

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public  
Inspection

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization TRIANGLE COMMUNITY FOUNDATION INC  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 12729  City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 27709-2729  <b>F</b> Name and address of principal officer: LORI O'KEEFE SAME AS C ABOVE	<b>D</b> Employer identification number 56-1380796  <b>E</b> Telephone number 919-474-8370  <b>G</b> Gross receipts \$ 138,614,641.  <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions  <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: WWW.TRIANGLECF.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: 1983
<b>M</b> State of legal domicile: NC		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	19
<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	23
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	25
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	931,421.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	639,639.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	19,556,148.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	10,440,080.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	231,598.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	30,227,826.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	27,763,458.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	2,270,817.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	0.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>16b</b>	272,967.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	1,610,173.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	31,644,448.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	-1,416,622.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	281,678,721.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	18,325,055.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	263,353,666.

**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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer CAROLINE ABBOTT, TREASURER Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SUE ROBISON	Preparer's signature SUE ROBISON
	Date 05/04/25	Check if self-employed <input type="checkbox"/> PTIN P00560072
	Firm's name RSM US LLP	Firm's EIN 42-0714325
	Firm's address 920 5TH AVENUE, SUITE 2800 SEATTLE, WA 98104	Phone no. 206-281-4444

May the IRS discuss this return with the preparer shown above? See instructions ☒ 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 ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 26,297,378. including grants of \$ 26,158,528. ) (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 \$ 833,759. including grants of \$ ) (Revenue \$ )  
 PHILANTHROPIC EVENTS - EVENTS FOR NONPROFITS INCLUDE: FORUMS TO CONNECT  
 WITH DONORS; CAPACITY BUILDING WORKSHOPS.

**4c** (Code: ) (Expenses \$ 562,372. including grants of \$ ) (Revenue \$ )  
 DONOR SERVICES - SERVICES TO DONORS INCLUDE: MEETINGS WITH FOUNDATION  
 STAFF; NETWORKING; EDUCATION AROUND LOCAL ISSUES.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 27,693,509.

**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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> 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> .....	<b>3</b>	X
<b>4</b> <b>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> .....	<b>4</b>	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> .....	<b>5</b>	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> .....	<b>6</b> 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> .....	<b>7</b>	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> .....	<b>8</b>	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> .....	<b>9</b> 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> .....	<b>10</b> 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> .....	<b>11a</b> 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> .....	<b>11b</b> 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> .....	<b>11c</b>	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> .....	<b>11d</b>	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> .....	<b>11e</b> 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> .....	<b>11f</b> 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> .....	<b>12a</b>	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> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	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> .....	<b>14b</b> 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> .....	<b>15</b>	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> .....	<b>16</b>	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 .....	<b>17</b>	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> .....	<b>18</b>	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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<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> .....	<b>21</b> 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> .....	<b>22</b> 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> .....	<b>23</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>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> .....	<b>25a</b>	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> .....	<b>25b</b>	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> .....	<b>26</b>	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> .....	<b>27</b>	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> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> 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> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	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> .....	<b>32</b>	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> .....	<b>33</b>	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> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> 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> .....	<b>35b</b>	X
<b>36</b> <b>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> .....	<b>36</b>	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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**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>1a</b> 23	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 23		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

**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**

	1a	1b	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.	19			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		19		
<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? .....			2	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? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	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? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	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 .....			9	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? .....	10a	X
<b>b</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? .....	10b	
<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? .....	11a	X
<b>b</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 .....	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	12c	X
<b>13</b> Did the organization have a written whistleblower policy? .....	13	X
<b>14</b> Did the organization have a written document retention and destruction policy? .....	14	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>a</b> The organization's CEO, Executive Director, or top management official .....	15a	X
<b>b</b> Other officers or key employees of the organization .....	15b	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? .....	16a	X
<b>b</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? .....	16b	

**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, box 6 of 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 0.00			X				216,888.	0.	39,103.
(2) ROBERT NAYLOR CFO	40.00 0.00			X				167,592.	0.	26,146.
(3) LATOYA KING COO	40.00 0.00			X				134,277.	0.	20,782.
(4) LINDSAY HARRELL DIRECTOR OF FINANCE	40.00 0.00					X		126,173.	0.	18,838.
(5) CHRIS DEVITA CHAIR	0.50 0.00	X		X				0.	0.	0.
(6) LARRY ROCAMORA VICE CHAIR	0.50 0.00	X		X				0.	0.	0.
(7) PHIL LAMBERT TREASURER	0.50 0.00	X		X				0.	0.	0.
(8) CRYSTAL GERMAN SECRETARY	0.50 0.00	X		X				0.	0.	0.
(9) CAROLINE ABBOTT MEMBER	0.50 0.00	X						0.	0.	0.
(10) REBECCA BALTER MEMBER	0.50 0.00	X						0.	0.	0.
(11) CREIGHTON BLACKWELL MEMBER	0.50 0.00	X						0.	0.	0.
(12) MATT BULLARD MEMBER	0.50 0.00	X						0.	0.	0.
(13) MICHAEL GOODMON MEMBER	0.50 0.00	X						0.	0.	0.
(14) RICK GUIRLINGER MEMBER	0.50 0.00	X						0.	0.	0.
(15) RAVILA GUPTA MEMBER	0.50 0.00	X						0.	0.	0.
(16) LILYN HESTER MEMBER	0.50 0.00	X						0.	0.	0.
(17) LATOYA MONTAGUE MEMBER	0.50 0.00	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) WAYNE MORGAN MEMBER	0.50 0.00	X						0.	0.	0.
(19) HILARY POLLAN MEMBER	0.50 0.00	X						0.	0.	0.
(20) EVAN RALEIGH MEMBER	0.50 0.00	X						0.	0.	0.
(21) PILAR ROCHA-GOLDBERG MEMBER	0.50 0.00	X						0.	0.	0.
(22) VIJAH SHAH MEMBER	0.50 2.00	X						0.	0.	0.
(23) LAURA VIRKLER MEMBER	0.50 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								644,930.	0.	104,869.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								644,930.	0.	104,869.

**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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** 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? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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	197,209.

**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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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>	31,920,837.					
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f .....			31,920,837.				
<b>Program Service Revenue</b>			<b>Business Code</b>					
	<b>2 a</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 .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			5,135,847.		931,535.	4,204,312.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
		(i) Real	(ii) Personal					
	<b>6 a</b> Gross rents .....	<b>6a</b>						
	<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) .....							
		(i) Securities	(ii) Other					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	101,269,893.					11,161.
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	93,172,038.					0.
	<b>c</b> Gain or (loss) .....	<b>7c</b>	8,097,855.					11,161.
	<b>d</b> Net gain or (loss) .....			8,109,016.		-114.	8,109,130.	
	<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 .....								
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
	<b>11 a</b> FEES FOR SERVICE .....		900099	271,270.	271,270.			
	<b>b</b> OTHER INCOME .....		900099	5,633.	5,633.			
	<b>c</b> .....							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....			276,903.				
<b>12 Total revenue.</b> See instructions .....			45,442,603.	276,903.	931,421.	12,313,442.		

**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 ...	26,135,328.	26,135,328.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	23,200.	23,200.		
<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 .....	629,449.	280,797.	301,003.	47,649.
<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 .....	1,460,379.	651,475.	698,353.	110,551.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,785.	35,146.	37,675.	5,964.
<b>9</b> Other employee benefits .....	174,239.	77,728.	83,321.	13,190.
<b>10</b> Payroll taxes .....	147,780.	65,925.	70,668.	11,187.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	27,504.		13,752.	13,752.
<b>c</b> Accounting .....	79,013.		79,013.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	661,592.		661,592.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	204,022.	23,481.	176,556.	3,985.
<b>12</b> Advertising and promotion .....	5,587.			5,587.
<b>13</b> Office expenses .....	110,833.	47,775.	53,081.	9,977.
<b>14</b> Information technology .....	107,216.	47,829.	51,271.	8,116.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	224,389.	100,100.	107,303.	16,986.
<b>17</b> Travel .....	31,758.	14,167.	15,187.	2,404.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	42,229.	16,972.	20,285.	4,972.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	121,303.	54,113.	58,007.	9,183.
<b>23</b> Insurance .....	16,789.	7,489.	8,029.	1,271.
<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> INCOME TAX EXPENSE	41,012.		41,012.	
<b>b</b> PROFESSIONAL DEVELOPMEN	48,691.	21,721.	23,284.	3,686.
<b>c</b> DUES AND SUBSCRIPTIONS	43,478.	19,395.	20,792.	3,291.
<b>d</b> PROGRAM ADMINISTRATION	33,400.	33,400.		
<b>e</b> All other expenses	46,367.	37,468.	7,683.	1,216.
<b>25</b> Total functional expenses. Add lines 1 through 24e	30,494,343.	27,693,509.	2,527,867.	272,967.
<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 <input type="checkbox"/> 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 .....	4,212,946.	<b>1</b>	1,571,640.
	<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 .....	21,332.	<b>4</b>	14,209.
	<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>	1,250,000.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	15,500.	<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> 1,034,626.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 769,274.		
		319,445.	<b>10c</b>	265,352.
	<b>11</b> Investments - publicly traded securities .....	147,411,280.	<b>11</b>	170,387,607.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	124,080,528.	<b>12</b>	131,983,917.
	<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 .....	5,617,690.	<b>15</b>	5,716,424.
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	281,678,721.	<b>16</b>	311,204,649.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	111,531.	<b>17</b>	98,151.
	<b>18</b> Grants payable .....	1,105,685.	<b>18</b>	1,068,492.
	<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 .....	16,344,808.	<b>21</b>	16,245,297.
	<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 .....	763,031.	<b>25</b>	554,079.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	18,325,055.	<b>26</b>	17,966,019.
<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 .....	258,450,467.	<b>27</b>	288,040,449.
	<b>28</b> Net assets with donor restrictions .....	4,903,199.	<b>28</b>	5,198,181.
	<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 .....	263,353,666.	<b>32</b>	293,238,630.
	<b>33</b> Total liabilities and net assets/fund balances .....	281,678,721.	<b>33</b>	311,204,649.

Form **990** (2023)

**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>	45,442,603.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	30,494,343.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	14,948,260.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	263,353,666.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	14,480,565.
<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>	456,139.
<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>	293,238,630.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</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 _____		

Form **990** (2023)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public  
Inspection**

Name of the organization

TRIANGLE COMMUNITY FOUNDATION INC

Employer identification number	
--------------------------------	--

56-1380796

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s). \_\_\_\_\_

g Provide the following information about the supported organization(s).						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	32,664,667.	17,693,660.	39,757,777.	19,556,148.	31,920,837.	141,593,089.
<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 .....	32,664,667.	17,693,660.	39,757,777.	19,556,148.	31,920,837.	141,593,089.
<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) .....						33,930,834.
<b>6 Public support.</b> Subtract line 5 from line 4.						107,662,255.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	32,664,667.	17,693,660.	39,757,777.	19,556,148.	31,920,837.	141,593,089.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,729,557.	3,197,823.	5,938,353.	3,710,597.	4,204,312.	20,780,642.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				74,961.	502,513.	577,474.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	51,658.	142,665.	272,172.	231,598.	276,903.	974,996.
<b>11 Total support.</b> Add lines 7 through 10						163,926,201.

**12** Gross receipts from related activities, etc. (see instructions) .....

12

**13 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**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	65.68 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	68.24 %

**16a 33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....☒**b 33 1/3% support test - 2022.** 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 **stop here.** The organization qualifies as a publicly supported organization .....☐**17a 10% -facts-and-circumstances test - 2023.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....☐**b 10% -facts-and-circumstances test - 2022.** 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....☐

Schedule A (Form 990) 2023

**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**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of 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>11a</b>		
<b>b</b> A family member of a person described on line 11a above?		
<b>11b</b>		
<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>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>1</b>		
<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>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>1</b>		
<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>2</b>		
<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>3</b>		

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

	Yes	No
<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>		
<b>2a</b>		
<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>2b</b>		
<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>3a</b>		
<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>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.

Section A - Adjusted Net Income		(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	

Section B - Minimum Asset Amount		(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	

Section C - Distributable Amount			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)**Section D - Distributions**

		Current Year
<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 2023 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)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<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 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, 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 2023. 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 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

**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

2019 AMOUNT: \$ 51,658.

2020 AMOUNT: \$ 142,665.

2021 AMOUNT: \$ 272,172.

2022 AMOUNT: \$ 231,598.

2023 AMOUNT: \$ 5,633.

## FEES FOR SERVICE

2023 AMOUNT: \$ 271,270.

**2023**

**\*\*\* Not Open to Public Inspection \*\*\***

323171 04-01-23

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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 foundationCheck 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
TRIANGLE COMMUNITY FOUNDATION INC	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		\$ 11,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,575,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,054,903.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,000,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 734,619.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
TRIANGLE COMMUNITY FOUNDATION INC	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		\$ 700,146.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
TRIANGLE COMMUNITY FOUNDATION INC	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
4	PUBLIC SECURITY	\$ 2,054,903.	09/01/23
6	PUBLIC SECURITY	\$ 154,619.	12/22/23
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization	Employer identification number
TRIANGLE COMMUNITY FOUNDATION INC	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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	485	
2 Aggregate value of contributions to (during year) .....	29,609,947.	
3 Aggregate value of grants from (during year) .....	22,422,044.	
4 Aggregate value at end of year .....	211,330,579.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**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

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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 in 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
<b>1a</b> Beginning of year balance	108973021.	103197022.	130956602.	103929300.	107805115.
<b>b</b> Contributions	2,314,604.	1,882,939.	2,079,024.	132,639.	326,071.
<b>c</b> Net investment earnings, gains, and losses	11785355.	8,713,375.	-15767190.	33783692.	1,351,467.
<b>d</b> Grants or scholarships	2,961,301.	2,994,294.	9,817,825.	4,469,537.	3,645,126.
<b>e</b> Other expenditures for facilities and programs	1,957,476.	1,826,021.	4,253,589.	2,419,492.	1,908,227.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	118154203.	108973021.	103197022.	130956602.	103929300.

**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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

	Yes	No
<b>3a(i)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3a(ii)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3b</b>	<input type="checkbox"/>	<input checked="" 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		1,034,626.	769,274.	265,352.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				265,352.

**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	26,036,043.	END-OF-YEAR MARKET VALUE
(B) CERTIFICATES OF DEPOSIT	4,318,834.	END-OF-YEAR MARKET VALUE
(C) ALTERNATIVE INVESTMENTS	101,629,040.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	131,983,917.	

**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, line 13, col. (B))		

**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, line 15, col. (B))	

**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) LEASE LIABILITY	554,079.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	554,079.

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>	
<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>		
<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>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<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>		
<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>	
<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>	

**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>	
<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>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<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>		
<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>	
<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>	

**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.

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

**2023**Open to Public  
Inspection

Name of the organization

TRIANGLE COMMUNITY FOUNDATION INC

Employer identification number

56-1380796

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		37627482
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		2482343.
<b>3 a Subtotal</b> .....	0	0			40109825
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			40109825

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

Schedule F (Form 990) 2023



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter .....

**3** Enter total number of other organizations or entities .....

Part III can be duplicated if additional space is needed.

[illegible]

**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ..... ☐ **Yes** ☒ **No**

Schedule F (Form 990) 2023

**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 INVESTMENTS 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

**2023**

**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 LOTTA LOVE, INC. PO BOX 4331 CHAPEL HILL, NC 27515	84-2866664	501(C)(3)	7,000.	0.			HOUSING
A PLACE AT THE TABLE PO BOX 26205 RALEIGH, NC 27611	47-2959935	501(C)(3)	62,500.	0.			FOOD/AGRI/NUTRIT
ACTION FOR THE CLIMATE EMERGENCY (ACE) - 529 MAIN STREET STE 200 - CHARLESTOWN, MA 02129	26-3106566	501(C)(3)	50,000.	0.			EDUCATION
ACTIVATE GOOD 1053 E. WHITAKER MILL ROAD, SUITE 1 RALEIGH, NC 27064	20-3057526	501(C)(3)	124,750.	0.			PHILAN/VOL/GRANT
AFFORDABLE COMMUNITY RESIDENCE ASSOCIATION, INC. - PO BOX 25265 - DURHAM, NC 27702	56-1609845	501(C)(3)	21,539.	0.			DISEASE/RESEARCH
AFRICAN EDUCATION PROGRAM PO BOX 6 WAYNE, PA 19087	42-1585011	501(C)(3)	8,000.	0.			YOUTH DEVELOPMNT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 553.

