

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

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 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning		07/01	, 2024, and ending	06/30	, 2025
B Check if applicable:		C Name of organization THE GOLDEN L.E.A.F., INC		D Employer identification number 52-2204473	
<input type="checkbox"/> Address change		Doing business as		E Telephone number (252) 442-7474	
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address) 301 N. WINSTEAD AVENUE		F City or town, state or province, country, and ZIP or foreign postal code ROCKY MOUNT, NC 27804	
<input type="checkbox"/> Initial return				G Gross receipts \$ 303,738,122	
<input type="checkbox"/> Final return/terminated				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Amended return				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Application pending		F Name and address of principal officer: SCOTT T. HAMILTON SAME AS C ABOVE		If "No," attach a list. See instructions.	
I 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				H(c) Group exemption number	
J Website: WWW.GOLDENLEAF.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1999		M State of legal domicile: NC	

Part I Summary

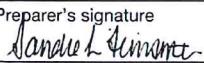
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.		

Revenue	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)		
Expenses	4 Number of independent voting members of the governing body (Part VI, line 1b)		
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)		
Net Assets or Fund Balances	6 Total number of volunteers (estimate if necessary)		
	7a Total unrelated business revenue from Part VIII, column (C), line 12		
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11		
	7b		
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	40,110,208	81,818,468	
	9 Program service revenue (Part VIII, line 2g)	0	0
	39,009,507	89,719,146	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,003	0
	79,124,718	171,537,614	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	120,711,983	161,272,823
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,412,302	3,870,084
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,344,261	4,729,684
	b Total fundraising expenses (Part IX, column (D), line 25)	127,468,546	169,872,591
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	(48,343,828)	1,665,023
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Beginning of Current Year	End of Year
	19 Revenue less expenses. Subtract line 18 from line 12	1,403,937,165	1,527,467,982
	20 Total assets (Part X, line 16)	245,570,768	199,859,409
	21 Total liabilities (Part X, line 26)	1,158,366,397	1,327,608,573

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.

Sign Here		Date 10/22/2025
Signature of officer		
ERICA SMITH, VP OF FINANCE		
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name SANDRA L. FEINSMITH	Preparer's signature 	Date 10/21/2025	Check <input type="checkbox"/> if self-employed	PTIN P01064157
	Firm's name BDO USA			Firm's EIN 13-5381590	
	Firm's address 421 FAYETTEVILLE ST STE 300, RALEIGH, NC 27601-1776			Phone no. (919) 754-9370	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2024)

Part III Statement of Program Service Accomplishments

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 ✓	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 ✓	
5 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? If "Yes," complete Schedule C, Part III	5 ✓	
6 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? If "Yes," complete Schedule D, Part I	6 ✓	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 ✓	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 ✓	
9 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? If "Yes," complete Schedule D, Part IV	9 ✓	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
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? If "Yes," complete Schedule D, Part VII	11b ✓	
c 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? If "Yes," complete Schedule D, Part VIII	11c ✓	
d 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? If "Yes," complete Schedule D, Part IX	11d ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f 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)? If "Yes," complete Schedule D, Part X	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 ✓	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a ✓	
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? If "Yes," complete Schedule F, Parts I and IV.	14b ✓	
15 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? If "Yes," complete Schedule F, Parts II and IV	15 ✓	
16 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? If "Yes," complete Schedule F, Parts III and IV.	16 ✓	
17 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? If "Yes," complete Schedule G, Part I. See instructions	17 ✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 ✓	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a ✓	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b ✓	
21 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? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22	✓
23	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? If "Yes," complete Schedule J	23	✓
24a	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
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? If "Yes," complete Schedule L, Part I	25b	✓
26	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? If "Yes," complete Schedule L, Part II	26	✓
27	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? If "Yes," complete Schedule L, Part III	27	✓
28	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).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
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)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37	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? If "Yes," complete Schedule R, Part VI	37	✓
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	28
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

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

		Yes	No
2a	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	2a	39
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	✓
4a	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)?	4a	✓
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	✓
a	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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	✓
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the sponsoring organization make any taxable distributions under section 4966?	10a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter:	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	Section 501(c)(12) organizations. Enter:	12b	
a	Gross income from members or shareholders	13a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	13b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13c	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	14a	✓
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	14b	
a	Is the organization licensed to issue qualified health plans in more than one state?	15	✓
Note: See the instructions for additional information the organization must report on Schedule O.			
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	16	✓
c	Enter the amount of reserves on hand	17	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	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.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. 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.		

