48 - RECIPIENT OF UBTI FROM ALTERNATIVE INVESTMENTS

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership or an S corporation, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from a controlled organization, 9 Investment income of section 501(c)(7), (9), or (17) organizations, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

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

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1 Compensation of officers, directors, and trustees, 2 Salaries and wages, 3 Repairs and maintenance, 4 Bad debts, 5 Interest (attach statement), 6 Taxes and licenses, 7 Depreciation, 8 Less depreciation claimed in Part III and elsewhere on return, 9 Depletion, 10 Contributions to deferred compensation plans, 11 Employee benefit programs, 12 Excess exempt expenses, 13 Excess readership costs, 14 Other deductions, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 17 Deduction for net operating loss, 18 Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**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	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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)				
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 <b>Total deductions.</b> 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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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 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 <b>Total gross income</b> (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 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)	
<b>Totals</b>			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)
<b>Totals</b>		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	



---

---

FORM 990-T (A)                      INCOME (LOSS) FROM PARTNERSHIPS                      STATEMENT 8

---

DESCRIPTION	NET INCOME OR (LOSS)
PERENNIAL REAL ESTATE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	-2.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-2.

---

---

---

---

FORM 990-T                      DESCRIPTION OF ORGANIZATION'S UNRELATED                      STATEMENT 9  
SCHEDULE A                      BUSINESS ACTIVITY

---

48 - RECIPIENT OF UBTI FROM ALTERNATIVE INVESTMENTS

TO FORM 990-T, SCHEDULE A, LINE E

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A Name of the organization TRIANGLE COMMUNITY FOUNDATION INC B Employer identification number 56-1380796 C Unrelated business activity code (see instructions) 531390 D Sequence: 4 of 6

E Describe the unrelated trade or business 53 - RECIPIENT OF UBTI FROM ALTERNATIVE INVESTMENTS

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership or an S corporation, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from a controlled organization, 9 Investment income of section 501(c)(7), (9), or (17) organizations, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

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

Table with 3 columns: Line number, Description, and Amount. Rows include 1 Compensation of officers, directors, and trustees, 2 Salaries and wages, 3 Repairs and maintenance, 4 Bad debts, 5 Interest, 6 Taxes and licenses, 7 Depreciation, 8 Less depreciation claimed, 9 Depletion, 10 Contributions to deferred compensation plans, 11 Employee benefit programs, 12 Excess exempt expenses, 13 Excess readership costs, 14 Other deductions, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 17 Deduction for net operating loss, 18 Unrelated business taxable income.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**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	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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) .....				
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 <b>Total deductions.</b> 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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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 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 <b>Total gross income</b> (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 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶	0.			
11 <b>Total dividends-received deductions</b> included in line 10 .....	0.			

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)	
<b>Totals</b>			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)
<b>Totals</b>		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



FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 10
DESCRIPTION		NET INCOME OR (LOSS)
GEM REALTY FUND V, L.P. - ORDINARY BUSINESS INCOME (LOSS)		-27,016.
PERENNIAL REAL ESTATE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)		2,333.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-24,683.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 11
-----------------------	---	--------------

53 - RECIPIENT OF UBTI FROM ALTERNATIVE INVESTMENTS

TO FORM 990-T, SCHEDULE A, LINE E

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name  <b>TRIANGLE COMMUNITY FOUNDATION INC</b>	Employer identification number  56-1380796
--	--

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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) .....				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....				<b>7</b>

**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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				11,299.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....				<b>11</b> 35,204.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
<b>14</b> Capital gain distributions .....				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....				<b>15</b> 46,503.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	46,503.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	46,503.

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



**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](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

Identifying number

TRIANGLE COMMUNITY FOUNDATION INC

56-1380796

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- 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 .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**  
**1b**  
**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)
	GEM REALTY FUND V, L.P.						35,204.

- 3** Gain, if any, from Form 4684, line 39 .....
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....
- 6** Gain, if any, from line 32, from other than casualty or theft .....
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

**3**  
**4**  
**5**  
**6**  
**7** 35,204.

**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 .....
- 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 .....

**8**  
**9** 35,204.

**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 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....

**11** ( )  
**12**  
**13**  
**14**  
**15**  
**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 .....
- 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 .....