**3** Enter total number of other organizations listed in the line 1 table ..... 5.

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

**Schedule I (Form 990) 2023**

**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
ALLEGHANY EDUCATIONAL FOUNDATION INC. - PO BOX 33 - SPARTA, NC 28675	58-1955182	501(C)(3)	8,000.	0.			EDUCATION
ALLIANCE MEDICAL MINISTRY 101 DONALD ROSS DR. RALEIGH, NC 27610	56-2168673	501(C)(3)	92,083.	0.			HEALTH CARE
ALLIANT CHARITABLE FOUNDATION PO BOX 8221 PASADENA, CA 91109	87-1997787	501(C)(3)	10,000.	0.			HUMAN SERVICES
ALS ASSOCIATION - CAROLINAS JIM "CATFISH" HUNTER CHAPTER - 4 N BLOUNT STREET STE 200 - RALEIGH, NC 27601	56-1609591	501(C)(3)	7,500.	0.			DISEASE/RESEARCH
ALZHEIMER'S ASSOCIATION 225 N. MICHIGAN AVENUE, 17TH FLOOR CHICAGO, IL 60601	13-3039601	501(C)(3)	7,950.	0.			DISEASE/RESEARCH
AMERICAN CANCER SOCIETY PO BOX 11796 CHARLOTTE, NC 28220	13-1788491	501(C)(3)	8,288.	0.			HUMAN SERVICES
AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC. (ACLU) - 125 BROAD STREET, 18TH FLOOR - NEW YORK, NY 10004	13-6213516	501(C)(3)	8,520.	0.			CIV RTS/SOC ACTN
AMERICAN CIVIL LIBERTIES UNION OF NC LEGAL FOUNDATION (ACLU) - PO BOX 28004 - RALEIGH, NC 27611	56-1019644	501(C)(3)	38,500.	0.			CIV RTS/SOC ACTN
AMERICAN DANCE FESTIVAL PO BOX 90772 DURHAM, NC 27708	06-0932294	501(C)(3)	6,000.	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
AMERICAN DIABETES ASSOCIATION - CHARLOTTE - PO BOX 7023 - MERRIFIELD, VA 22116	13-1623888	501(C)(3)	34,931.	0.			HEALTH CARE
AMERICAN HEART ASSOCIATION PO BOX 840692 DALLAS, TX 75284	13-5613797	501(C)(3)	15,000.	0.			DISEASE/RESEARCH
AMERICAN HEART ASSOCIATION, TRIANGLE - 5001 SOUTH MIAMI BOULEVARD STE 300 - DURHAM, NC 27703	13-5613797	501(C)(3)	9,897.	0.			DISEASE/RESEARCH
AMERICAN LUNG ASSOCIATION IN NORTH CAROLINA - 401 HAWTHORNE LANE STE 110 #298 - CHARLOTTE, NC 28204	13-1632524	501(C)(3)	10,576.	0.			DISEASE/RESEARCH
AMERICAN RED CROSS - DISASTER RELIEF - PO BOX 37839 - BOONE, IA 50037	53-0196605	501(C)(3)	18,111.	0.			DISASTER SERVCS
AMERICAN RED CROSS, TRIANGLE CHAPTER - 100 NORTH PEARTREE LANE - RALEIGH, NC 27610	53-0196605	501(C)(3)	20,786.	0.			HUMAN SERVICES
AMERICAN SUPPORT FOR ISRAEL PO BOX 3263 WASHINGTON, DC 20010	26-3383926	501(C)(3)	10,000.	0.			PHILAN/VOL/GRANT
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	7,000.	0.			DISASTER SERVCS
AMINA'S GIFT 4229 MCINTYRE ROAD GIBSONVILLE, NC 27249	81-2176467	501(C)(3)	10,000.	0.			PUBLIC/SOC BENFT

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
ANIMAL PROTECTION SOCIETY OF DURHAM - 2117 EAST CLUB BLVD. - DURHAM, NC 27704	56-1047100	501(C)(3)	7,250.	0.			ANIMAL-RELATED
ANTI DEFAMATION LEAGUE FOUNDATION 605 3RD AVENUE NEW YORK, NY 10158	13-2887439	501(C)(3)	17,000.	0.			CIV RTS/SOC ACTN
ARTSCENTER 400 ROBERSON STREET CARRBORO, NC 27510	51-0198497	501(C)(3)	29,553.	0.			ARTS-CULTR-HUMAN
AZIZ AND GWEN SANCAR FOUNDATION 311 WEST UNIVERSITY DRIVE CHAPEL HILL, NC 27516	26-0871109	501(C)(3)	9,000.	0.			INTERNATIONAL
BALD HEAD ISLAND CONSERVANCY INC. PO BOX 3109 BALD HEAD ISLAND, NC 28461	58-1574496	501(C)(3)	7,500.	0.			ENVIRONMENT
BANK OF AMERICA CHARITABLE GIFT FUND - PO BOX 1802 - PROVIDENCE, RI 02901	04-6010342	501(C)(3)	25,000.	0.			PHILAN/VOL/GRANT
BARNABAS INTERNATIONAL PO BOX 708 ELKHORN, WI 53121	36-3535053	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
BE CONNECTED DURHAM & BEYOND 815 S ROXBORO ST UNIT 302 DURHAM, NC 27707	87-1870259	501(C)(3)	30,000.	0.			UNCLASSIFIABLE
BEACON OF HOPE-LYNCHBURG CITY SCHOOLS - P.O. BOX 1261 - LYNCHBURG, VA 24504	45-3797831	501(C)(3)	16,667.	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
BEDLAM INC 603 W 115TH STREET MAILBOX 130 NEW YORK, NY 10025	80-0784887	501(C)(3)	10,000.	0.			ARTS-CULTR-HUMAN
BEDS 4 KIDS 14241 W ELEVEN MILE ROAD OAK PARK, MI 48237	83-4689017	501(C)(3)	40,000.	0.			HOUSING
BEREA COLLEGE CPO 2216 BEREA, KY 40404	61-0444650	501(C)(3)	6,900.	0.			EDUCATION
BERKSHIRE CHORAL INTERNATIONAL 406 MAIN STREET, SUITE 1 GREAT BARRINGTON, MA 01230	13-2586807	501(C)(3)	6,000.	0.			ARTS-CULTR-HUMAN
BIBLE PROJECT 1302 SE ANKENY STREET PORTLAND, OR 97214	46-4277592	501(C)(3)	12,000.	0.			RELI/SPIRITUALTY
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.			YOUTH DEVELOPMNT
BIG BROTHERS BIG SISTERS OF THE TRIANGLE, INC. - 808 AVIATION PARKWAY STE 900 - MORRISVILLE, NC 27560	56-2109717	501(C)(3)	10,000.	0.			YOUTH DEVELOPMNT
BLACK FARMER'S MARKET PO BOX 13633 DURHAM, NC 27709	87-2075264	501(C)(3)	35,000.	0.			HUMAN SERVICES
BLACKNALL MEMORIAL PRESBYTERIAN CHURCH - 1902 PERRY ST. - DURHAM, NC 27705	23-7093809	501(C)(3)	17,500.	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
BLADDER CANCER ADVOCACY NETWORK 4520 EAST WEST HIGHWAY STE 610 BETHESDA, MD 20814	20-2897110	501(C)(3)	6,000.	0.			DISEASE/RESEARCH
BLANCHET HOUSE & FARM 310 NW GILSAN STREET PORTLAND, OR 97209	93-6031009	501(C)(3)	6,000.	0.			HEALTH CARE
BLUESTEM COMMUNITY NC, INC. 1900 HURDLE MILLS ROAD CEDAR GROVE, NC 27231	86-2188559	501(C)(3)	12,000.	0.			RELI/SPIRITUALTY
BODY OF CHRIST COMMUNITY CLINIC 2210-B HOLLAND RD. BELTON, TX 76513	27-0645782	501(C)(3)	25,000.	0.			HEALTH CARE
BOOK HARVEST 2501 UNIVERSITY DRIVE DURHAM, NC 27707	45-2610533	501(C)(3)	40,100.	0.			EDUCATION
BOOMERANG YOUTH, INC. 825-A NORTH ESTES DRIVE CHAPEL HILL, NC 27514	47-4660452	501(C)(3)	120,000.	0.			HUMAN SERVICES
BOY SCOUTS OF AMERICA, OCCONEECHEE COUNCIL - 3231 ATLANTIC AVENUE - RALEIGH, NC 27604	56-0529984	501(C)(3)	48,981.	0.			YOUTH DEVELOPMNT
BOYS AND GIRLS CLUB OF CENTRAL CAROLINA - 1414 BRAGG STREET - SANFORD, NC 27330	56-1923703	501(C)(3)	30,500.	0.			YOUTH DEVELOPMNT
BOYS AND GIRLS CLUB OF THE SANDHILLS - P.O. BOX 1761 - SOUTHERN PINES, NC 28388	91-1877405	501(C)(3)	5,500.	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
BOYS AND GIRLS CLUB OF WAKE COUNTY 701 N RALEIGH BOULEVARD RALEIGH, NC 27610	56-0863051	501(C)(3)	93,104.	0.			YOUTH DEVELOPMNT
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)	24,272.	0.			YOUTH DEVELOPMNT
BOYS AND GIRLS CLUBS OF NORTH CENTRAL NORTH CAROLINA - PO BOX 176 - OXFORD, NC 27565	56-2525793	501(C)(3)	7,254.	0.			YOUTH DEVELOPMNT
BREAST CANCER RESEARCH FOUNDATION INC. - 28 WEST 44TH STREET, SUITE 609 - NEW YORK, NY 10036	13-3727250	501(C)(3)	5,288.	0.			MEDICAL RESEARCH
BRIDGE TO TURKIYE 1609 E FRANKLIN STREET CHAPEL HILL, NC 27514	58-2678580	501(C)(3)	38,250.	0.			INTERNATIONAL
BROOKLYN COLLEGE FOUNDATION 2900 BEDFORD AVENUE BROOKLYN, NY 11210	11-1904329	501(C)(3)	10,000.	0.			EDUCATION
BUMP: THE TRIANGLE 504 WEST CHAPEL HILL ST DURHAM, NC 27701	20-5410127	501(C)(3)	36,000.	0.			ARTS-CULTR-HUMAN
BURBANK FREEWILL BAPTIST CHURCH 282 STOCTON ROAD ROAN MOUNTAIN, TN 37687	10-0006486	501(C)(3)	9,000.	0.			RELI/SPIRITUALTY
CALVARY BAPTIST CHURCH 361 BLUEGRASS ROAD ROAN MOUNTAIN, TN 37687	62-1402228	501(C)(3)	6,000.	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
CAMP CORRAL 801 N. WEST STREET RALEIGH, NC 27603	45-3555807	501(C)(3)	80,082.	0.			YOUTH DEVELOPMNT
CAMPUS CRUSADE FOR CHRIST INTERNATIONAL - PO BOX 628222 - ORLANDO, FL 32862	33-0863088	501(C)(3)	5,500.	0.			YOUTH DEVELOPMNT
CARE - CHILD ABUSE RESOURCE AND EDUCATION - P.O. BOX 1541 - LITTLETON, NC 27850	56-2108200	501(C)(3)	60,000.	0.			CRIME AND LEGAL
CARING COMMUNITY FOUNDATION PO BOX 1364 CARY, NC 27512	20-0036976	501(C)(3)	5,437.	0.			HEALTH CARE
CARING HOUSE, INC. 2625 PICKETT ROAD DURHAM, NC 27705	56-1647154	501(C)(3)	105,000.	0.			HOUSING
CAROLINA ABORTION FUND PO BOX 51534 DURHAM, NC 27707	45-3810502	501(C)(3)	19,300.	0.			HEALTH CARE
CAROLINA BALLET, INC. 3030 STONY BROOK DRIVE RALEIGH, NC 27604	56-1445383	501(C)(3)	51,000.	0.			ARTS-CULTR-HUMAN
CAROLINA BEACON 504 ERWIN ROAD DURHAM, NC 27707	56-1162341	501(C)(3)	25,000.	0.			PUBLIC/SOC BENFT
CAROLINA FRIENDS SCHOOL 4809 FRIENDS SCHOOL ROAD DURHAM, NC 27705	56-0812560	501(C)(3)	7,000.	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
CAROLINA PUBLIC PRESS PO BOX 17595 ASHEVILLE, NC 28816	46-0801080	501(C)(3)	9,000.	0.			ARTS-CULTR-HUMAN
CAROLINA THEATRE OF DURHAM, INC. 309 W. MORGAN STREET DURHAM, NC 27701	56-1759337	501(C)(3)	6,250.	0.			ARTS-CULTR-HUMAN
CAROLINA TIGER RESCUE 1940 HANKS CHAPEL RD PITTSBORO, NC 27312	56-1522499	501(C)(3)	9,500.	0.			ANIMAL-RELATED
CAROLINA WREN PRESS 120 MORRIS ST DURHAM, NC 27701	56-1205407	501(C)(3)	6,500.	0.			ARTS-CULTR-HUMAN
CAROLINAS GATEWAY PARTNERSHIP INC. 386 SW MAIN STREET ROCKY MOUNT, NC 27804	56-1931327	501(C)(3)	7,500.	0.			COMMUN/BUS/INDUS
CASA 624 WEST JONES STREET RALEIGH, NC 27603	56-1778714	501(C)(3)	114,750.	0.			HOUSING
CATAWBA COLLEGE - DEVELOPMENT OFFICE - 2300 W INNES ST. - SALISBURY, NC 28144	56-0530251	501(C)(3)	50,000.	0.			EDUCATION
CENTER FOR DEATH PENALTY LITIGATION - 3326 DURHAM-CHAPEL HILL BOULEVARD D-201 - DURHAM, NC 27707	56-1939274	501(C)(3)	7,000.	0.			CRIME AND LEGAL
CENTER FOR ECOZOIC STUDIES 2516 WINNINGHAM RD CHAPEL HILL, NC 27516	13-4205879	501(C)(3)	8,766.	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
CHAPEL HILL BIBLE CHURCH 260 ERWIN ROAD CHAPEL HILL, NC 27514	51-0138255	501(C)(3)	21,000.	0.			RELI/SPIRITUALTY
CHAPEL HILL ZEN CENTER 107 STATESIDE DRIVE CHAPEL HILL, NC 27514	56-1884707	501(C)(3)	6,200.	0.			RELI/SPIRITUALTY
CHAPEL HILL-CARRBORO MEALS ON WHEELS - PO BOX 2102 - CHAPEL HILL, NC 27514	59-1721954	501(C)(3)	54,000.	0.			FOOD/AGRI/NUTRIT
CHAPEL HILL-CARRBORO PUBLIC SCHOOL FOUNDATION - PO BOX 877 - CARRBORO, NC 27510	56-1421977	501(C)(3)	11,000.	0.			EDUCATION
CHAPEL IN THE PINES PRESBYTERIAN CHURCH - 314 GREAT RIDGE PARKWAY - CHAPEL HILL, NC 27516	23-6393377	501(C)(3)	25,000.	0.			RELI/SPIRITUALTY
CHAPEL OF THE CROSS 304 E. FRANKLIN STREET CHAPEL HILL, NC 27514	56-0623934	501(C)(3)	28,303.	0.			RELI/SPIRITUALTY
CHARLES HAMILTON HOUSTON FOUNDATION, INC. - PO BOX 25138 - DURHAM, NC 27702	47-4992302	501(C)(3)	20,000.	0.			EDUCATION
CHARLES HOUSE ASSOCIATION 7511 SUNRISE RD CHAPEL HILL, NC 27514	58-1582881	501(C)(3)	25,500.	0.			HUMAN SERVICES
CHATHAM ARTS COUNCIL PO BOX 418 PITTSBORO, NC 27312	56-1621611	501(C)(3)	12,750.	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
CHATHAM EDUCATION FOUNDATION P.O. BOX 1518 PITTSBORO, NC 27312	56-1796990	501(C)(3)	50,000.	0.			EDUCATION
CHATHAM HABITAT FOR HUMANITY PO BOX 883 PITTSBORO, NC 27312	56-1689599	501(C)(3)	16,320.	0.			HOUSING
CHATHAM OUTREACH ALLIANCE (CORA) PO BOX 1326 PITTSBORO, NC 27312	56-1668767	501(C)(3)	14,150.	0.			HUMAN SERVICES
CHILDRENS CANCER PARTNERS OF THE CAROLINAS INC - 900 S PINE STREET STE F - SPARTANBURG, SC 29302	20-2511033	501(C)(3)	42,500.	0.			YOUTH DEVELOPMNT
CHILDREN'S HOME SOCIETY OF NC PO BOX 14608 GREENSBORO, NC 27415	56-0529946	501(C)(3)	29,750.	0.			HUMAN SERVICES
CHILDREN'S LITERACY PROJECT 112 BROADWAY STREET STE B DURHAM, NC 27701	47-2832907	501(C)(3)	75,000.	0.			EDUCATION
CHRIST EPISCOPAL CHURCH 120 EAST EDENTON STREET RALEIGH, NC 27601	56-0530247	501(C)(3)	17,382.	0.			RELI/SPIRITUALTY
CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 75057	23-7319371	501(C)(3)	5,500.	0.			HUMAN SERVICES
CHRIST'S HAVEN FOR CHILDREN 4200 KELLER-HASLET ROAD KELLER, TX 76244	23-7164673	501(C)(3)	8,840.	0.			HUMAN SERVICES