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

Section A. Governing Body and Management

	Yes	No
1a	15	
1b	15	
2		✓
3		✓
4		✓
5		✓
6		✓
7a		✓
7b		✓
8a		✓
8b		✓
9		✓

1a 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.

1b Enter the number of voting members included on line 1a, above, who are independent.

2 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?

3 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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

7a 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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 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

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

	Yes	No
10a		✓
10b		
11a	✓	
12a	✓	
12b	✓	
12c	✓	
13	✓	
14	✓	
15		
15a	✓	
15b		✓
16a		✓
16b		

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe on Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 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?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

ERICA SMITH, 301 N. WINSTEAD AVE, ROCKY MOUNT, NC 27804, (252) 442-7474

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 dotted 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			
(1) SCOTT T. HAMILTON PRESIDENT/CEO	40.0 0.0			✓			303,207	0	43,492
(2) EDWARD P. LORD SVP/GENERAL COUNSEL	40.0 0.0			✓			218,498	0	42,558
(3) ERICA L. SMITH VP OF FINANCE	40.0 0.0			✓			171,785	0	42,607
(4) KASEY E. GINSBERG VP/CHIEF OF STAFF	40.0 0.0			✓			168,302	0	29,866
(5) JONATHAN P. BOYD VP OF INVESTMENTS	40.0 0.0			✓			147,928	0	34,827
(6) ANGELA GAILLARD DIRECTOR OF PROGRAMS	40.0 0.0			✓			124,402	0	25,236
(7) MARILYN M. CHISM DIRECTOR OF PROGRAMS	40.0 0.0			✓			130,556	0	14,973
(8) BOBBIE J. RICHARDSON SECRETARY	3.0 0.0	✓	✓				1,664	0	0
(9) DARRYL MOSS DIRECTOR (ENDED 01/2025)	3.0 0.0	✓					1,560	0	0
(10) RALPH STRAYHORN, III BOARD CHAIR	15.0 0.0	✓	✓				1,456	0	0
(11) CHARLES P. BROWN DIRECTOR	3.0 0.0	✓					1,144	0	0
(12) DAVID L. ROSE DIRECTOR	3.0 0.0	✓					1,144	0	0
(13) RANDY ISENHOWER DIRECTOR	3.0 0.0	✓					1,144	0	0
(14) S. LAWRENCE DAVENPORT DIRECTOR	3.0 0.0	✓					1,144	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 dotted 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			
(15) JOHNATHAN RHYNE, JR.	3.0								
DIRECTOR (ENDED 11/2024)	0.0	✓					1,040	0	0
(16) JEFFREY LEE	3.0								
TREASURER/ASST SECRETARY	0.0	✓	✓	✓			936	0	0
(17) LAURENCE LILLEY	3.0								
DIRECTOR	0.0	✓					936	0	0
(18) BRIAN RAYNOR	3.0								
VICE CHAIR	0.0	✓		✓			832	0	0
(19) THOMAS F. TAFT, SR.	3.0								
DIRECTOR	0.0	✓					832	0	0
(20) BARRY Z. DODSON	3.0								
DIRECTOR	0.0	✓					0	0	0
(21) BUDDY KELLER	3.0								
DIRECTOR	0.0	✓					0	0	0
(22) DONALD E. FLOW	3.0								
DIRECTOR	0.0	✓					0	0	0
(23) JARETTE SAMPSON	3.0								
DIRECTOR (BEGAN 12/2024)	0.0	✓					0	0	0
(24) MICHAEL EASLEY, JR.	3.0								
DIRECTOR (BEGAN 01/2025)	0.0	✓					0	0	0
(25)									
1b Subtotal							1,278,510	0	233,559
c Total from continuation sheets to Part VII, Section A							0	0	0
d Total (add lines 1b and 1c)							1,278,510	0	233,559

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 7

	Yes	No
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	3	✓
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	4	✓
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	5	✓