**18a**  
**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

**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 ( <b>Note:</b> 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			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the <b>smaller</b> of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> 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 <b>smaller</b> 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 <b>smaller</b> of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> 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 <b>smaller</b> of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
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 <b>smaller</b> of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the <b>smaller</b> 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	

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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

<b>A</b> Name of the organization TRIANGLE COMMUNITY FOUNDATION INC	<b>B</b> Employer identification number 56-1380796
<b>C</b> Unrelated business activity code (see instructions) ▶ 623000	<b>D</b> Sequence: 5 of 6

**E** Describe the unrelated trade or business ▶ 62 - RECIPIENT OF UBTI FROM ALTERNATIVE INVESTMENTS

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 12	<b>5</b>	-97.		-97.
<b>6</b> Rent income (Part IV)	<b>6</b>			
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>			
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>			
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>			
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>			
<b>11</b> Advertising income (Part IX)	<b>11</b>			
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>			
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	-97.		-97.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>		
<b>2</b> Salaries and wages		<b>2</b>		
<b>3</b> Repairs and maintenance		<b>3</b>		
<b>4</b> Bad debts		<b>4</b>		
<b>5</b> Interest (attach statement). See instructions		<b>5</b>		
<b>6</b> Taxes and licenses		<b>6</b>		
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>		<b>8b</b>	
<b>9</b> Depletion		<b>9</b>		
<b>10</b> Contributions to deferred compensation plans		<b>10</b>		
<b>11</b> Employee benefit programs		<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>		
<b>13</b> Excess readership costs (Part IX)		<b>13</b>		
<b>14</b> Other deductions (attach statement)		<b>14</b>		
<b>15 Total deductions.</b> Add lines 1 through 14		<b>15</b>		0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>		-97.
<b>17</b> Deduction for net operating loss. See instructions		<b>17</b>		0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>		-97.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**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	<b>Total.</b> Add lines 1 through 5 .....	6	
7	Inventory at end of year .....	7	
8	<b>Cost of goods sold.</b> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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) .....				
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 <b>Total deductions.</b> 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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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 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 <b>Total gross income</b> (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 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 <b>Total dividends-received deductions</b> 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			6. Deductions directly connected with income in column 5
			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	
(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)		
<b>Totals</b>			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)
<b>Totals</b>		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	



---

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 12
DESCRIPTION		NET INCOME OR (LOSS)
PERENNIAL REAL ESTATE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)		-97.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-97.

---

---

---

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 13
--------------------------	--	--------------

---

62 - RECIPIENT OF UBTI FROM ALTERNATIVE INVESTMENTS

TO FORM 990-T, SCHEDULE A, LINE E

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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

<b>A</b> Name of the organization TRIANGLE COMMUNITY FOUNDATION INC	<b>B</b> Employer identification number 56-1380796
<b>C</b> Unrelated business activity code (see instructions) ▶ 721110	<b>D</b> Sequence: 6 of 6

**E** Describe the unrelated trade or business ▶ 72 - RECIPIENT OF UBTI FROM ALTERNATIVE INVESTMENTS

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		<b>4a</b> 9.		9.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 14		<b>5</b> -3,223.		-3,223.
<b>6</b> Rent income (Part IV)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)		<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)		<b>10</b>		
<b>11</b> Advertising income (Part IX)		<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> -3,214.		-3,214.

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

<b>1</b> Compensation of officers, directors, and trustees (Part X)					
<b>2</b> Salaries and wages				<b>2</b>	
<b>3</b> Repairs and maintenance				<b>3</b>	
<b>4</b> Bad debts				<b>4</b>	
<b>5</b> Interest (attach statement). See instructions				<b>5</b>	
<b>6</b> Taxes and licenses				<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions		<b>7</b>			
<b>8</b> Less depreciation claimed in Part III and elsewhere on return		<b>8a</b>		<b>8b</b>	
<b>9</b> Depletion				<b>9</b>	
<b>10</b> Contributions to deferred compensation plans				<b>10</b>	
<b>11</b> Employee benefit programs				<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)				<b>12</b>	
<b>13</b> Excess readership costs (Part IX)				<b>13</b>	
<b>14</b> Other deductions (attach statement)				<b>14</b>	
<b>15 Total deductions.</b> Add lines 1 through 14				<b>15</b>	0.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				<b>16</b>	-3,214.
<b>17</b> Deduction for net operating loss. See instructions				<b>17</b>	0.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16				<b>18</b>	-3,214.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

**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	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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)				
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 <b>Total deductions.</b> 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  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
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 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 <b>Total gross income</b> (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 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 <b>Total dividends-received deductions</b> included in line 10	0.			

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)	
<b>Totals</b>			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)
<b>Totals</b>		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	

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income .....				
Add columns A through D. Enter here and on Part I, line 11, column (A) .....				0.

a				
3 Direct advertising costs by periodical .....				
a Add columns A through D. Enter here and on Part I, line 11, column (B) .....				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 .....