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CHURCH OF THE BURROW 4479 MONCURE PITTSBORO ROAD MONCURE, NC 27559	81-3655061	501(C)(3)	10,500.	0.			RELI/SPIRITUALTY
CHURCH OF THE GOOD SHEPHERD 121 HILLSBOROUGH STREET RALEIGH, NC 27603	58-1488877	501(C)(3)	5,800.	0.			RELI/SPIRITUALTY
CHURCH OF THE HOLY FAMILY 200 HAYES ROAD CHAPEL HILL, NC 27517	58-1488733	501(C)(3)	30,350.	0.			RELI/SPIRITUALTY
CHURCH WORLD SERVICE - DURHAM 504 W CHAPEL HILL STREET STE 106 DURHAM, NC 27701	13-4080201	501(C)(3)	100,750.	0.			FOOD/AGRI/NUTRIT
CITY LIGHTS MINISTRY 1600 WILLIAMSON STREET WINSTON-SALEM, NC 27107	47-0977146	501(C)(3)	300,000.	0.			YOUTH DEVELOPMNT
CITY OF OAKS FOUNDATION 222 W. HARGETT STREET, SUITE 608 RALEIGH, NC 27601	27-4467111	501(C)(3)	27,500.	0.			PHILAN/VOL/GRANT
CLASSIC STAGE COMPANY 136 E 13TH ST NEW YORK, NY 10003	23-7025308	501(C)(3)	10,000.	0.			ARTS-CULTR-HUMAN
CLUB NOVA COMMUNITY INC. PO BOX 1346 CARRBORO, NC 27510	27-0103430	501(C)(3)	17,750.	0.			MENTAL HEALTH
CODE THE DREAM 201 W. MAIN STREET, SUITE 100, PMB0 DURHAM, NC 27701	26-3275886	501(C)(3)	235,000.	0.			EDUCATION

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COMMON CAUSE EDUCATION FUND NC PO BOX 6207 RALEIGH, NC 27628	31-1705370	501(C)(3)	63,750.	0.			CIV RTS/SOC ACTN
COMMUNITIES IN PARTNERSHIP PO BOX 11247 DURHAM, NC 27703	47-5567396	501(C)(3)	32,500.	0.			COMMUN/BUS/INDUS
COMMUNITIES IN SCHOOLS OF CHATHAM COUNTY - PO BOX 903 - SILER CITY, NC 27344	58-1849144	501(C)(3)	81,150.	0.			YOUTH DEVELOPMNT
COMMUNITIES IN SCHOOLS OF WAKE COUNTY - 971 HARP STREET - RALEIGH, NC 27604	56-1704570	501(C)(3)	33,000.	0.			EDUCATION
COMMUNITY EMPOWERMENT FUND 208 N. COLUMBIA STREET STE. 100 CHAPEL HILL, NC 27514	27-0428981	501(C)(3)	36,000.	0.			COMMUN/BUS/INDUS
COMMUNITY FOUNDATION FOR A GREATER RICHMOND - 3409 MOORE STREET - RICHMOND, VA 23230	23-7009135	501(C)(3)	207,387.	0.			PHILAN/VOL/GRANT
COMMUNITY HEALTH COALITION PO BOX 15176 DURHAM, NC 27704	56-2269385	501(C)(3)	35,000.	0.			COMMUN/BUS/INDUS
COMMUNITY HOME TRUST PO BOX 2315 CHAPEL HILL, NC 27515	56-2141179	501(C)(3)	8,500.	0.			HOUSING
COMMUNITY MOVEMENT BUILDERS 790 WELCH ST SW ATLANTA, GA 30310	47-4653915	501(C)(3)	10,000.	0.			PUBLIC/SOC BENFT

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COMMUNITY ORGANIZING FOR RACIAL EQUITY - PO BOX 1043 - PITTSBORO, NC 27312	83-0601036	501(C)(3)	35,000.	0.			HUMAN SERVICES
COMMUNITY SUCCESS INITIATIVE, INC. PO BOX 61114 RALEIGH, NC 27661	16-1702165	501(C)(3)	16,450.	0.			HUMAN SERVICES
COMPASS CENTER FOR WOMEN AND FAMILIES - 210 HENDERSON ST - CHAPEL HILL, NC 27514	56-1271474	501(C)(3)	143,000.	0.			HUMAN SERVICES
COMPASSION AND CHOICES PO BOX 485 ETNA, NH 03750	84-1328829	501(C)(3)	7,000.	0.			CIV RTS/SOC ACTN
CONGREGATION OF THE SACRED HEARTS PO BOX 111 FAIRHAVEN, MA 02719	04-2160533	501(C)(3)	11,500.	0.			RELI/SPIRITUALTY
CONSERVATION LEGACY 701 CAMINO DEL RIO SUITE 101 DURANGO, CO 81301	84-1450808	501(C)(3)	40,000.	0.			ENVIRONMENT
CONSERVATION TRUST FOR NC 1028 WASHINGTON STREET RALEIGH, NC 27605	58-1552188	501(C)(3)	45,300.	0.			ENVIRONMENT
CORNELL UNIVERSITY BOX 37334 BOONE, IA 50037	15-0532082	501(C)(3)	5,500.	0.			EDUCATION
COURT APPOINTED SPECIAL ADVOCATES FIRST JUDICIAL DISTRICT - 466 WEST SAN FRANCISCO STREET - SANTA FE, NM 87501	85-0432642	501(C)(3)	10,000.	0.			CRIME AND LEGAL

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CRESCENT ROTARY CLUB FOUNDATION INC - PO BOX 38684 - GREENSBORO, NC 27438	56-2130185	501(C)(3)	6,500.	0.			PHILAN/VOL/GRANT
CRISIS ASSISTANCE MINISTRY 500-A SPRATT STREET CHARLOTTE, NC 28206	56-1416719	501(C)(3)	5,887.	0.			HUMAN SERVICES
CRISTO REY RESEARCH TRIANGLE HIGH SCHOOL - 334 BLACKWELL STREET STE G100 - DURHAM, NC 27701	83-2700481	501(C)(3)	50,000.	0.			EDUCATION
CROSSPOINTE CHURCH 6911 CARPENTER FIRE STATION ROAD CARY, NC 27519	56-2048704	501(C)(3)	9,000.	0.			RELI/SPIRITUALTY
CROSSROADS FELLOWSHIP 2721 E. MILLBROOK ROAD RALEIGH, NC 27604	56-2223603	501(C)(3)	14,900.	0.			RELI/SPIRITUALTY
CURE ALZHEIMER'S FUND 34 WASHINGTON STREET STE 310 WELLESLEY, MA 02481	52-2396428	501(C)(3)	100,500.	0.			MEDICAL RESEARCH
CYSTIC FIBROSIS FOUNDATION, CAROLINAS CHAPTER - 7101 CREEDMOOR ROAD STE 130 - RALEIGH, NC 27613	13-1930701	501(C)(3)	7,500.	0.			DISEASE/RESEARCH
DAVIDSON COLLEGE BOX 7170 DAVIDSON, NC 28035	56-0529961	501(C)(3)	13,500.	0.			EDUCATION
DEMOCRACY NORTH CAROLINA 3000 AERIAL CENTER PARKWAY STE 160 MORRISVILLE, NC 27560	56-2271150	501(C)(3)	28,750.	0.			CIV RTS/SOC ACTN

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DHIC, INC.(FORMERLY DOWNTOWN HOUSING IMPROVEMENT CORP.) - 113 S. WILMINGTON ST. - RALEIGH, NC 27601	56-1085131	501(C)(3)	58,500.	0.			HOUSING
DISPUTE SETTLEMENT CENTER, INC. 302 WEST WEAVER STREET CARRBORO, NC 27510	56-1216584	501(C)(3)	50,000.	0.			CRIME AND LEGAL
DOCTORS WITHOUT BORDERS USA INC. PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	147,150.	0.			DISASTER SERVCS
DOMINICAN FRIARS 3150 VINCE HAGAN STREET IRVING, TX 75062	84-0791216	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
DOOR INTERNATIONAL PO BOX 30516 LANSING, MI 48909	56-2151149	501(C)(3)	30,000.	0.			RELI/SPIRITUALTY
DOROTHEA DIX PARK CONSERVANCY PO BOX 28575 RALEIGH, NC 27611	20-8421281	501(C)(3)	56,750.	0.			RECREATN/SPORTS
DRESS FOR SUCCESS TRIANGLE 1812 TILLERY PLACE, SUITE 105 RALEIGH, NC 27604	26-2229898	501(C)(3)	34,750.	0.			EMPLOYMENT
DUKE CHILDREN'S HOSPITAL AND HEALTH CENTER - 300 W MORGAN STREET STE 1200 - DURHAM, NC 27701	56-2070036	501(C)(3)	56,723.	0.			HEALTH CARE
DUKE HOMECARE AND HOSPICE 4321 MEDICAL PARK DRIVE STE 101 DURHAM, NC 27704	56-2070036	501(C)(3)	17,665.	0.			HEALTH CARE

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DUKE MEMORIAL UNITED METHODIST CHURCH - 504 W CHAPEL HILL STREET - DURHAM, NC 27701	56-0685370	501(C)(3)	11,389.	0.			RELI/SPIRITUALTY
DUKE SCHOOL 3716 ERWIN RD DURHAM, NC 27705	58-1521494	501(C)(3)	8,500.	0.			EDUCATION
DUKE UNIVERSITY BOX 90581 DURHAM, NC 27708	56-0532129	501(C)(3)	699,824.	0.			EDUCATION
DURHAM ACADEMY 3130 PICKETT ROAD DURHAM, NC 27705	56-0538019	501(C)(3)	363,325.	0.			EDUCATION
DURHAM ART GUILD INC 120 MORRIS ST DURHAM, NC 27701	56-0798002	501(C)(3)	10,000.	0.			ARTS-CULTR-HUMAN
DURHAM ARTS COUNCIL 120 MORRIS STREET DURHAM, NC 27701	56-0599829	501(C)(3)	138,597.	0.			ARTS-CULTR-HUMAN
DURHAM CENTRAL PARK PO BOX 1526 DURHAM, NC 27702	58-2222977	501(C)(3)	23,500.	0.			RECREATN/SPORTS
DURHAM CHILDREN'S INITIATIVE 2101 ANGIER AVENUE STE 200 DURHAM, NC 27703	32-0263133	501(C)(3)	32,250.	0.			YOUTH DEVELOPMNT
DURHAM COMMUNITY LAND TRUSTEES 1208 W. CHAPEL HILL ST. DURHAM, NC 27701	56-1203878	501(C)(3)	10,250.	0.			HOUSING

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DURHAM JAZZ WORKSHOP 4608 L INDUSTRY LANE DURHAM, NC 27713	45-4956498	501(C)(3)	13,300.	0.			ARTS-CULTR-HUMAN
DURHAM LIBRARY FOUNDATION PO BOX 25246 DURHAM, NC 27702	56-2189129	501(C)(3)	7,000.	0.			EDUCATION
DURHAM LITERACY CENTER INC. PO BOX 52209 DURHAM, NC 27717	56-1479534	501(C)(3)	9,000.	0.			EDUCATION
DURHAM NATIVITY SCHOOL PO BOX 3537 DURHAM, NC 27702	56-2274228	501(C)(3)	153,000.	0.			EDUCATION
DURHAM PUBLIC SCHOOLS FOUNDATION 600 EAST UMSTEAD STREET DURHAM, NC 27701	82-2803464	501(C)(3)	42,250.	0.			EDUCATION
DURHAM RESCUE MISSION PO BOX 11368 DURHAM, NC 27703	58-1482590	501(C)(3)	28,826.	0.			HUMAN SERVICES
DURHAM SPORTS COMMISSION 212 W. MAIN STREET STE 101 DURHAM, NC 27701	81-4953773	501(C)(3)	10,000.	0.			RECREATN/SPORTS
DURHAM TECHNICAL COMMUNITY COLLEGE FOUNDATION - 1637 E LAWSON STREET - DURHAM, NC 27703	56-1423848	501(C)(3)	80,589.	0.			EDUCATION
DURHAMCARES P.O. BOX 331 DURHAM, NC 27702	26-2689130	501(C)(3)	6,000.	0.			COMMUN/BUS/INDUS

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EAGLE RANCH INC. P.O. BOX 7200 CHESTNUT MOUNTAIN, GA 30502	58-1497408	501(C)(3)	15,000.	0.			MENTAL HEALTH
EARTHJUSTICE 50 CALIFORNIA STREET STE 500 SAN FRANCISCO, CA 94111	94-1730465	501(C)(3)	5,500.	0.			ENVIRONMENT
EARTHSHARE NORTH CAROLINA PO BOX 196 DURHAM, NC 27702	56-1775025	501(C)(3)	25,500.	0.			ENVIRONMENT
WAKE COUNTY PUBLIC SCHOOLS 5101 ROLESVILLE BLVD WENDELL, NC 27591	56-1137759	115	30,040.	0.			EDUCATION
EASTERN WOODLAND LACROSSE 5123 N NC HWY 119 MEBANE, NC 27302	83-2021161	501(C)(3)	7,778.	0.			ARTS-CULTR-HUMAN
ECO-INSTITUTE AT PICKARDS MOUNTAIN 8519 PICKARDS MEADOW RD CHAPEL HILL, NC 27516	82-2032530	501(C)(3)	7,000.	0.			ENVIRONMENT
ECU FOUNDATION MAIL STOP 301, ECU GREENVILLE, NC 27858	56-6093187	501(C)(3)	82,000.	0.			EDUCATION
EDENTON ST. UNITED METHODIST CHURCH - 228 W. EDENTON ST. - RALEIGH, NC 27603	56-0547492	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
EDUCATION JUSTICE ALLIANCE 1214 EAST LENOIR STREET RALEIGH, NC 27610	87-1986048	501(C)(3)	85,000.	0.			EDUCATION

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EL CENTRO HISPANO 2000 CHAPEL HILL ROAD, SUITE 26A DURHAM, NC 27707	56-2011661	501(C)(3)	8,250.	0.			HUMAN SERVICES
EL FUTURO 2020 CHAPEL HILL ROAD STE 23 DURHAM, NC 27707	80-0122334	501(C)(3)	231,800.	0.			MENTAL HEALTH
EL PUEBLO INC. 3125 POPLARWOOD COURT STE 300 RALEIGH, NC 27604	56-1934310	501(C)(3)	162,750.	0.			CIV RTS/SOC ACTN
ELLERBE CREEK WATERSHED ASSOCIATION - PO BOX 2679 - DURHAM, NC 27715	56-2123874	501(C)(3)	64,000.	0.			ENVIRONMENT
ELNA B. SPAULDING CONFLICT RESOLUTION CENTER, INC. - PO BOX 14568 - RESEARCH TRIANGLE PARK, NC 27709	56-0938146	501(C)(3)	11,036.	0.			MENTAL HEALTH
ELON UNIVERSITY 2600 CAMPUS BOX ELON, NC 27244	56-0532303	501(C)(3)	51,500.	0.			EDUCATION
EMPOWERED PARENTS IN COMMUNITY 1908 CEDAR ST DURHAM, NC 27707	84-1926159	501(C)(3)	20,000.	0.			COMMUN/BUS/INDUS
EMPOWERMENT, INC. 109 N GRAHAM STREET STE 200 CHAPEL HILL, NC 27516	56-1965772	501(C)(3)	16,500.	0.			HOUSING
ENO RIVER ASSOCIATION 4404 GUESS ROAD DURHAM, NC 27712	56-1134204	501(C)(3)	50,963.	0.			ENVIRONMENT

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ENO RIVER UNITARIAN UNIVERSALIST FELLOWSHIP - 4907 GARRETT ROAD - DURHAM, NC 27707	51-0151684	501(C)(3)	9,700.	0.			RELI/SPIRITUALTY
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	5,500.	0.			ENVIRONMENT
ENVIRONMENTAL EDUCATORS OF NORTH CAROLINA - 150 HIGHLANDS SQ DR #1034 - HENDERSONVILLE, NC 28792	56-1715308	501(C)(3)	15,000.	0.			ENVIRONMENT
EPISCOPAL DIOCESE OF LOS ANGELES 840 ECHO PARK LAKE AVENUE LOS ANGELES, CA 90026	95-1684078	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	63-1135091	501(C)(3)	9,500.	0.			CIV RTS/SOC ACTN
EQUITY BEFORE BIRTH 112 BROADWAY STREET STE B DURHAM, NC 27701	85-2675630	501(C)(3)	11,000.	0.			HUMAN SERVICES
EVERY BLACK GIRL, INC. 2301 HIGH ST COLUMBIA, SC 29203	81-2865134	501(C)(3)	20,000.	0.			YOUTH DEVELOPMNT
EXCHANGE FAMILY CENTER 3400 CROASDAILE DRIVE, SUITE 206 DURHAM, NC 27705	58-1978668	501(C)(3)	11,000.	0.			YOUTH DEVELOPMNT
EXTRA TERRESTRIAL PROJECTS 514 DANIELS STREET #129 RALEIGH, NC 27605	47-3204519	501(C)(3)	15,000.	0.			ARTS-CULTR-HUMAN