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
SILCHESTER INTERNATIONAL INVESTORS, 780 THIRD AVENUE, 42ND FLOOR, NEW YORK, NY 10017	INVESTMENT MANAGEMENT	596,327
PRIME, BUCHHOLZ & ASSOCIATES, INC., 25 CHESTNUT STREET, PORTSMOUTH, NH 03801	INVESTMENT CONSULTING	341,427
WELLINGTON MANAGEMENT, 280 CONGRESS STREET, BOSTON, MA 02110	INVESTMENT MANAGEMENT	293,636
FOX ROTHSCHILD, LLC, 230 N. ELM STREET, SUITE 1200, GREENSBORO, NC 27401	LEGAL SERVICES	217,271
SIT FIXED INCOME ADVISORS, LLC, 80 SOUTH 8TH STREET, SUITE 3300, MINNEAPOLIS, MN 55402	INVESTMENT MANAGEMENT	140,426
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	7	

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants, and Other Similar Amounts						
1a	Federated campaigns	1a	0			
b	Membership dues	1b	0			
c	Fundraising events	1c	0			
d	Related organizations	1d	0			
e	Government grants (contributions)	1e	81,818,468			
f	All other contributions, gifts, grants, and similar amounts not included above	1f	0			
g	Noncash contributions included in lines 1a-1f	1g	\$ 0			
h	Total. Add lines 1a-1f		81,818,468			
Program Service Revenue		Business Code				
2a			0	0	0	
b			0	0	0	
c			0	0	0	
d			0	0	0	
e			0	0	0	
f	All other program service revenue . .		0	0	0	0
g	Total. Add lines 2a-2f		0			
Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts)		27,667,284	0	(198,196)	27,865,480
4	Income from investment of tax-exempt bond proceeds		0	0		
5	Royalties		0	0		
6a	Gross rents	(i) Real	(ii) Personal			
6a		6a	0	0		
b	Less: rental expenses	6b	0	0		
c	Rental income or (loss)	6c	0	0		
d	Net rental income or (loss)		0	0		
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a	194,252,370	0		
b	Less: cost or other basis and sales expenses	7b	132,200,508	0		
c	Gain or (loss)	7c	62,051,862	0		
d	Net gain or (loss)		62,051,862	0		62,051,862
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0			
b	Less: direct expenses	8b	0			
c	Net income or (loss) from fundraising events		0	0	0	0
9a	Gross income from gaming activities. See Part IV, line 19	9a	0			
b	Less: direct expenses	9b	0			
c	Net income or (loss) from gaming activities		0	0	0	0
10a	Gross sales of inventory, less returns and allowances	10a	0			
b	Less: cost of goods sold	10b	0			
c	Net income or (loss) from sales of inventory		0	0	0	0
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d	All other revenue		0	0	0	0
e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions		171,537,614	0	(198,196)	89,917,342

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	161,272,823	161,272,823		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,573,392	841,041	732,351	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,617,672	1,449,318	168,354	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	159,482	142,679	16,803	
9 Other employee benefits	301,018	250,717	50,301	
10 Payroll taxes	218,520	165,023	53,497	
11 Fees for services (nonemployees):				
a Management	255,154		255,154	
b Legal	110,069		110,069	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3,254,481		3,254,481	
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	262,987	202,717	60,270	0
12 Advertising and promotion	157,232	55,841	101,391	
13 Office expenses	76,835		76,835	
14 Information technology	170,109	72,061	98,048	
15 Royalties				
16 Occupancy	107,273		107,273	
17 Travel	63,916	61,868	2,048	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	57,952	8,500	49,452	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	24,247		24,247	
24 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.)				
a LINE OF CREDIT FEES	65,644		65,644	
b BOARD OF DIRECTORS EXPENSES	52,668		52,668	
c CAPITAL OUTLAYS	49,051		49,051	
d DUES AND MEMBERSHIPS	16,287		16,287	
e All other expenses	5,779	0	5,779	0
25 Total functional expenses. Add lines 1 through 24e	169,872,591	164,522,588	5,350,003	0
26 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 SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	368,576	1 640,765
	2 Savings and temporary cash investments	227,721	2 228,519
	3 Pledges and grants receivable, net	0	3 0
	4 Accounts receivable, net	2,476,351	4 2,580,547
	5 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		
		0	5 0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6 0
	7 Notes and loans receivable, net	14,866	7 25,585
	8 Inventories for sale or use	0	8 0
	9 Prepaid expenses and deferred charges	132,069	9 162,190
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	0
	b Less: accumulated depreciation	10b	0
	11 Investments—publicly traded securities	583,295,597	11 638,291,990
	12 Investments—other securities. See Part IV, line 11	817,421,985	12 885,538,386
Liabilities	13 Investments—program-related. See Part IV, line 11	0	13 0
	14 Intangible assets	0	14 0
	15 Other assets. See Part IV, line 11	0	15 0
	16 Total assets. Add lines 1 through 15 (must equal line 33)	1,403,937,165	16 1,527,467,982
	17 Accounts payable and accrued expenses	230,414	17 248,223
	18 Grants payable	245,340,354	18 199,611,186
	19 Deferred revenue	0	19 0
	20 Tax-exempt bond liabilities	0	20 0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21 0
	22 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	0	22 0
Net Assets or Fund Balances	23 Secured mortgages and notes payable to unrelated third parties	0	23 0
	24 Unsecured notes and loans payable to unrelated third parties	0	24 0
	25 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	0	25 0
	26 Total liabilities. Add lines 17 through 25	245,570,768	26 199,859,409
	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	27	
	28 Net assets with donor restrictions	28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds	0	29 0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30 0
	31 Retained earnings, endowment, accumulated income, or other funds	1,158,366,397	31 1,327,608,573
	32 Total net assets or fund balances	1,158,366,397	32 1,327,608,573
	33 Total liabilities and net assets/fund balances	1,403,937,165	33 1,527,467,982