- 5 Readership costs .....
- 6 Circulation income .....
- 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....
- 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....


a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

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

**Part XI Supplemental Information** (see instructions)

---

---

---

---

---

---

---

---

---

---

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 14
DESCRIPTION		NET INCOME OR (LOSS)
GEM REALTY FUND V, L.P. - ORDINARY BUSINESS INCOME (LOSS)		-1,435.
PERENNIAL REAL ESTATE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)		-1,788.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-3,223.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 15
-----------------------	---	--------------

72 - RECIPIENT OF UBTI FROM ALTERNATIVE INVESTMENTS

TO FORM 990-T, SCHEDULE A, LINE E

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name  <b>TRIANGLE COMMUNITY FOUNDATION INC</b>	Employer identification number  56-1380796
--	--

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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation) .....				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....				<b>7</b>

**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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....				<b>11</b> 9.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
<b>14</b> Capital gain distributions .....				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....				<b>15</b> 9.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	9.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	9.

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

**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](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

Identifying number

TRIANGLE COMMUNITY FOUNDATION INC

56-1380796

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- 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 .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

<b>1a</b>	
<b>1b</b>	
<b>1c</b>	

**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)
	GEM REALTY FUND V, L.P.						9.

- 3** Gain, if any, from Form 4684, line 39 .....
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....
- 6** Gain, if any, from line 32, from other than casualty or theft .....
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	9.

**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 .....
- 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 .....

<b>8</b>	
<b>9</b>	9.

**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 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....

<b>11</b>	( )
<b>12</b>	
<b>13</b>	
<b>14</b>	
<b>15</b>	
<b>16</b>	
<b>17</b>	

**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 .....
- 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 .....

<b>18a</b>	
<b>18b</b>	

LHA For Paperwork Reduction Act Notice, see separate instructions.

**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 ( <b>Note:</b> 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			
<b>25 If section 1245 property:</b>					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the <b>smaller</b> of line 24 or 25a	25b			
<b>26 If section 1250 property:</b> 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 <b>smaller</b> 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 <b>smaller</b> of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
<b>27 If section 1252 property:</b> 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 <b>smaller</b> of line 24 or 27b	27c			
<b>28 If section 1254 property:</b>					
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 <b>smaller</b> of line 24 or 28a	28b			
<b>29 If section 1255 property:</b>					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the <b>smaller</b> 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	

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2021**

Name  <b>TRIANGLE COMMUNITY FOUNDATION INC</b>	Employer identification number  56-1380796
--	--

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)
<b>1a</b> 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 .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				64.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	64.

**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)
<b>8a</b> 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 .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				30,961.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	35,213.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	66,174.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	64.
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	66,174.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	66,238.

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





**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](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

Identifying number

TRIANGLE COMMUNITY FOUNDATION INC

56-1380796

<b>1a</b> Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....	<b>1a</b>
<b>b</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 .....	<b>1b</b>
<b>c</b> Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....	<b>1c</b>

**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)
	GEM REALTY FUND V, L.P.						35,204.
	GEM REALTY FUND V, L.P.						9.
<b>3</b>	Gain, if any, from Form 4684, line 39 .....						<b>3</b>
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....						<b>4</b>
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....						<b>5</b>
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft .....						<b>6</b>
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....						<b>7</b>
	<p><b>Partnerships and S corporations.</b> 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.</p> <p><b>Individuals, partners, S corporation shareholders, and all others.</b> 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.</p>						35,213.
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions .....						<b>8</b>
<b>9</b>	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 .....						<b>9</b>
							35,213.

**Part II Ordinary Gains and Losses** (see instructions)

<b>10</b> Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						
<b>11</b> Loss, if any, from line 7 .....	<b>11</b>	(		)		
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable .....	<b>12</b>					
<b>13</b> Gain, if any, from line 31 .....	<b>13</b>					
<b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a .....	<b>14</b>					
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36 .....	<b>15</b>					
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....	<b>16</b>					
<b>17</b> Combine lines 10 through 16 .....	<b>17</b>					
<b>18</b> 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.						
<b>a</b> 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 .....	<b>18a</b>					
<b>b</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 .....	<b>18b</b>					

LHA For Paperwork Reduction Act Notice, see separate instructions.

**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			
<b>These columns relate to the properties on lines 19A through 19D.</b>			
	▶	Property A	Property B
		Property C	Property D
20	Gross sales price ( <b>Note:</b> 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	
<b>25 If section 1245 property:</b>			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the <b>smaller</b> of line 24 or 25a	25b	
<b>26 If section 1250 property:</b> 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 <b>smaller</b> 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 <b>smaller</b> of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
<b>27 If section 1252 property:</b> 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 <b>smaller</b> of line 24 or 27b	27c	
<b>28 If section 1254 property:</b>			
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 <b>smaller</b> of line 24 or 28a	28b	
<b>29 If section 1255 property:</b>			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the <b>smaller</b> 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	