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EYES EARS NOSE AND PAWS INC. PO BOX 3443 CHAPEL HILL, NC 27515	61-1436221	501(C)(3)	12,300.	0.			HUMAN SERVICES
FAMILIES MOVING FORWARD PO BOX 25426 DURHAM, NC 27702	56-1633998	501(C)(3)	43,500.	0.			HOUSING
FAMILY HEALTH MINISTRIES PO BOX 16783 CHAPEL HILL, NC 27516	56-2206165	501(C)(3)	12,500.	0.			HEALTH CARE
FAMILY PROMISE, INC. 71 SUMMIT AVENUE SUMMIT, NJ 07901	52-1591461	501(C)(3)	50,000.	0.			HUMAN SERVICES
FARMER FOODSHARE 902 N MANGUM STREET DURHAM, NC 27701	27-3717889	501(C)(3)	6,300.	0.			FOOD/AGRI/NUTRIT
FEARRINGTON CARES 2020 FEARRINGTON POST PITTSBORO, NC 27312	56-1702206	501(C)(3)	81,500.	0.			HUMAN SERVICES
FELLOWSHIP HOME OF RALEIGH, INC. 506 CUTLER ST. RALEIGH, NC 27603	56-6063092	501(C)(3)	10,000.	0.			MENTAL HEALTH
FIDELITY CHARITABLE GIFT FUND P.O. BOX 770001 CINCINNATI, OH 45277	11-0303001	501(C)(3)	50,000.	0.			PHILAN/VOL/GRANT
FIRST BAPTIST CHURCH OF RALEIGH 99 N. SALISBURY ST. RALEIGH, NC 27603	56-0564353	501(C)(3)	18,500.	0.			RELI/SPIRITUALTY

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FIRST BAPTIST CHURCH OF WINSTON SALEM - 501 W. FIFTH ST. - WINSTON-SALEM, NC 27101	56-0599227	501(C)(3)	40,000.	0.			RELI/SPIRITUALTY
FIRST IN FAMILIES OF NC 3109 UNIVERSITY DRIVE SUITE 100 DURHAM, NC 27707	46-0471896	501(C)(3)	10,000.	0.			HUMAN SERVICES
FIRST PRESBYTERIAN CHURCH 305 E. MAIN ST. DURHAM, NC 27701	56-0563131	501(C)(3)	69,540.	0.			RELI/SPIRITUALTY
FOLDS OF HONOR FOUNDATION DEPARTMENT 13 TULSA, OK 74182	75-3240683	501(C)(3)	51,250.	0.			PUBLIC/SOC BENFT
FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA - 1924 CAPITAL BOULEVARD - RALEIGH, NC 27604	56-1283426	501(C)(3)	160,289.	0.			HUMAN SERVICES
FOOD DEPOT 1222 A SILER ROAD SANTA FE, NM 87507	85-0416803	501(C)(3)	10,000.	0.			FOOD/AGRI/NUTRIT
FOOTLIGHT PLAYERS, INC. 20 QUEEN STREET CHARLESTON, SC 29401	57-0357961	501(C)(3)	10,000.	0.			ARTS-CULTR-HUMAN
FOREST AT DUKE 2701 PICKETT ROAD DURHAM, NC 27705	56-1630158	501(C)(3)	6,288.	0.			HUMAN SERVICES
FOUNDATION FOR SHAMANIC STUDIES PO BOX 1010 PACIFICA, CA 94044	06-1131090	501(C)(3)	20,000.	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
FRANKLIN STREET ARTS COLLECTIVE (FRANK) - 370 E. MAIN ST - CARRBORO, NC 27510	20-1121059	501(C)(3)	25,000.	0.			ARTS-CULTR-HUMAN
FREEDOM HOUSE RECOVERY CENTER, INC. - 104 NEW STATESIDE DRIVE - CHAPEL HILL, NC 27516	56-1082674	501(C)(3)	10,000.	0.			MENTAL HEALTH
FRIENDS OF MCGILL UNIVERSITY, INC. PO BOX 28137 NEW YORK, NY 10087	23-7054819	501(C)(3)	10,000.	0.			EDUCATION
FRIENDS OF THE NC ACCESSIBLE BOOKS AND LIBRARY SERVICES - 1841 CAPITAL BOULEVARD - RALEIGH, NC 27635	58-1973202	501(C)(3)	23,199.	0.			EDUCATION
FRIENDS OF THE NC MUSEUM OF NATURAL SCIENCES - PO BOX 26928 - RALEIGH, NC 27611	56-1240806	501(C)(3)	58,000.	0.			ARTS-CULTR-HUMAN
FRIENDS OF WAKE COUNTY GUARDIAN AD LITEM - PO BOX 4941 - CARY, NC 27519	58-1930264	501(C)(3)	10,000.	0.			CRIME AND LEGAL
FRONTIER NURSING UNIVERSITY 2050 LEXINGTON ROAD VERSAILLES, KY 40383	61-1124267	501(C)(3)	9,000.	0.			EDUCATION
FUND FOR HUMAN POSSIBILITY PO BOX 331 CHAPEL HILL, NC 27514	56-1868691	501(C)(3)	6,000.	0.			EDUCATION
GARY SINISE FOUNDATION PO BOX 368 WOODLAND HILLS, CA 91365	80-0587086	501(C)(3)	8,000.	0.			PUBLIC/SOC BENFT

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GASPARD & DANCERS INC. 106 PATHWOOD LN DURHAM, NC 27705	46-4652567	501(C)(3)	7,500.	0.			ARTS-CULTR-HUMAN
GC CARES, INC. 5400 TRINITY ROAD STE 309 RALEIGH, NC 27607	82-1025217	501(C)(3)	20,000.	0.			HUMAN SERVICES
GEEX, INC. 2326 E. MIFFLIN ST. MADISON, WI 53704	85-2283764	501(C)(3)	24,000.	0.			ARTS-CULTR-HUMAN
GENESYS WORKS CHICAGO 26874 NETWORK PLACE CHICAGO, IL 60673	27-1628710	501(C)(3)	10,000.	0.			YOUTH DEVELOPMNT
GIGI'S PLAYHOUSE INC 2350 WEST HIGGINS ROAD HOFFMAN ESTATES, IL 60169	20-0058563	501(C)(3)	15,000.	0.			HUMAN SERVICES
GIGI'S PLAYHOUSE RALEIGH 370 S WALKER STREET STE 122 CARY, NC 27511	81-1482925	501(C)(3)	101,500.	0.			MENTAL HEALTH
GIRLS ON THE RUN OF THE TRIANGLE, INC. - 1415 WEST NC HIGHWAY 54, SUITE 211 - DURHAM, NC 27707	56-2228790	501(C)(3)	6,000.	0.			RECREATN/SPORTS
GIVEDIRECTLY, INC PO BOX 3221 NEW YORK, NY 10008	27-1661997	501(C)(3)	10,000.	0.			HUMAN SERVICES
GLOBAL SCHOLARS ACADEMY 311 DOWD ST DURHAM, NC 27701	74-3203527	501(C)(3)	7,500.	0.			EDUCATION

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GO GLOBAL NC PO BOX 2162 WAKE FOREST, NC 27588	56-1751280	501(C)(3)	53,383.	0.			INTERNATIONAL
GRACE BAPTIST CHURCH 1114 BROAD STREET ELIZABETHTON, TN 37643		501(C)(3)	26,000.	0.			RELI/SPIRITUALTY
GRANDFATHER MOUNTAIN STEWARDSHIP FOUNDATION - PO BOX 129 - LINVILLE, NC 28646	26-4812778	501(C)(3)	10,000.	0.			ENVIRONMENT
GRATEFUL AMERICANS CHARITY 28725 ROBINSON ROAD CONROE, TX 77385	82-0598762	501(C)(3)	10,000.	0.			DISEASE/RESEARCH
GREENS FARMS ACADEMY 35 BEACHSIDE AVENUE WESTPORT, CT 06880	06-0733693	501(C)(3)	26,000.	0.			EDUCATION
GREENSBORO COLLEGE FOUNDATION 815 W. MARKET STREET GREENSBORO, NC 27401	56-2077641	501(C)(3)	21,141.	0.			EDUCATION
GULF COAST COMMUNITY FOUNDATION 601 TAMiami TRAIL S VENICE, FL 34285	59-1052433	501(C)(3)	25,000.	0.			PHILAN/VOL/GRANT
HABITAT FOR HUMANITY OF DURHAM COUNTY - 215 N. CHURCH STREET - DURHAM, NC 27701	58-1674794	501(C)(3)	59,000.	0.			HOUSING
HABITAT FOR HUMANITY OF ORANGE COUNTY - 88 VILCOM CENTER DRIVE, SUITE L110 - CHAPEL HILL, NC 27514	58-1603427	501(C)(3)	216,503.	0.			HOUSING

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HABITAT FOR HUMANITY OF WAKE COUNTY - 2420 NORTH RALEIGH BLVD - RALEIGH, NC 27604	56-1492703	501(C)(3)	13,750.	0.			HOUSING
HAVEN HOUSE SERVICES 1008 BULLARD COURT RALEIGH, NC 27615	56-1073632	501(C)(3)	142,250.	0.			HUMAN SERVICES
HAW RIVER ASSEMBLY, INC. PO BOX 187 BYNUM, NC 27228	58-1510282	501(C)(3)	25,250.	0.			ENVIRONMENT
HEALING TRANSITIONS 1251 GOODE STREET RALEIGH, NC 27603	56-2135246	501(C)(3)	30,904.	0.			MENTAL HEALTH
HEALTH ALLIANCE FOR AUSTIN MUSICIANS (HAAM) - 3010 S LAMAR BLVD #200 - AUSTIN, TX 78704	80-0147620	501(C)(3)	6,000.	0.			HEALTH CARE
HEALTHY START EDUCATION 4 CONSULTANT PLACE DURHAM, NC 27707	56-1996741	501(C)(3)	10,000.	0.			EDUCATION
HEARTS AND HANDS FOR HAITI 6612 CREEDMOOR ROAD RALEIGH, NC 27613	11-3763605	501(C)(3)	17,000.	0.			INTERNATIONAL
HEATON CHRISTIAN CHURCH PO BOX 117 ELK PARK, NC 28622	56-1369746	501(C)(3)	51,000.	0.			RELI/SPIRITUALTY
HILL LEARNING CENTER 3200 PICKETT ROAD DURHAM, NC 27705	56-2089788	501(C)(3)	71,750.	0.			EDUCATION

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HISPANIC LIAISON OF CHATHAM COUNTY 404 N HOLLY AVENUE SILER CITY, NC 27344	56-1974043	501(C)(3)	54,500.	0.			HUMAN SERVICES
HOLLY SPRINGS UNITED METHODIST CHURCH - 108 AVENT FERRY ROAD - HOLLY SPRINGS, NC 27540	56-1401676	501(C)(3)	19,275.	0.			RELI/SPIRITUALTY
HOLY TRINITY CHURCH OF RALEIGH 549 NORTH BLOUNT STREET RALEIGH, NC 27604	20-1534970	501(C)(3)	8,800.	0.			RELI/SPIRITUALTY
HOPE NORTH CAROLINA PO BOX 9144 CHAPEL HILL, NC 27515	84-3522239	501(C)(3)	10,000.	0.			HOUSING
HOPE REINS 8420 WAKE FOREST HIGHWAY RALEIGH, NC 27613	27-1074966	501(C)(3)	5,500.	0.			HEALTH CARE
HOPE RENOVATIONS 3 BOLIN HEIGHTS CHAPEL HILL, NC 27514	82-3675207	501(C)(3)	42,006.	0.			EMPLOYMENT
HOUSING FOR NEW HOPE 18 WEST COLONY PLACE STE 250 DURHAM, NC 27705	58-2089068	501(C)(3)	8,250.	0.			HOUSING
HOUSING OPTIONS FOR STUDENTS TODAY 1801 HILLSBOROUGH STREET RALEIGH, NC 27605	88-2708565	501(C)(3)	10,000.	0.			HOUSING
IMAGINE NORTH CAROLINA FIRST PO BOX 428 RALEIGH, NC 27602	46-4006055	501(C)(3)	284,000.	0.			SOCIAL SCIENCE

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IMMERSION FOR SPANISH LANGUAGE ACQUISITION - 1502 W NC HWY 54 - DURHAM, NC 27707	45-5336885	501(C)(3)	20,000.	0.			EDUCATION
INDEPENDENT ANIMAL RESCUE, INC. PO BOX 14232 DURHAM, NC 27709	56-1951483	501(C)(3)	16,500.	0.			ANIMAL-RELATED
INTEGRATIVE STRATEGIES FORUM, INC. 1806 GRACE CHURCH ROAD SILVER SPRING, MD 20910	52-2200029	501(C)(3)	174,344.	0.			ENVIRONMENT
INTERACT 1012 OBERLIN ROAD STE 100 RALEIGH, NC 27605	58-1320613	501(C)(3)	24,939.	0.			HUMAN SERVICES
INTER-FAITH COUNCIL FOR SOCIAL SERVICE - 110 W. MAIN STREET - CARRBORO, NC 27510	59-1224041	501(C)(3)	122,015.	0.			HOUSING
INTER-FAITH FOOD SHUTTLE 1001 BLAIR DRIVE, SUITE 120 RALEIGH, NC 27603	56-1753180	501(C)(3)	45,100.	0.			FOOD/AGRI/NUTRIT
INTERNATIONAL CARE MINISTRIES 491 A1A BEACH BOULEVARD ST. AUGUSTINE, FL 32080	91-1886289	501(C)(3)	10,000.	0.			COMMUN/BUS/INDUS
INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERT LEA, MN 56007	13-5660870	501(C)(3)	11,500.	0.			INTERNATIONAL
INTERNATIONAL STUDENTS INC. PO BOX C COLORADO SPRINGS, CO 80901	53-0214853	501(C)(3)	6,500.	0.			RELI/SPIRITUALTY

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IPAS PO BOX 9990 CHAPEL HILL, NC 27515	56-1071085	501(C)(3)	10,000.	0.			CIV RTS/SOC ACTN
JAIME LEANDRO FOUNDATION FOR THERAPEUTIC CANCER VACCINES - 128 GRAYLYN DR - CHAPEL HILL, NC 27516	85-3117614	501(C)(3)	10,000.	0.			DISEASE/RESEARCH
JDRF INTERNATIONAL PO BOX 5021 HAGERSTOWN, MD 21741	23-1907729	501(C)(3)	12,050.	0.			DISEASE/RESEARCH
JEWISH FOR GOOD 1937 W. CORNWALLIS ROAD DURHAM, NC 27705	58-1384316	501(C)(3)	75,550.	0.			RELI/SPIRITUALTY
JOSH'S HOPE FOUNDATION, INC. 40 TERRY BROOK LANE HILLSBOROUGH, NC 27278	27-2474758	501(C)(3)	5,300.	0.			MENTAL HEALTH
JOURNALISM FUNDING PARTNERS 1731 HOWE AVENUE STE 242 SACRAMENTO, CA 95825	84-2968843	501(C)(3)	16,000.	0.			EMPLOYMENT
JOURNEY TO DREAM 1960 ARCHER AVENUE LEWISVILLE, TX 75077	20-1209865	501(C)(3)	15,000.	0.			YOUTH DEVELOPMNT
JUBILEE HOME PO BOX 289 DURHAM, NC 27707	46-1954060	501(C)(3)	13,250.	0.			HOUSING
JUDEA REFORM CONGREGATION 1933 WEST CORNWALLIS ROAD DURHAM, NC 27705	56-1337018	501(C)(3)	41,520.	0.			RELI/SPIRITUALTY

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JUSTICEMATTERS INC. PO BOX 199 DURHAM, NC 27702	27-1378558	501(C)(3)	16,500.	0.			CRIME AND LEGAL
KAY YOW CANCER FUND 4804 PAGE CREEK LANE STE 118 DURHAM, NC 27703	26-1789695	501(C)(3)	10,000.	0.			EDUCATION
KEEP DURHAM BEAUTIFUL 2011 FAY STREET DURHAM, NC 27705	02-0735076	501(C)(3)	15,500.	0.			ENVIRONMENT
KENAN-FLAGLER BUSINESS SCHOOL FOUNDATION - CB #3440 - CHAPEL HILL, NC 27599	56-0771850	501(C)(3)	11,000.	0.			EDUCATION
KENYON COLLEGE OFFICE OF DEVELOPMENT GAMBIER, OH 43022	31-4379507	501(C)(3)	55,000.	0.			EDUCATION
KEY WEST WILDLIFE CENTER PO BOX 2297 KEY WEST, FL 33045	27-1565877	501(C)(3)	25,000.	0.			ANIMAL-RELATED
KIDZNOTES PO BOX 200 DURHAM, NC 27702	27-0446845	501(C)(3)	37,286.	0.			ARTS-CULTR-HUMAN
KIDZU CHILDREN'S MUSEUM 201 S. ESTES DRIVE, STE A9 CHAPEL HILL, NC 27514	20-2058235	501(C)(3)	12,500.	0.			ARTS-CULTR-HUMAN
KRAMDEN INSTITUTE 5010 NC HWY 55 DURHAM, NC 27713	74-3108814	501(C)(3)	9,000.	0.			SCIENCE/TECHN.