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	171,537,614
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,872,591
3	Revenue less expenses. Subtract line 2 from line 1	3	1,665,023
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,158,366,397
5	Net unrealized gains (losses) on investments	5	91,611,483
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	75,965,670
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,327,608,573

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	✓
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	✓
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	✓
3a	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?	3a	✓
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 .	3b	✓

**SCHEDULE A
(Form 990)**Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024**Open to Public
Inspection**

Name of the organization

THE GOLDEN L.E.A.F., INC

Employer identification number

52-2204473

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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).

(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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

THE GOLDEN L.E.A.F., INC
52-2204473

Cat. No. 11285F

15

Schedule A (Form 990) 2024

9/17/2025 4:26:42 PM

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	95,710,093	42,778,981	29,092,002	40,110,208	81,818,468	289,509,752
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	95,710,093	42,778,981	29,092,002	40,110,208	81,818,468	289,509,752
5 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)						0
6 Public support. Subtract line 5 from line 4						289,509,752

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	95,710,093	42,778,981	29,092,002	40,110,208	81,818,468	289,509,752
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,741,778	14,919,713	19,494,759	23,904,314	27,865,480	97,926,044
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).	0	0	1,102,747	5,003	0	1,107,750
11 Total support. Add lines 7 through 10						388,543,546
12 Gross receipts from related activities, etc. (see instructions)					12	0
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	74.51 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	74.10 %
16a 33¹/₃% support test—2024. 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		<input checked="" type="checkbox"/>
b 33¹/₃% support test—2023. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2024. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2023. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support**Calendar year (or fiscal year beginning in)**

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

2 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

3 Gross receipts from activities that are not an unrelated trade or business under section 513

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

5 The value of services or facilities furnished by a governmental unit to the organization without charge

6 **Total.** Add lines 1 through 5

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

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

c Add lines 7a and 7b

8 **Public support.** (Subtract line 7c from line 6.)

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

Section B. Total Support**Calendar year (or fiscal year beginning in)**

9 Amounts from line 6

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975

c Add lines 10a and 10b

11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)

13 **Total support.** (Add lines 9, 10c, 11, and 12.)

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

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) **15** %

16 Public support percentage from 2023 Schedule A, Part III, line 15 **16** %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f)) **17** %

18 Investment income percentage from **2023** Schedule A, Part III, line 17 **18** %

19a **33 1/3% support tests—2024.** 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—2023.** 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
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*

3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*

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)? *If "Yes," describe in Part VI when and how the organization made the determination.*

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*

4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*

b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*

c 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)? *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.*

5a Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*

b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?

6 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? *If "Yes," provide detail in Part VI.*

7 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? *If "Yes," complete Part I of Schedule L (Form 990).*

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*

9a 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))? *If "Yes," provide detail in Part VI.*

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? *If "Yes," provide detail in Part VI.*

c 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? *If "Yes," provide detail in Part VI.*

10a 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)? *If "Yes," answer line 10b below.*

b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

a 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 A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

1 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? 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.

2 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? 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

1 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)? 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 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?

2 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? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 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? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a The organization satisfied the Activities Test. Complete **line 2** below.

b The organization is the parent of each of its supported organizations. Complete **line 3** below.

c The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. **Answer lines 2a and 2b below.**

a 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? 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.