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LATINO EDUCATIONAL ACHIEVEMENT PARTNERSHIP - 1737 HILLDALE ROAD - DURHAM, NC 27705	46-2545659	501(C)(3)	58,750.	0.			EDUCATION
LATINKED PO BOX 891 SILER CITY, NC 27344	82-4014210	501(C)(3)	270,000.	0.			EDUCATION
LEADERSHIP TRIANGLE 907 GLENWOOD AVENUE RALEIGH, NC 27605	56-1852726	501(C)(3)	5,949.	0.			COMMUN/BUS/INDUS
LEGAL AID OF NORTH CAROLINA, INC. PO BOX 28741 RALEIGH, NC 27611	31-1784161	501(C)(3)	35,250.	0.			CRIME AND LEGAL
LEWISVILLE EDUCATION FOUNDATION, INC. - 1565-C W MAIN ST. - LEWISVILLE, TX 75067	75-2333118	501(C)(3)	22,444.	0.			EDUCATION
LGBTQ CENTER OF DURHAM 1007 BROAD STREET DURHAM, NC 27705	27-1277498	501(C)(3)	40,000.	0.			HUMAN SERVICES
LIFE SKILLS FOUNDATION PO BOX 51129 DURHAM, NC 27717	20-3676000	501(C)(3)	15,500.	0.			HOUSING
LILLIAN'S LIST FOUNDATION 3117 POPLARWOOD COURT, SUITE 130 RALEIGH, NC 27603	85-3038203	501(C)(3)	15,000.	0.			CIV RTS/SOC ACTN
LINCOLN COMMUNITY HEALTH CENTER INCORPORATED - 1301 FAYETTEVILLE STREET - DURHAM, NC 27707	56-1031244	501(C)(3)	8,297.	0.			HEALTH CARE

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LOAVES AND FISHES MINISTRY, INC. PO BOX 14596 RALEIGH, NC 27620	56-1433563	501(C)(3)	16,250.	0.			YOUTH DEVELOPMNT
LOCAL START DENTAL 370 JACKSON ST. DURHAM, NC 27701	83-3397388	501(C)(3)	25,000.	0.			HEALTH CARE
LORENZO'S HOUSE 1415 W FOSTER AVE CHICAGO, IL 60640	87-1604169	501(C)(3)	15,000.	0.			HUMAN SERVICES
LOUISVILLE FILM SOCIETY PO BOX 6088 LOUISVILLE, KY 40206	26-0252493	501(C)(3)	11,000.	0.			ARTS-CULTR-HUMAN
LOVE OUT LOUD PO BOX 20912 WINSTON-SALEM, NC 27120	47-4085418	501(C)(3)	30,500.	0.			HUMAN SERVICES
MADE IN DURHAM 359 BLACKWELL STREET STE 200 DURHAM, NC 27701	47-2262963	501(C)(3)	10,250.	0.			EDUCATION
MADE4ME, INC 5540 ATLANTIC SPRINGS RD SUITE101 RALEIGH, NC 27616	81-5420009	501(C)(3)	6,826.	0.			HUMAN SERVICES
MADRE 121 WEST 27TH STREET, #604 NEW YORK, NY 10001	13-3280194	501(C)(3)	7,500.	0.			INTERNATIONAL
MALLARME CHAMBER PLAYERS 120 MORRIS STREET DURHAM, NC 27701	58-1711177	501(C)(3)	56,500.	0.			ARTS-CULTR-HUMAN

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MARBLES KIDS MUSEUM 2711 ROYSTER STREET RALEIGH, NC 27608	58-1647538	501(C)(3)	12,500.	0.			ARTS-CULTR-HUMAN
MARSHFIELD SCHOOL OF WEAVING PO BOX 4 NEWBURY, VT 05051	03-0260216	501(C)(3)	30,000.	0.			ARTS-CULTR-HUMAN
MARY BALDWIN UNIVERSITY PO BOX 1500 STAUNTON, VA 24402	54-0506319	501(C)(3)	35,936.	0.			EDUCATION
MASONIC HOME FOR CHILDREN AT OXFORD - 600 COLLEGE STREET - OXFORD, NC 27565	56-0603924	501(C)(3)	7,382.	0.			HUMAN SERVICES
MEALS ON WHEELS OF DURHAM INC. 2522 ROSS ROAD DURHAM, NC 27703	56-1729111	501(C)(3)	7,550.	0.			FOOD/AGRI/NUTRIT
MEALS ON WHEELS OF WAKE COUNTY 1001 BLAIR DRIVE, SUITE 100 RALEIGH, NC 27603	56-1061085	501(C)(3)	15,750.	0.			FOOD/AGRI/NUTRIT
MERCY SHIPS INTERNATIONAL PO BOX 1930 LINDALE, TX 75771	75-2685233	501(C)(3)	10,000.	0.			HUMAN SERVICES
MEREDITH COLLEGE 3800 HILLSBOROUGH STREET RALEIGH, NC 27607	56-0530242	501(C)(3)	65,328.	0.			EDUCATION
MISSION EMANUEL 1855 E MAIN STREET STE 14 #149 SPARTANBURG, SC 29307	46-3214379	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY

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MONTREAT COLLEGE PO BOX 1267 MONTREAT, NC 28757	56-0543261	501(C)(3)	11,764.	0.			EDUCATION
MOREHEAD-CAIN SCHOLARSHIP FUND PO BOX 690 CHAPEL HILL, NC 27514	56-2462593	501(C)(3)	60,000.	0.			EDUCATION
MUSEUM OF DURHAM HISTORY PO BOX 362 DURHAM, NC 27702	94-3455685	501(C)(3)	19,750.	0.			ARTS-CULTR-HUMAN
MUSEUM OF LIFE AND SCIENCE 433 W MURRAY AVENUE DURHAM, NC 27704	56-0938434	501(C)(3)	35,624.	0.			ARTS-CULTR-HUMAN
MUSIC MAKER RELIEF FOUNDATION PO BOX 1358 HILLSBOROUGH, NC 27278	13-3782018	501(C)(3)	51,957.	0.			ARTS-CULTR-HUMAN
MY VISION FOR REFUGEES 2950 MT WILKINSON PARKWAY #814 ATLANTA, GA 30339	47-4140533	501(C)(3)	6,000.	0.			COMMUN/BUS/INDUS
MYRIAD USA 551 FIFTH AVENUE STE 2400 NEW YORK, NY 10176	58-2277856	501(C)(3)	125,000.	0.			PHILAN/VOL/GRANT
NASH COUNTY ARTS COUNCIL 1006 EASTERN AVE, ROOM 102 NASHVILLE, NC 27856	58-1632013	501(C)(3)	10,000.	0.			FOOD/AGRI/NUTRIT
NATIONAL CHRISTIAN CHARITABLE FOUNDATION INC. - 1150 SANCTUARY PARKWAY SUITE 350 - ALPHARETTA, GA 30009	58-1493949	501(C)(3)	113,678.	0.			PHILAN/VOL/GRANT

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NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501(C)(3)	10,000.	0.			HEALTH CARE
NATIONAL MULTIPLE SCLEROSIS SOCIETY - GREATER CAROLINAS CHAPTER - 2610 WYCLIFF ROAD STE 101 - RALEIGH, NC 27607	13-5661935	501(C)(3)	14,500.	0.			DISEASE/RESEARCH
NATIONAL PARK FOUNDATION PO BOX 17394 BALTIMORE, MD 21298	52-1086761	501(C)(3)	5,250.	0.			PHILAN/VOL/GRANT
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD. JENKINTOWN, PA 19046	23-7825575	501(C)(3)	172,256.	0.			PHILAN/VOL/GRANT
NATURA INTERNATIONAL 1567 44TH STREET NW WASHINGTON, DC 20007	31-1667319	501(C)(3)	7,000.	0.			ENVIRONMENT
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET 11TH FLOOR NEW YORK, NY 10011	13-2654926	501(C)(3)	8,250.	0.			ENVIRONMENT
NC AGRICULTURAL FOUNDATION BOX 7207 RALEIGH, NC 27695	56-6049304	501(C)(3)	15,000.	0.			FOOD/AGRI/NUTRIT
NC COALITION FOR ALTERNATIVES TO THE DEATH PENALTY - 3326 DURHAM-CHAPEL HILL BOULEVARD - DURHAM, NC 27707	45-4288573	501(C)(3)	15,000.	0.			CIV RTS/SOC ACTN
NC COASTAL FEDERATION 3609 NC 24 NEWPORT, NC 28570	58-1494098	501(C)(3)	15,000.	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 ENVIRONMENTAL DEFENSE FUND 4000 WESTCHASE BOULEVARD STE 510 RALEIGH, NC 27607	11-6107128	501(C)(3)	15,000.	0.			ENVIRONMENT
NC HALL OF FAME (NCHOF) 1450 RALEIGH ROAD, SUITE 300 CHAPEL HILL, NC 27517	92-1234582	501(C)(3)	150,000.	0.			PHILAN/VOL/GRANT
NC MUSEUM OF HISTORY ASSOCIATES, INC. - PO BOX 25937 - RALEIGH, NC 27611	56-1178432	501(C)(3)	7,000.	0.			ARTS-CULTR-HUMAN
NC MUSEUM OF HISTORY FOUNDATION 5 EAST EDENTON ST. RALEIGH, NC 27601	20-0988951	501(C)(3)	11,000.	0.			ARTS-CULTR-HUMAN
NC SYMPHONY FOUNDATION 3700 GLENWOOD AVENUE STE 130 RALEIGH, NC 27612	58-1495066	501(C)(3)	8,750.	0.			ARTS-CULTR-HUMAN
NC SYMPHONY SOCIETY, INC. 3700 GLENWOOD AVENUE, SUITE 130 RALEIGH, NC 27612	56-0556755	501(C)(3)	23,750.	0.			ARTS-CULTR-HUMAN
NC THEATRE ONE EAST SOUTH STREET RALEIGH, NC 27601	56-1072874	501(C)(3)	45,000.	0.			ARTS-CULTR-HUMAN
NC VETERINARY MEDICAL FOUNDATION 1060 WILLIAM MOORE DRIVE RALEIGH, NC 27607	58-1344473	501(C)(3)	26,000.	0.			EDUCATION
NC WARN PO BOX 61051 DURHAM, NC 27715	56-1734433	501(C)(3)	52,500.	0.			ENVIRONMENT

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NC WILDLIFE FEDERATION PO BOX 10626 RALEIGH, NC 27605	56-1564376	501(C)(3)	24,250.	0.			ANIMAL-RELATED
NORTH CAROLINA STATE UNIVERSITY CAMPUS BOX 7214 RALEIGH, NC 27695	56-6000756	115	53,383.	0.			EDUCATION
NEIGHBOR TO NEIGHBOR MINISTRIES PO BOX 25628 RALEIGH, NC 27611	56-2016457	501(C)(3)	25,250.	0.			YOUTH DEVELOPMNT
NEIGHBORHEALTH CENTER 2605 BLUE RIDGE ROAD STE 225 RALEIGH, NC 27607	46-0711361	501(C)(3)	11,500.	0.			HEALTH CARE
NEWMAN CATHOLIC STUDENT CENTER PARISH - 218 PITTSBORO STREET - CHAPEL HILL, NC 27516	56-0929282	501(C)(3)	7,500.	0.			RELI/SPIRITUALTY
NORTH CAROLINA A. PHILLIP RANDOLPH INSTITUTE, INC. - 1408 HILLSBOROUGH STREET - RALEIGH, NC 27605	56-1500282	501(C)(3)	25,000.	0.			ARTS-CULTR-HUMAN
NORTH CAROLINA AMATEUR SPORTS, INC. - 406 BLACKWELL STREET STE 120 - DURHAM, NC 27701	58-1527276	501(C)(3)	31,246.	0.			RECREATN/SPORTS
NORTH CAROLINA ARTS IN ACTION PO BOX 51277 DURHAM, NC 27717	20-3029784	501(C)(3)	63,750.	0.			ARTS-CULTR-HUMAN
NORTH CAROLINA CONSERVATION NETWORK - 234 FAYETTEVILLE STREET, 5TH FLOOR - RALEIGH, NC 27601	58-2504713	501(C)(3)	225,000.	0.			ENVIRONMENT

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NORTH CAROLINA GOOD BETTER BEST ACADEMY (NC GBB) - 4419 SUN VALLEY DRIVE - DURHAM, NC 27707	86-2974127	501(C)(3)	8,500.	0.			UNCLASSIFIABLE
NORTH CAROLINA JUSTICE CENTER PO BOX 28068 RALEIGH, NC 27611	56-1348186	501(C)(3)	126,500.	0.			CIV RTS/SOC ACTN
NORTH CAROLINA LEAGUE OF CONSERVATION VOTERS FOUNDATION INC. - PO BOX 12671 - RALEIGH, NC 27605	23-7206810	501(C)(3)	80,000.	0.			ENVIRONMENT
NORTH CAROLINA LITERARY AND HISTORICAL ASSOCIATION - 4601 MAIL SERVICE CENTER - RALEIGH, NC 27699	56-0745888	501(C)(3)	5,500.	0.			ARTS-CULTR-HUMAN
NORTH CAROLINA MUSEUM OF ART FOUNDATION - 2110 BLUE RIDGE ROAD - RALEIGH, NC 27607	23-7071511	501(C)(3)	83,500.	0.			ARTS-CULTR-HUMAN
NORTH CAROLINA OPERA, INC. 612 WADE AVENUE, STE 100 RALEIGH, NC 27605	31-1486222	501(C)(3)	7,704.	0.			ARTS-CULTR-HUMAN
NORTH CAROLINA PUBLIC RADIO - WUNC 120 FRIDAY CENTER DR. CHAPEL HILL, NC 27517	56-6001393	501(C)(3)	56,290.	0.			ARTS-CULTR-HUMAN
NORTH CAROLINA PUBLIC RADIO WFAE 8801 JM KEYNES DRIVE STE 91 CHARLOTTE, NC 28262	56-1803808	501(C)(3)	44,000.	0.			PUBLIC/SOC BENFT
NORTH CAROLINA READING SERVICE 211 E SIX FORKS ROAD STE 103 RALEIGH, NC 27609	58-1528968	501(C)(3)	23,199.	0.			HUMAN SERVICES

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NORTH CAROLINA STATE UNIVERSITY FOUNDATION, INC. - CAMPUS BOX 7474 - RALEIGH, NC 27695	56-6049503	501(C)(3)	77,850.	0.			EDUCATION
NORTH CAROLINA ZOOLOGICAL SOCIETY 4403 ZOO PARKWAY ASHEBORO, NC 27205	56-0990900	501(C)(3)	29,180.	0.			ANIMAL-RELATED
NORTH CAROLINIANS AGAINST GUN VIOLENCE EDUCATION FUND INC. - PO BOX 51565 - DURHAM, NC 27717	56-1897050	501(C)(3)	12,450.	0.			EDUCATION
NORTHERN VIRGINIA FAMILY SERVICE 3110 FAIRVIEW PARK DRIVE STE 500 FALLS CHURCH, VA 22042	54-0791977	501(C)(3)	10,576.	0.			HUMAN SERVICES
NOTE IN THE POCKET 9650 STRICKLAND RD., SUITE 103-168 RALEIGH, NC 27615	46-2574332	501(C)(3)	51,687.	0.			HUMAN SERVICES
NOVA SOUTHEASTERN UNIVERSITY PO BOX 2217 FT. LAUDERDALE, FL 33303	59-1083502	501(C)(3)	20,000.	0.			EDUCATION
OPEN TABLE MINISTRY PO BOX 51363 DURHAM, NC 27717	27-0977564	501(C)(3)	6,500.	0.			HUMAN SERVICES
ORANGE CONGREGATIONS IN MISSION 300 MILLSTONE DR. HILLSBOROUGH, NC 27278	58-1563438	501(C)(3)	6,750.	0.			MENTAL HEALTH
ORANGE COUNTY ARTS ALLIANCE 437 DIMMOCKS MILL ROAD BOX 27 HILLSBOROUGH, NC 27278	86-1597342	501(C)(3)	21,500.	0.			ARTS-CULTR-HUMAN

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ORANGE COUNTY RAPE CRISIS CENTER PO BOX 4722 CHAPEL HILL, NC 27515	58-1356356	501(C)(3)	11,000.	0.			MENTAL HEALTH
ORANGE COUNTY UNITED WAY 18012 MITCHELL AVENUE SOUTH IRVINE, CA 92614	33-0047994	501(C)(3)	10,000.	0.			PHILAN/VOL/GRANT
ORO VALLEY CHURCH OF THE NAZARENE 500 W CALLE CONCORDIA ORO VALLEY, AZ 85704	86-0357941	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
PARTNERS FOR ENVIRONMENTAL JUSTICE 813 DARBY STREET RALEIGH, NC 27610	71-0879549	501(C)(3)	15,250.	0.			ENVIRONMENT
PARTNERS IN HEALTH PO BOX 996 FREDERICK, MD 21705	04-3567502	501(C)(3)	13,000.	0.			HEALTH CARE
PBS NORTH CAROLINA PO BOX 14900 RESEARCH TRIANGLE PARK, NC 27709	56-6172047	501(C)(3)	242,065.	0.			ARTS-CULTR-HUMAN
PEACE HILL AT AVILA PO BOX 11134 DURHAM, NC 27703	88-2642374	501(C)(3)	6,333.	0.			RELI/SPIRITUALTY
PEACHTREE PRESBYTERIAN CHURCH 3434 ROSWELL RD., NW ATLANTA, GA 30305	52-2031566	501(C)(3)	35,000.	0.			RELI/SPIRITUALTY
PEE WEE HOMES 8410 MERIN RD CHAPEL HILL, NC 27516	82-2624086	501(C)(3)	21,250.	0.			HOUSING

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PERSPECTIVES CHARTER SCHOOLS 1530 SOUTH STATE STREET 2ND FLOOR CHICAGO, IL 60605	36-4167576	501(C)(3)	25,000.	0.			EDUCATION
PHARMACY FOUNDATION OF NC 194 FINLEY GOLF COURSE ROAD, SUITE CHAPEL HILL, NC 27517	56-6037918	501(C)(3)	45,000.	0.			EDUCATION
PIEDMONT CONSERVATION COUNCIL 201 EAST MAIN STREET 5TH FLOOR DURHAM, NC 27701	58-1798988	501(C)(3)	15,000.	0.			ENVIRONMENT
PILGRIM UNITED CHURCH OF CHRIST 3011 ACADEMY RD DURHAM, NC 27707	34-1927041	501(C)(3)	15,800.	0.			RELI/SPIRITUALTY
PINECONE THE PIEDMONT COUNCIL OF TRADITIONAL MUSIC - PO BOX 28534 - RALEIGH, NC 27611	58-1603429	501(C)(3)	25,000.	0.			ARTS-CULTR-HUMAN
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAMS STREET, 10TH FLOOR - NEW YORK, NY 10038	13-1644147	501(C)(3)	10,000.	0.			HEALTH CARE
PLANNED PARENTHOOD SOUTH ATLANTIC, INC. - 100 S. BOYLAN AVE. - RALEIGH, NC 27603	56-1282557	501(C)(3)	231,846.	0.			HEALTH CARE
PLM FAMILIES TOGETHER 908 PLAINVIEW DRIVE, STE 101 RALEIGH, NC 27610	56-1278004	501(C)(3)	20,050.	0.			PUBLIC/SOC BENFT
POINT CHURCH 1503 WALNUT STREET CARY, NC 27511	27-1190089	501(C)(3)	19,275.	0.			RELI/SPIRITUALTY

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POOF INC 1100 N MIAMI BLVD DURHAM, NC 27703	88-1240641	501(C)(3)	18,000.	0.			YOUTH DEVELOPMNT
PORCH HILLSBOROUGH 5461 SUNFISH LANE DURHAM, NC 27705	46-4965398	501(C)(3)	5,500.	0.			FOOD/AGRI/NUTRIT
POTENTIAL ENERGY COALITION INC 477 MADISON AVE 6TH FLOOR NEW YORK, NY 10022	82-4652837	501(C)(3)	9,000.	0.			UNCLASSIFIABLE
PRO PUBLICA 155 AVENUE OF THE AMERICAS, 13TH FL NEW YORK, NY 10013	14-2007220	501(C)(3)	6,000.	0.			ARTS-CULTR-HUMAN
PROJECT ORBIS INTERNATIONAL, INC. 52 VANDERBILT AVENUE 8TH FLOOR NEW YORK, NY 10017	23-7297651	501(C)(3)	10,000.	0.			DISEASE/RESEARCH
PSYCHOANALYTIC CENTER OF THE CAROLINAS - 101 CLOISTER COURT STE A - CHAPEL HILL, NC 27514	56-1258644	501(C)(3)	25,000.	0.			MENTAL HEALTH
PUBLIC SCHOOLS FIRST NC INC. PO BOX 37832 RALEIGH, NC 27627	46-1510531	501(C)(3)	10,000.	0.			EDUCATION
PUPUSAS FOR EDUCATION 1114 N DRIVER STREET DURHAM, NC 27701	81-3347437	501(C)(3)	10,000.	0.			EDUCATION
RAICES 1305 N. FLORES STREET SAN ANTONIO, TX 78212	74-2436920	501(C)(3)	10,000.	0.			CRIME AND LEGAL

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RALEIGH AREA LAND TRUST 711 HINSDALE ST RALEIGH, NC 27605	83-1319881	501(C)(3)	102,500.	0.			HOUSING
RALEIGH CITY FARM 800 N. BLOUNT STREET RALEIGH, NC 27604	45-0603306	501(C)(3)	5,500.	0.			FOOD/AGRI/NUTRIT
RALEIGH POLICE DEPARTMENT FOUNDATION INC - 323 W JONES ST STE 600 - RALEIGH, NC 27603	27-0326382	501(C)(3)	32,250.	0.			ARTS-CULTR-HUMAN
RALEIGH RESCUE MISSION INC. PO BOX 27391 RALEIGH, NC 27611	56-6024168	501(C)(3)	287,401.	0.			HUMAN SERVICES
RALEIGH SYMPHONY ORCHESTRA PO BOX 25878 RALEIGH, NC 27611	58-1466397	501(C)(3)	11,042.	0.			ARTS-CULTR-HUMAN
RALEIGH-CARY JEWISH FEDERATION, INC. - 8210 CREEDMOOR ROAD, SUITE 104 - RALEIGH, NC 27613	56-1553301	501(C)(3)	18,259.	0.			PHILAN/VOL/GRANT
RAVENSCROFT SCHOOL 7409 FALLS OF THE NEUSE ROAD RALEIGH, NC 27615	56-6001583	501(C)(3)	24,500.	0.			EDUCATION
RE:WILD PO BOX 129 AUSTIN, TX 78767	26-2887967	501(C)(3)	20,000.	0.			ANIMAL-RELATED
READ AND FEED PO BOX 5865 CARY, NC 27512	20-3246207	501(C)(3)	58,000.	0.			HUMAN SERVICES

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REALITY MINISTRIES PO BOX 242 DURHAM, NC 27702	26-1514118	501(C)(3)	31,250.	0.			HUMAN SERVICES
REBUILDING TOGETHER OF THE TRIANGLE - 2201 BRENTWOOD ROAD STE 109 - RALEIGH, NC 27604	56-1955629	501(C)(3)	110,000.	0.			HOUSING
REFUGE FELLOWSHIP 2278 19TH AVE SE HICKORY, NC 28602		501(C)(3)	8,000.	0.			RELI/SPIRITUALTY
REFUGEE COMMUNITY PARTNERSHIP 110 WEST MAIN STREET CARRBORO, NC 27510	26-3608741	501(C)(3)	86,500.	0.			COMMUN/BUS/INDUS
REGENTS SCHOOL OF CHARLOTTESVILLE 200 BOB FINLEY WAY CHARLOTTESVILLE, VA 22903	27-3330373	501(C)(3)	10,000.	0.			EDUCATION
RESOURCE CENTER FOR WOMEN AND MINISTRY IN THE SOUTH - 1202 WATTS STREET - DURHAM, NC 27701	59-1766535	501(C)(3)	8,250.	0.			RELI/SPIRITUALTY
RISE SE RALEIGH 3420 IDLEWOOD VILLAGE DRIVE RALEIGH, NC 27610	46-4215646	501(C)(3)	51,500.	0.			EDUCATION
ROANOKE ISLAND HISTORICAL ASSOC. 1409 NATIONAL PARK DRIVE MANTEO, NC 27954	56-6002131	501(C)(3)	50,250.	0.			ARTS-CULTR-HUMAN
ROBERT C. PARKER SCHOOL 4254 NEW YORK ROUTE 43 WYNANTSILL, NY 12198	14-1729589	501(C)(3)	6,788.	0.			EDUCATION

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RONALD MCDONALD HOUSE OF CHAPEL HILL INC. - 101 OLD MASON FARM ROAD - CHAPEL HILL, NC 27517	56-1413188	501(C)(3)	7,081.	0.			HUMAN SERVICES
RONALD MCDONALD HOUSE OF DURHAM & WAKE - 506 ALEXANDER AVENUE - DURHAM, NC 27705	56-1220376	501(C)(3)	13,422.	0.			HOUSING
ROOF ABOVE, INC. PO BOX 31335 CHARLOTTE, NC 28231	56-1837620	501(C)(3)	10,000.	0.			HUMAN SERVICES
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 1560 SHERMAN AVENUE - EVANSTON, IL 60201	36-3245072	501(C)(3)	16,000.	0.			PHILAN/VOL/GRANT
SAFE HAVEN FOR CATS 8431-137 GARVEY DRIVE RALEIGH, NC 27616	56-1916620	501(C)(3)	6,000.	0.			ANIMAL-RELATED
SAFECHILD 2841 KIDD ROAD RALEIGH, NC 27610	56-1817816	501(C)(3)	75,000.	0.			MENTAL HEALTH
SALVATION ARMY OF DURHAM, ORANGE, PERSON COUNTIES - PO BOX 1330 - DURHAM, NC 27702	58-0660607	501(C)(3)	23,842.	0.			HUMAN SERVICES
SALVATION ARMY OF WAKE CO. PO BOX 27584 RALEIGH, NC 27611	58-0660607	501(C)(3)	44,993.	0.			HUMAN SERVICES
SAMARITAN'S FEET INTERNATIONAL 4808 CHESAPEAKE DRIVE CHARLOTTE, NC 28216	14-1880905	501(C)(3)	10,000.	0.			HUMAN SERVICES

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SANTA FE MOUNTAIN CENTER INC. PO BOX 449 TESUQUE, NM 87574	85-0272388	501(C)(3)	10,000.	0.			HEALTH CARE
SARAH LAWRENCE COLLEGE 1 MEAD WAY BRONXVILLE, NY 10708	23-7223216	501(C)(3)	10,000.	0.			EDUCATION
SEASONS VILLAGE PO BOX 27264 RALEIGH, NC 27611	84-3639725	501(C)(3)	9,000.	0.			HUMAN SERVICES
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA - 411 MERCY DRIVE - ORLANDO, FL 32805	59-2142315	501(C)(3)	25,000.	0.			FOOD/AGRI/NUTRIT
SECOND HARVEST FOOD BANK OF NORTHWEST NORTH CAROLINA INC. - 3330 SHOREFAIR DRIVE - WINSTON-SALEM, NC 27105	58-1457912	501(C)(3)	9,000.	0.			FOOD/AGRI/NUTRIT
SECU FAMILY HOUSE AT UNC HOSPITALS 123 OLD MASON FARM ROAD CHAPEL HILL, NC 27517	91-2108125	501(C)(3)	104,000.	0.			HEALTH CARE
SENIOR PHARMASSIST, INC. 406 RIGSBEE AVENUE, SUITE 201 DURHAM, NC 27701	56-2084639	501(C)(3)	27,661.	0.			HEALTH CARE
SHALLOW FORD FOUNDATION PO BOX 567 CLEMMONS, NC 27012	04-3795285	501(C)(3)	10,000.	0.			COMMUN/BUS/INDUS
SHAW UNIVERSITY 118 E. SOUTH STREET RALEIGH, NC 27601	56-0530235	501(C)(3)	51,000.	0.			EDUCATION

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SHEPHERD'S TABLE SOUP KITCHEN 121 HILLSBOROUGH STREET RALEIGH, NC 27603	56-1423190	501(C)(3)	8,689.	0.			FOOD/AGRI/NUTRIT
SISTERS NETWORK INC 9668 WESTHEIMER ROAD STE 200-132 HOUSTON, TX 77063	76-0480069	501(C)(3)	10,000.	0.			ARTS-CULTR-HUMAN
SISTERS OF CHRIST THE LIGHT, INC. 401 N. WASHINGTON STREET WILMINGTON, DE 19801	47-1233391	501(C)(3)	61,560.	0.			RELI/SPIRITUALTY
SOFTWARE FREEDOM CONSERVANCY INC. 137 MONTAGUE STREET STE 380 BROOKLYN, NY 11201	41-2203632	501(C)(3)	20,000.	0.			UNCLASSIFIABLE
SOLIDAIRE NETWORK 1423 BROADWAY # 314 OAKLAND, CA 94612	84-2130536	501(C)(3)	20,000.	0.			MUTUAL/MEMBERSHIP BENEFIT ORGANIZATIONS, OTHER
SOUTHERN ENVIRONMENTAL LAW CENTER - HEADQUARTERS - 120 GARRETT STREET STE 400 - CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	81,750.	0.			ENVIRONMENT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE. MONTGOMERY, AL 36104	63-0598743	501(C)(3)	12,250.	0.			CIV RTS/SOC ACTN
SOUTHERN URBANISM 1002 LAMOND AVENUE DURHAM, NC 27701	85-0723046	501(C)(3)	7,500.	0.			ARTS-CULTR-HUMAN
SOUTHERN VISION ALLIANCE PO BOX 51698 DURHAM, NC 27717	61-1639641	501(C)(3)	95,500.	0.			PUBLIC/SOC BENFT

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SPIRITHOUSE SOUTH, INC. PO BOX 61865 DURHAM, NC 27715	88-2037607	501(C)(3)	104,000.	0.			ARTS-CULTR-HUMAN
ST PAUL'S EPISCOPAL CHURCH-KEY WEST FL - 401 DUVAL STREET - KEY WEST, FL 33040	59-2368436	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
ST THOMAS EPISCOPAL CHURCH 232 SAINT THOMAS LANE OWINGS MILLS, MD 21117	52-0685069	501(C)(3)	10,000.	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. FRANCIS SPRINGS PRAYER CENTER INC. - 477 GROGAN RD - STONEVILLE, NC 27048	03-0469917	501(C)(3)	23,000.	0.			RELI/SPIRITUALTY
ST. GEORGE'S SCHOOL PO BOX 1910 NEWPORT, RI 02840	05-0259009	501(C)(3)	7,000.	0.			EDUCATION
ST. JOHN CHRYSOSTOM EPISCOPAL CHURCH - 30382 VIA CON DIOS - RANCHO SANTA MARGARITA, CA 92688	93-0998078	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
ST. LUKE'S EPISCOPAL CHURCH-DURHAM NC - 1737 HILLANDALE ROAD - DURHAM, NC 27705	56-6033279	501(C)(3)	12,566.	0.			RELI/SPIRITUALTY
ST. MARY'S SCHOOL 900 HILLSBOROUGH ST. RALEIGH, NC 27603	56-0532314	501(C)(3)	23,382.	0.			EDUCATION

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

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ST. MICHAEL'S EPISCOPAL CHURCH 1520 CANTERBURY RD. RALEIGH, NC 27608	58-1488885	501(C)(3)	18,550.	0.			RELI/SPIRITUALTY
ST. PAUL'S LUTHERAN CHURCH-DURHAM 1200 W CORNWALLIS ROAD DURHAM, NC 27705	56-0934772	501(C)(3)	11,000.	0.			RELI/SPIRITUALTY
ST. RAPHAEL CATHOLIC CHURCH 5801 FALLS OF NEUSE ROAD RALEIGH, NC 27609	56-0906302	501(C)(3)	25,000.	0.			RELI/SPIRITUALTY
ST. STEPHEN'S EPISCOPAL CHURCH-DURHAM - 82 KIMBERLY DRIVE - DURHAM, NC 27707	58-1488773	501(C)(3)	43,000.	0.			RELI/SPIRITUALTY
ST. VINCENT DE PAUL HIGH SCHOOL 849 KEOKUK STREET PETALUMA, CA 94953	94-2284011	501(C)(3)	11,000.	0.			EDUCATION
STANDUP FOR KIDS 200 NELSON FERRY ROAD DECATUR, GA 30030	33-0414855	501(C)(3)	11,000.	0.			YOUTH DEVELOPMNT
STANDUP SPEAKOUT OF NC PO BOX 71532 DURHAM, NC 27722	27-2331305	501(C)(3)	45,000.	0.			MENTAL HEALTH
STATION L ROWING CLUB PO BOX 14171 PORTLAND, OR 97214	93-6090007	501(C)(3)	10,000.	0.			RECREATN/SPORTS
STEPUP DURHAM PO BOX 1955 DURHAM, NC 27702	47-4578727	501(C)(3)	10,400.	0.			EMPLOYMENT