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? 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.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? If "Yes" or "No," provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (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	Distributable Amount. 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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10
Section E—Distribution Allocations (see instructions)		(iii) Distributable Amount for 2024
		(i) Excess Distributions
		(ii) Underdistributions Pre-2024
1	Distributable amount for 2024 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.	
3	Excess distributions carryover, if any, to 2024	
a	From 2019	
b	From 2020	
c	From 2021	
d	From 2022	
e	From 2023	
f	Total of lines 3a through 3e	
g	Applied to underdistributions of prior years	
h	Applied to 2024 distributable amount	
i	Carryover from 2019 not applied (see instructions)	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4	Distributions for 2024 from Section D, line 7: \$	
a	Applied to underdistributions of prior years	
b	Applied to 2024 distributable amount	
c	Remainder. Subtract lines 4a and 4b from line 4.	
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
7	Excess distributions carryover to 2025. Add lines 3j and 4c.	
8	Breakdown of line 7:	
a	Excess from 2020 . . .	
b	Excess from 2021 . . .	
c	Excess from 2022 . . .	
d	Excess from 2023 . . .	
e	Excess from 2024 . . .	

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.)

Part VI

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.)

Return Reference - Identifier	Explanation						
	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	(1) OTHER INCOME	0	0	0	5,003	0	5,003
	(2) FIBER- OPTIC CABLE LINES	0	0	1,102,747	0	0	1,102,747
	Total	0	0	1,102,747	5,003	0	1,107,750

**Schedule B
(Form 990)**

(Rev. January 2025)

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 for the latest information.

OMB No. 1545-0047

Name of the organization

THE GOLDEN L.E.A.F., INC

Employer identification number

52-2204473**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 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

THE GOLDEN L.E.A.F., INC

Employer identification number

52-2204473

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		\$ 81,818,468	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE GOLDEN L.E.A.F., INC

Employer identification number

52-2204473

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
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____

Name of organization

THE GOLDEN L.E.A.F., INC

Employer identification number

52-2204473

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 information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

**SCHEDULE C
(Form 990)**Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024**Open to Public
Inspection****If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

THE GOLDEN L.E.A.F., INC

Employer identification number (EIN)

52-2204473

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." \$
- 2 Political campaign activity expenditures. See instructions \$
- 3 Volunteer hours for political campaign activities. See instructions \$

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Cat. No. 50084S

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals										
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)												
c	Total lobbying expenditures (add lines 1a and 1b)												
d	Other exempt purpose expenditures												
e	Total exempt purpose expenditures (add lines 1c and 1d)												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.												
IF the amount on line 1e, column (a) or (b) is: THEN the lobbying nontaxable amount is: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </table>		not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
not over \$500,000	20% of the amount on line 1e.												
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.												
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.												
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.												
over \$17,000,000	\$1,000,000.												
g	Grassroots nontaxable amount (enter 25% of line 1f)												
h	Subtract line 1g from line 1a. If zero or less, enter -0-												
i	Subtract line 1f from line 1c. If zero or less, enter -0-												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No										

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		20,146
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?		✓	
j Total. Add lines 1c through 1i			20,146
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?		4
5 Taxable amount of lobbying and political expenditures. See instructions		5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-B, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THESE EXPENSES REPRESENT SALARY AND BENEFITS FOR OUR VP/CHIEF OF STAFF AND FOR OUR FORMER GOVERNMENT AND EXTERNAL AFFAIRS COORDINATOR FOR TIME SPENT LOBBYING MEMBERS OF THE NC GENERAL ASSEMBLY RELATED TO LEGISLATION AFFECTING GOLDEN LEAF FUNDING AND EDUCATING LEGISLATORS AND THEIR STAFF ON THE MISSION OF THE FOUNDATION AND ITS WORK.