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STEPUP MINISTRY - RALEIGH 1701 OBERLIN ROAD RALEIGH, NC 27608	56-1655255	501(C)(3)	43,489.	0.			HUMAN SERVICES
STRONGHER TOGETHER PO BOX 52142 DURHAM, NC 27717	82-1595797	501(C)(3)	20,500.	0.			YOUTH DEVELOPMNT
STUDENT ACTION WITH FARMWORKERS P.O. BOX 2835 DURHAM, NC 27715	56-1789014	501(C)(3)	87,250.	0.			CIV RTS/SOC ACTN
STUDENT U 600 E UMSTEAD STREET DURHAM, NC 27701	27-3460491	501(C)(3)	85,723.	0.			EDUCATION
SUN VALLEY SKI EDUCATION FOUNDATION INC - PO BOX 203 - SUN VALLEY, ID 83353	82-0264946	501(C)(3)	19,600.	0.			RECREATN/SPORTS
SUSTAINABLE MARKETS FOUNDATION 45 W. 36TH STREET NEW YORK, NY 10018	13-4188834	501(C)(3)	50,000.	0.			ENVIRONMENT
SWINGPALS INC. PO BOX 2994 DURHAM, NC 27715	27-4234469	501(C)(3)	21,700.	0.			YOUTH DEVELOPMNT
TABLE MINISTRIES INC. 311 E MAIN STREET CARRBORO, NC 27510	26-1471735	501(C)(3)	16,250.	0.			FOOD/AGRI/NUTRIT
TAMMY LYNN MEMORIAL FOUNDATION 739 CHAPPELL DR. RALEIGH, NC 27606	56-0999619	501(C)(3)	49,000.	0.			HUMAN SERVICES

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THE B TEAM 65 BLEECKER STREET NEW YORK, NY 10012	46-1860634	501(C)(3)	400,000.	0.			ENVIRONMENT
THE BEAUTIFUL PROJECT 201 W. MAIN STREET, SUITE 100, DURHAM, NC 27701	45-4724894	501(C)(3)	20,000.	0.			UNCLASSIFIABLE
THE CARTER CENTER 453 FREEDOM PARKWAY ATLANTA, GA 30307	58-1454716	501(C)(3)	11,250.	0.			INTERNATIONAL
THE CARYING PLACE PO BOX 622 CARY, NC 27512	58-2425452	501(C)(3)	22,000.	0.			HOUSING
THE CENTERS FOR EXCEPTIONAL CHILDREN - 2315 COLISEUM DRIVE NORTHWEST - WINSTON-SALEM, NC 27106	56-0615188	501(C)(3)	6,826.	0.			HEALTH CARE
THE CITADEL FOUNDATION 171 MOULTRIE STREET CHARLESTON, SC 29409	57-6020493	501(C)(3)	11,000.	0.			EDUCATION
THE CORRAL RIDING ACADEMY 3620 KILDAIRE FARM ROAD CARY, NC 27518	26-3122904	501(C)(3)	66,250.	0.			YOUTH DEVELOPMNT
THE EMILY K CENTER 904 W. CHAPEL HILL STREET DURHAM, NC 27701	56-2230469	501(C)(3)	132,500.	0.			EDUCATION
THE FISTULA FOUNDATION 1700 THE ALAMEDA STE 300 SAN JOSE, CA 95126	77-0547201	501(C)(3)	13,946.	0.			HEALTH CARE

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THE FOUNDATION OF HOPE FOR RESEARCH & TREATMENT OF MENTAL ILLNESS - 9401 GLENWOOD AVENUE - RALEIGH, NC 27617	56-6246626	501(C)(3)	60,750.	0.			MENTAL HEALTH
THE GREEN CHAIR PROJECT 1853 CAPITAL BOULEVARD RALEIGH, NC 27604	27-2323103	501(C)(3)	42,300.	0.			HUMAN SERVICES
THE HISTORIC PRESERVATION FOUNDATION OF NORTH CAROLINA INC. - PO BOX 27644 - RALEIGH, NC 27611	56-1145386	501(C)(3)	25,199.	0.			ARTS-CULTR-HUMAN
THE HOPE CENTER AT PULLEN 112 COX AVENUE STE 100-A RALEIGH, NC 27605	61-1570567	501(C)(3)	90,500.	0.			HUMAN SERVICES
THE LOTUS CAMPAIGN 200 SOUTH COLLEGE STREET CHARLOTTE, NC 28202	82-4662347	501(C)(3)	45,000.	0.			HOUSING
THE MARIAN CHEEK JACKSON CENTER FOR SAVING AND MAKING HISTORY - 512 W. ROSEMARY STREET - CHAPEL HILL, NC 27516	46-1988511	501(C)(3)	16,184.	0.			ARTS-CULTR-HUMAN
THE METHODIST HOME FOR CHILDREN INC. - 1041 WASHINGTON STREET - RALEIGH, NC 27605	56-0547482	501(C)(3)	51,000.	0.			HUMAN SERVICES
THE NATURE CONSERVANCY - NC CHAPTER - 320 BLACKWELL STREET - DURHAM, NC 27701	53-0242652	501(C)(3)	78,750.	0.			ENVIRONMENT
THE NO WOMAN NO GIRL INITIATIVE 3717 NATIONAL DRIVE STE 200 RALEIGH, NC 27612	86-2721892	501(C)(3)	8,250.	0.			HUMAN SERVICES

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THE OUTREACH FOUNDATION 381 RIVERSIDE DRIVE STE 465 FRANKLIN, TN 37064	58-1375506	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
THE SCHOTT FOUNDATION FOR PUBLIC EDUCATION - 1 MIFFLIN PLACE - CAMBRIDGE, MA 02138	04-3457065	501(C)(3)	10,000.	0.			PHILAN/VOL/GRANT
THE SUMMIT CHURCH 2335-114 PRESIDENTIAL DRIVE DURHAM, NC 27703	83-0398389	501(C)(3)	14,600.	0.			RELI/SPIRITUALTY
TRINITY EPISCOPAL CHURCH PO BOX 372 SCOTLAND NECK, NC 27874	56-0680452	501(C)(3)	17,238.	0.			RELI/SPIRITUALTY
THEGIFTED ARTS, INC. PO BOX 40277 RALEIGH, NC 27629	45-2650004	501(C)(3)	35,500.	0.			ARTS-CULTR-HUMAN
THRESHOLD PO BOX 11706 DURHAM, NC 27703	56-1458745	501(C)(3)	11,000.	0.			MENTAL HEALTH
TIDES FOUNDATION P.O. BOX 889389 LOS ANGELES, CA 90088	51-0198509	501(C)(3)	100,000.	0.			PHILAN/VOL/GRANT
TOWN OF PITTSBORO PO BOX 759 PITTSBORO, NC 27312	56-6000756	170(C)(1) GOVERN	20,000.	0.			HUMAN SERVICES
TOXIC FREE NORTH CAROLINA INC. 115 W. MAIN ST. CARRBORO, NC 27510	59-1715833	501(C)(3)	15,000.	0.			ENVIRONMENT

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TRANSITIONS LIFECARE 250 HOSPICE CIRCLE RALEIGH, NC 27607	56-1228779	501(C)(3)	32,750.	0.			HEALTH CARE
TRANSPLANTING TRADITIONS COMMUNITY FARM - PO BOX 394 - CARRBORO, NC 27510	82-4415307	501(C)(3)	37,500.	0.			FOOD/AGRI/NUTRIT
TRAVIS MILLS FOUNDATION 647 CASTLE ISLAND ROAD MT VERNON, ME 04352	46-4239670	501(C)(3)	25,000.	0.			PUBLIC/SOC BENFT
TRIANGLE APHASIA PROJECT 191 HIGH HOUSE ROAD CARY, NC 27511	27-1771636	501(C)(3)	16,000.	0.			HEALTH CARE
TRIANGLE ARTWORKS 3119 BIRNAMWOOD RD. RALEIGH, NC 27607	27-2580374	501(C)(3)	10,000.	0.			ARTS-CULTR-HUMAN
TRIANGLE BIKEWORKS 117 W MAIN STREET CARRBORO, NC 27510	46-1229632	501(C)(3)	17,250.	0.			YOUTH DEVELOPMNT
TRIANGLE LAND CONSERVANCY PO BOX 1848 DURHAM, NC 27702	58-1514406	501(C)(3)	1,597,950.	0.			ENVIRONMENT
TRIANGLE MARTIN LUTHER KING JR. COMMITTEE - PO BOX 25866 - RALEIGH, NC 27611	46-2290293	501(C)(3)	15,000.	0.			ARTS-CULTR-HUMAN
TRIANGLE NATIVE AMERICAN SOCIETY PO BOX 26841 RALEIGH, NC 27611	58-1674687	501(C)(3)	50,000.	0.			ARTS-CULTR-HUMAN

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TRIANGLE YOUTH MUSIC, INC. PO BOX 782 CARY, NC 27512	58-1818884	501(C)(3)	10,000.	0.			ARTS-CULTR-HUMAN
TRINITY AVENUE PRESBYTERIAN CHURCH 927 W TRINITY AVENUE DURHAM, NC 27701	56-1645828	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
TRINITY UNITED METHODIST CHURCH 215 N. CHURCH STREET DURHAM, NC 27701	35-2545371	501(C)(3)	10,694.	0.			RELI/SPIRITUALTY
TROSA 1820 JAMES ST. DURHAM, NC 27707	56-1861158	501(C)(3)	35,900.	0.			MENTAL HEALTH
TRUSTEES OF DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	6,000.	0.			EDUCATION
TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BOULEVARD STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	6,000.	0.			HOUSING
U.S. NAVAL ACADEMY FOUNDATION, INC. - 301 KING GEORGE STREET - ANNAPOLIS, MD 21402	23-7003516	501(C)(3)	10,000.	0.			EDUCATION
UNC CHAPEL HILL OFFICE OF UNIVERSITY DEVELOPMENT - PO BOX 309 - CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	1,067,542.	0.			EDUCATION
UNC HEALTH FOUNDATION 123 W FRANKLIN STREET STE 510 CHAPEL HILL, NC 27516	56-6057494	501(C)(3)	387,916.	0.			EDUCATION

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UNC OFFICE OF SPONSORED PROGRAMS 104 AIRPORT DRIVE STE 2200 CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	15,000.	0.			EDUCATION
UNITED ARTS COUNCIL OF RALEIGH AND WAKE COUNTY - PO BOX 26388 - RALEIGH, NC 27611	56-0770175	501(C)(3)	7,000.	0.			ARTS-CULTR-HUMAN
UNITED METHODIST CHURCH AND IT'S AFFILIATED ORGANIZATIONS NORTH CAROLINA - 700 WATERFIELD RIDGE PL - GARNER, NC 27529	56-0727845	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	10,000.	0.			INTERNATIONAL
UNITED WAY OF CHATHAM COUNTY PO BOX 1066 PITTSBORO, NC 27312	58-1897275	501(C)(3)	9,950.	0.			PHILAN/VOL/GRANT
UNITED WAY OF FORSYTH COUNTY 301 NORTH MAIN STREET STE 1700 WINSTON-SALEM, NC 27101	23-7357234	501(C)(3)	105,000.	0.			PHILAN/VOL/GRANT
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	56-1949103	501(C)(3)	93,309.	0.			PHILAN/VOL/GRANT
UNITED WORLD MISSION PO BOX 602002 CHARLOTTE, NC 28260	59-6045867	501(C)(3)	9,000.	0.			RELI/SPIRITUALTY
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - PO BOX 45339 - SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	12,500.	0.			EDUCATION

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UNIVERSITY OF FLORIDA FOUNDATION, INC. - PO BOX 14425 - GAINESVILLE, FL 32604	59-0974739	501(C)(3)	50,500.	0.			EDUCATION
UNIVERSITY SCHOOL FOR BOYS 2785 SOM CENTER ROAD CHAGRIN FALLS, OH 44022	34-0714720	501(C)(3)	10,000.	0.			EDUCATION
UNIVERSITY UNITED METHODIST CHURCH 150 EAST FRANKLIN STREET CHAPEL HILL, NC 27514	56-0898043	501(C)(3)	18,389.	0.			RELI/SPIRITUALTY
UPPER AMAZON CONSERVANCY 405 14TH STREET, SUITE 164 OAKLAND, CA 94612	91-2166435	501(C)(3)	20,000.	0.			ENVIRONMENT
UPSTREAM WORKS 106 DRAYTON COURT CHAPEL HILL, NC 27516	82-5298960	501(C)(3)	11,000.	0.			COMMUN/BUS/INDUS
URBAN COMMUNITY AGRINOMICS CATAWBA TRAIL FARM - 2080 SAWMILL CREEK PARKWAY - DURHAM, NC 27712	81-0691944	501(C)(3)	26,795.	0.			FOOD/AGRI/NUTRIT
URBAN MINISTRIES OF DURHAM PO BOX 249 DURHAM, NC 27702	58-1505891	501(C)(3)	42,500.	0.			HOUSING
URBAN MINISTRIES OF WAKE COUNTY PO BOX 26476 RALEIGH, NC 27611	58-1422700	501(C)(3)	32,800.	0.			MENTAL HEALTH
URBAN SUSTAINABILITY SOLUTIONS 1433 MAJOR HILL ROAD SNOW CAMP, NC 27349	88-3142713	501(C)(3)	15,000.	0.			ENVIRONMENT

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URSULINE SISTERS OF CLEVELAND 6085 PARKLAND BOULEVARD STE 175 MAYFIELD HEIGHTS, OH 44124	34-0832279	501(C)(3)	7,500.	0.			RELI/SPIRITUALTY
VAAD HANOCHOS HATMIMIM, DBA THE MEANINGFUL LIFE CENTER - 788 EASTERN PKWY RM 303 - BROOKLYN, NY 11213	11-2633052	501(C)(3)	10,000.	0.			RELI/SPIRITUALTY
VECINOS 3971 LITTLE SAVANNAH ROAD CULLOWHEE, NC 28723	57-1192063	501(C)(3)	10,000.	0.			HEALTH CARE
VILLAGE OF WISDOM 600 E. UMSTEAD ST. DURHAM, NC 27701	47-2060936	501(C)(3)	58,500.	0.			CIV RTS/SOC ACTN
WAKE EDUCATION PARTNERSHIP 1816 CAPITAL BOULEVARD RALEIGH, NC 27604	58-1518182	501(C)(3)	115,350.	0.			EDUCATION
WAKE FOREST UNIVERSITY PO BOX 7227 WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	63,500.	0.			EDUCATION
WAKE TECHNICAL COMMUNITY COLLEGE FOUNDATION INC. - 9101 FAYETTEVILLE ROAD - RALEIGH, NC 27603	23-7017752	501(C)(3)	10,000.	0.			EDUCATION
WAKEMED FOUNDATION 3000 NEW BERN AVE. RALEIGH, NC 27620	56-1916549	501(C)(3)	11,750.	0.			HEALTH CARE
WALL STREET JUNIORS INC 207 W GEER ST DURHAM, NC 27701	83-2426624	501(C)(3)	10,000.	0.			COMMUN/BUS/INDUS

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WCPE RADIO - EDUCATIONAL INFORMATION CORPORATION - PO BOX 828 - WAKE FOREST, NC 27588	56-1061859	501(C)(3)	17,350.	0.			ARTS-CULTR-HUMAN
WE PLANT IT FORWARD 2300 HALES ROAD RALEIGH, NC 27608	85-3166419	501(C)(3)	15,500.	0.			ENVIRONMENT
WEST END COMMUNITY FOUNDATION, INC PO BOX 51398 DURHAM, NC 27717	56-1858174	501(C)(3)	10,500.	0.			COMMUN/BUS/INDUS
FAIRFAX COUNTY PUBLIC SCHOOLS 26 CENTRAL STREET STE 33 WEST SPRINGFIELD, MA 01089	54-0805373	115	12,614.	0.			EDUCATION
WESTMINSTER INGLESIDE FOUNDATION 2275 RESEARCH BOULEVARD STE 450 ROCKVILLE, MD 20850	54-1949766	501(C)(3)	8,000.	0.			RELI/SPIRITUALTY
WESTMINSTER PRESBYTERIAN CHURCH 3639 OLD CHAPEL HILL ROAD DURHAM, NC 27707	56-0893567	501(C)(3)	28,650.	0.			RELI/SPIRITUALTY
WHITE MEMORIAL PRESBYTERIAN CHURCH 1704 OBERLIN ROAD RALEIGH, NC 27608	56-0538014	501(C)(3)	120,200.	0.			RELI/SPIRITUALTY
WHITE OAK FOUNDATION, INC. 1624 WHITE OAK CHURCH ROAD APEX, NC 27523	56-2093795	501(C)(3)	20,000.	0.			HOUSING
WHITE PLAINS UNITED METHODIST CHURCH - 313 S.E. MAYNARD RD - CARY, NC 27511	56-1031475	501(C)(3)	13,000.	0.			RELI/SPIRITUALTY

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WILD SALMON CENTER 721 NW NINTH AVENUE STE 300 PORTLAND, OR 97209	94-3166095	501(C)(3)	25,000.	0.			ENVIRONMENT
WILLIAMS MEMORIAL INSTITUTE 182 MOHEGAN AVENUE NEW LONDON, CT 06320	06-0646964	501(C)(3)	100,000.	0.			EDUCATION
WOMEN IN NEED INC. ONE STATE STREET PLAZA 18TH FLOOR NEW YORK, NY 10004	13-3164477	501(C)(3)	10,000.	0.			HOUSING
WOMEN'S GLOBAL EDUCATION PROJECT 136 N MARION STREET OAK PARK, IL 60301	32-0082340	501(C)(3)	10,000.	0.			INTERNATIONAL
WONDER CONNECTION 23564 CALABASAS ROAD, SUITE 201 CALABASAS, CA 91302	95-4116679	501(C)(3)	152,500.	0.			ENVIRONMENT
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	80,000.	0.			EDUCATION
WORLD BICYCLE RELIEF NFP 1000 WEST FULTON MARKET, 4TH FLOOR CHICAGO, IL 60607	20-5080679	501(C)(3)	8,415.	0.			INTERNATIONAL
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVENUE NW 7TH FLO WASHINGTON, DC 20001	27-3521132	501(C)(3)	22,500.	0.			HUMAN SERVICES
WORLD PEDIATRIC PROJECT 7201 GLEN FOREST DRIVE STE 304 RICHMOND, VA 23226	54-1953305	501(C)(3)	37,000.	0.			HEALTH CARE

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
WORLD RELIEF DURHAM 801 GILBERT STREET, SUITE 209 DURHAM, NC 27701	23-6393344	501(C)(3)	17,500.	0.			HUMAN SERVICES
WOUNDED WARRIOR PROJECT INC. 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	10,250.	0.			PUBLIC/SOC BENFT
YES! 3240 KING STREET BERKELEY, CA 94703	77-0467495	501(C)(3)	11,000.	0.			ENVIRONMENT
YMCA OF THE TRIANGLE AREA 801 CORPORATE CENTER DRIVE STE 200 RALEIGH, NC 27607	56-0591307	501(C)(3)	224,023.	0.			HUMAN SERVICES
YOU CAN VOTE 2726 CROASDAILE DRIVE STE 201 DURHAM, NC 27705	83-2882290	501(C)(3)	60,000.	0.			CIV RTS/SOC ACTN
YOUNG LIFE - GRANTS PO BOX 5184 HARLAN, IA 51593	84-0385934	501(C)(3)	24,350.	0.			RELI/SPIRITUALTY
YOUTH EDUCATION FOR SAVINGS CONSORTIUM - 217 TYLERWAY LANE - MORRISVILLE, NC 27560	45-2699802	501(C)(3)	17,300.	0.			YOUTH DEVELOPMNT
YOUTH LEAD NC PO BOX 90762 RALEIGH, NC 27675	83-4498451	501(C)(3)	10,000.	0.			YOUTH DEVELOPMNT
YOUTH MENTORING COLLABORATIVE 411 W CHAPEL HILL STREET C2 DURHAM, NC 27701	26-2399990	501(C)(3)	21,500.	0.			YOUTH DEVELOPMNT

Schedule I (Form 990)



**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	47	23,200.	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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

**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.

Schedule J (Form 990) 2023

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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	91	7,617,233. FMV	
10 Securities - Closely held stock .....				
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

0

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 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2023



**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, PART I, COLUMN (B):

REPORTING THE NUMBER OF CONTRIBUTIONS

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

**2023**

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 WITH 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. COMPLETED DECLARATIONS SHALL BE AVAILABLE FOR

INSPECTION BY THE BOARD OF DIRECTORS AND THE OFFICERS OF TCF AND BY SUCH

OTHER PERSONS AS THE PRESIDENT MAY DEEM APPROPRIATE. INDIVIDUALS WITH A

CONFLICT MUST EXCLUDE THEMSELVES FROM PARTICIPATION IN DISCUSSIONS OF

COVERED TRANSACTIONS WITH OFFICERS, DIRECTORS, AND EMPLOYEES. 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:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

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

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).

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	456,139.
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**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

**2023**

**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	

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

Schedule R (Form 990) 2023

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> 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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]





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

OMB No. 1545-0047

2023

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](https://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> <input type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		TRIANGLE COMMUNITY FOUNDATION INC	56-1380796
		Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 12729	<b>E</b> Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code DURHAM, NC 27709-2729	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year ..... 311,204,649.	
<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
<b>H</b> Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... 1			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
<b>L</b> The books are in care of ROBERT NAYLOR Telephone number 919-474-8370			

**Part I Total Unrelated Business Taxable Income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ...	1	711,710.
2	Reserved	2	
3	Add lines 1 and 2	3	711,710.
4	Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	71,071.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	640,639.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	640,639.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	639,639.

**Part II Tax Computation**

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	134,324.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	134,324.

**Part III Tax and Payments**

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	134,324.	
3a	Amount due from Form 4255	3a		
b	Amount due from Form 8611	3b		
c	Amount due from Form 8697	3c		
d	Amount due from Form 8866	3d		
e	Other amounts due (see instructions)	3e		
f	Total amounts due. Add lines 3a through 3e	3f	0.	
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	134,324.	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.	

**Part III Tax and Payments** (continued)

<b>6 a</b>	Payments: Preceding year's overpayment credited to the current year .....	<b>6a</b>		
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	20,000.	
<b>c</b>	Tax deposited with Form 8868 .....	<b>6c</b>	260,000.	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions) .....	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions) .....	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941) .....	<b>6f</b>		
<b>g</b>	Elective payment election amount from Form 3800 .....	<b>6g</b>		
<b>h</b>	Payment from Form 2439 .....	<b>6h</b>		
<b>i</b>	Credit from Form 4136 .....	<b>6i</b>		
<b>j</b>	Other (see instructions) .....	<b>6j</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j .....	<b>7</b>		280,000.
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		67.
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	<b>9</b>		
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	<b>10</b>		145,609.
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> 134,360. <b>Refunded</b> .....	<b>11</b>		11,249.

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

<b>1</b>	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....	Yes	No
<b>2</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ..... If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b>	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
<b>4</b>	Enter available pre-2018 NOL carryovers here \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b>	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	525990	\$ 201,390.	
		\$	
		\$	
		\$	
<b>6 a</b>	Reserved for future use .....		
<b>b</b>	Reserved for future use .....		

**Part V Supplemental Information**

Provide any 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 <input type="checkbox"/> if self-employed PTIN
	SUE ROBISON	SUE ROBISON	05/04/25	P00560072
	Firm's name RSM US LLP	Firm's EIN 42-0714325		
	920 5TH AVENUE, SUITE 2800			
	Firm's address SEATTLE, WA 98104		Phone no. 206-281-4444	

Form **990-T** (2023)

## FORM 990-T

## CONTRIBUTIONS

## STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	23,910,399.
CHARITABLE CONTRIBUTIONS - PERENNIAL REAL ESTATE FUND II, LP	N/A	12.
CHARITABLE CONTRIBUTIONS - STEPSTONE PIONEER CAPITAL III LP	N/A	7.
CHARITABLE CONTRIBUTIONS - JUNIPER CAPITAL III, L.P.	N/A	166.
TOTAL TO FORM 990-T, PART I, LINE 4		23,910,584.

## FORM 990-T

## CONTRIBUTIONS SUMMARY

## STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2018

FOR TAX YEAR 2019

FOR TAX YEAR 2020

FOR TAX YEAR 2021

FOR TAX YEAR 2022 25,507,361

TOTAL CARRYOVER

25,507,361

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

23,910,584

TOTAL CONTRIBUTIONS AVAILABLE

49,417,945

TAXABLE INCOME LIMITATION AS ADJUSTED

71,071

EXCESS CONTRIBUTIONS

49,346,874

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

49,346,874

ALLOWABLE CONTRIBUTIONS DEDUCTION

71,071

TOTAL CONTRIBUTION DEDUCTION

71,071

**SCHEDULE A  
(Form 990-T)**Department of the Treasury  
Internal Revenue Service**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**Go to [www.irs.gov/Form990T](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).

OMB No. 1545-0047

**2023**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <div style="text-align: center;">TRIANGLE COMMUNITY FOUNDATION INC</div>	<b>B</b> Employer identification number <div style="text-align: center;">56-1380796</div>
<b>C</b> Unrelated business activity code (see instructions)      525990	<b>D</b> Sequence:      1      of      1

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

Part I 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 Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b> 0.		
<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 3	<b>5</b> 930,748.		930,748.
<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)      STMT 4	<b>12</b> 787.		787.
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>13</b> 931,535.		931,535.

**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>		15,335.
<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>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)      SEE STATEMENT 5	<b>14</b>		3,100.
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14	<b>15</b>		18,435.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>		913,100.
<b>17</b> Deduction for net operating loss. See instructions      STMT 6      STMT 9	<b>17</b>		201,390.
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>		711,710.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold**

Enter method of inventory valuation

<b>1</b>	Inventory at beginning of year .....	<b>1</b>	
<b>2</b>	Purchases .....	<b>2</b>	
<b>3</b>	Cost of labor .....	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach statement) .....	<b>4</b>	
<b>5</b>	Other costs (attach statement) .....	<b>5</b>	
<b>6</b>	<b>Total.</b> Add lines 1 through 5 .....	<b>6</b>	
<b>7</b>	Inventory at end of year .....	<b>7</b>	
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	<b>8</b>	
<b>9</b>	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** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Rent received or accrued				
<b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
<b>b</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) .....				
<b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
<b>3</b> Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
Deductions directly connected with the income				
<b>4</b> in lines 2a and 2b (attach statement) .....				
<b>5</b> <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** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross income from or allocable to debt-financed property .....				
<b>3</b> Deductions directly connected with or allocable to debt-financed property				
<b>a</b> Straight line depreciation (attach statement) .....				
<b>b</b> Other deductions (attach statement) .....				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) .....				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
<b>6</b> Divide line 4 by line 5 .....	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6 .....				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
<b>9</b> Allocable deductions. Multiply line 3c by line 6				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
<b>11</b> <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	

Schedule A (Form 990-T) 2023

## Schedule A (Form 990-T) 2023



## 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)	-3,866.
AETHER REAL ASSETS III, L.P. - NET RENTAL REAL ESTATE INCOME	175.
AETHER REAL ASSETS III, L.P. - ROYALTIES	1.
BLUE HERON REAL ESTATE OPPORTUNITY FUND II, LP - ORDINARY BUSINESS INCOME (L	-21,024.
DENHAM COMMODITY PARTNERS FUND VI LP - ORDINARY BUSINESS INCOME (LOSS)	-24.
GEM REALTY FUND V, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-174.
GEM REALTY FUND V, L.P. - NET RENTAL REAL ESTATE INCOME	-13,786.
MONTAUK TRIGUARD FUND VI LP - ORDINARY BUSINESS INCOME (LOSS)	-7,880.
NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-537.
PERENNIAL REAL ESTATE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	926.
PERENNIAL REAL ESTATE FUND II, LP - NET RENTAL REAL ESTATE INCOME	-2,931.
PERENNIAL REAL ESTATE FUND II, LP - INTEREST INCOME	266.
PERENNIAL REAL ESTATE FUND II, LP - OTHER PORTFOLIO INCOME (LOSS)	1.
PERENNIAL REAL ESTATE FUND II, LP - OTHER INCOME (LOSS)	-48.
STEPSTONE PIONEER CAPITAL III LP - ORDINARY BUSINESS INCOME (LOSS)	2,453.
STEPSTONE PIONEER CAPITAL III LP - INTEREST INCOME	82.
STEPSTONE PIONEER CAPITAL III LP - OTHER INCOME (LOSS)	-6.
TIFF PRIVATE EQUITY PARTNERS 2009, LLC - ORDINARY BUSINESS INCOME (LOSS)	1,180.
TIFF PRIVATE EQUITY PARTNERS 2009, LLC - OTHER INCOME (LOSS)	-113.
JUNIPER CAPITAL III, L.P. - ORDINARY BUSINESS INCOME (LOSS)	1,429,690.
JUNIPER CAPITAL III, L.P. - OTHER INCOME (LOSS)	-434,597.
AT ONE VENTURES, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-782.
ECOSYSTEM INTEGRITY FUND III LP - ORDINARY BUSINESS INCOME (LOSS)	-118.
TCII THRIVEWORKS LP - ORDINARY BUSINESS INCOME (LOSS)	-3,621.
TCII LONG, L.P. - ORDINARY BUSINESS INCOME (LOSS)	-3,947.
TCII LONG, L.P. - INTEREST INCOME	540.
BLUE HERON REAL ESTATE OPPORTUNITY FUND IV, LP - ORDINARY BUSINESS INCOME (L	-11,112.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	930,748.

FORM 990-T (A)	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
CANCELLATION OF DEBT - PERENNIAL REAL ESTATE FUND II, LP		787.
TOTAL TO SCHEDULE A, PART I, LINE 12		787.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
TAX PREP FEES		3,100.
TOTAL TO SCHEDULE A, PART II, LINE 14		3,100.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 6
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
201,390.	201,390.	0.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 7
--------------------------	--	-------------

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 8
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22	448,164.	246,774.	201,390.	201,390.
NOL CARRYOVER AVAILABLE THIS YEAR			201,390.	201,390.

## SCH A (990-T)

## SCHEDULE A NOL DETAIL

## STATEMENT 9

TAXABLE INCOME FROM ALL ENTITIES	913,100.
THIS ENTITIES PORTION OF TAXABLE INCOME	913,100.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	913,100.
80% INCOME LIMITATION	730,480.
POST-2017 AVAILABLE	201,390.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	201,390.

**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

**2023**

Name

TRIANGLE COMMUNITY FOUNDATION INC

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 .....				27.
<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>	27.

**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 .....				-12,613.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	12,472.
<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>	-141.

**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>	
<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>	0.

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



56-1380796

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

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

Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

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

OMB No. 1545-0184

**2023**Attachment  
Sequence No. **27**

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 2023 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)
SEE STATEMENT 10							
<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> 12,472.
	<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.  <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.						
<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> 12,472.

**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):

<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.

Form **4797** (2023)

**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>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
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	



FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 10

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AETHER REAL ASSETS III, L.P.						10,212.
PERENNIAL REAL ESTATE FUND II, LP						-1,850.
STEPSTONE PIONEER CAPITAL III LP						4,110.
TOTAL TO 4797, PART I, LINE 2						12,472.

**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

**2023**

Name

TRIANGLE COMMUNITY FOUNDATION INC

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 .....				27.
<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>	27.

**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 .....				-12,613.
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	12,472.
<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>	-141.

**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>	
<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>	0.

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



56-1380796

*Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

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

Form **4797**Department of the Treasury  
Internal Revenue Service**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

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

OMB No. 1545-0184

**2023**Attachment  
Sequence No. **27**

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 2023 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)
SEE STATEMENT 11							
3	Gain, if any, from Form 4684, line 39 .....						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....						5
6	Gain, if any, from line 32, from other than casualty or theft .....						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....						7 12,472.
<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.  <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.							
8	Nonrecaptured net section 1231 losses from prior years. See instructions .....						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....						9 12,472.

**Part II Ordinary Gains and Losses** (see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7 .....						11 ( )
12	Gain, if any, from line 7 or amount from line 8, if applicable .....						12
13	Gain, if any, from line 31 .....						13
14	Net gain or (loss) from Form 4684, lines 31 and 38a .....						14
15	Ordinary gain from installment sales from Form 6252, line 25 or 36 .....						15
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....						16
17	Combine lines 10 through 16 .....						17
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. <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 .....						18a
	<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 .....						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2023)

**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>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
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	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 11

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
AETHER REAL ASSETS III, L.P.						10,212.
PERENNIAL REAL ESTATE FUND II, LP						-1,850.
STEPSTONE PIONEER CAPITAL III LP						4,110.
TOTAL TO 4797, PART I, LINE 2						12,472.