**SCHEDULE D
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE GOLDEN L.E.A.F., INC

Employer identification number

52-2204473

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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
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 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 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).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included on line 2a	2b
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	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	2d
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %
 b Permanent endowment %
 c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Yes	No
3a(i)	
3a(ii)	
3b	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

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) AG REALTY VII, VIII, X & XI	15,008,090	END OF YEAR MARKET VALUE
(B) AUDAX FUND VII-A	8,854,426	END OF YEAR MARKET VALUE
(C) BAIN CAPITAL REAL ESTATE II-B & IIII-B	14,956,443	END OF YEAR MARKET VALUE
(D) BEACON CPTL STRATEGIC PTRS VI	17,603	END OF YEAR MARKET VALUE
(E) BRIGHTSTAR CAPITAL PARTNERS II & III	19,252,539	END OF YEAR MARKET VALUE
(F) CANTILLON GLOBAL EQUITY FUND	121,662,445	END OF YEAR MARKET VALUE
(G) CARNELIAN ENERGY CAPITAL IV, LP & V	9,038,877	END OF YEAR MARKET VALUE
(H) (SEE STATEMENT)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	885,538,386	

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)		
Total. (Column (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)	
Total. (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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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.

1	Total revenue, gains, and other support per audited financial statements	1	259,894,616
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	91,611,483
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	91,611,483
3	Subtract line 2e from line 1	3	168,283,133
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,254,481
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	3,254,481
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	171,537,614

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.

1	Total expenses and losses per audited financial statements	1	90,652,440
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	90,652,440
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,254,481
b	Other (Describe in Part XIII.)	4b	75,965,670
c	Add lines 4a and 4b	4c	79,220,151
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	169,872,591

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.

(a) Description of security or category(including name of security)	(b) Book values	(c) Method of valuation: Cost or end-of-year market value
CAROUSEL CAPITAL PTRS IV, V & VI	22,739,633	END OF YEAR MARKET VALUE
DENHAM CMDTY PRTNRS FUND V & VI	2,585,300	END OF YEAR MARKET VALUE
ENCAP ENERGY CAPITAL FUNDS	28,727,570	END OF YEAR MARKET VALUE
EVOLUTION TECHNOLOGY FUND III	4,993,991	END OF YEAR MARKET VALUE
FARALLON CAPITAL INSTITUTIONAL	41,673,663	END OF YEAR MARKET VALUE
FRONTIER FUND VI, LP	8,198,450	END OF YEAR MARKET VALUE
HARPOON VENTURES FUND III	3,077,418	END OF YEAR MARKET VALUE
KIMMERIDGE ENERGY FUND VI, LP	13,502,077	END OF YEAR MARKET VALUE
KING STREET CAPITAL, LTD	1,931,178	END OF YEAR MARKET VALUE
LEXINGTON CAPITAL PTRS V & VI-A	92,553	END OF YEAR MARKET VALUE
LONE CASCADE, L.P.	110,478,824	END OF YEAR MARKET VALUE
MATRIX CAPITAL MGMT FUND	16,178,851	END OF YEAR MARKET VALUE
NB SECONDARY OPP FUND V, L.P.	10,923,607	END OF YEAR MARKET VALUE
NORTH ROCK FUND, LTD.	46,008,056	END OF YEAR MARKET VALUE
NUT TREE OFFSHORE FUND, LTD	45,789,291	END OF YEAR MARKET VALUE
NUT TREE DRAWDOWN FUND II	6,075,070	END OF YEAR MARKET VALUE
SCULPTOR REAL ESTATE FUND III	552,636	END OF YEAR MARKET VALUE
SCULPTOR OVERSEAS FUND II, LTD	127,130	END OF YEAR MARKET VALUE
SHEPHERD INVESTMENTS INTL, LTD	40,330	END OF YEAR MARKET VALUE
SILCHESTER INTL VALUE EQUITY	95,721,275	END OF YEAR MARKET VALUE
SILVER POINT SPECIALTY CREDIT FUND III	4,063,061	END OF YEAR MARKET VALUE
TACONIC OPP. OFFSHORE FUND, LTD	8,900,017	END OF YEAR MARKET VALUE
TRILANTIC CAPITAL PARTNERS VI	10,906,445	END OF YEAR MARKET VALUE
TRUEBRIDGE CAPITAL PTRS FUNDS	42,600,677	END OF YEAR MARKET VALUE
VARDE CREDIT PARTNERS	30,382,913	END OF YEAR MARKET VALUE
VARDE FUND IX, X, XI, XII, & XIII	12,532,258	END OF YEAR MARKET VALUE
WARBURG PINCUS X	75,822	END OF YEAR MARKET VALUE
WELLINGTON ARCHIPELAGO	35,316,434	END OF YEAR MARKET VALUE
WELLINGTON BAY POND	66,218	END OF YEAR MARKET VALUE
WELLINGTON CTF EMERGING MKTS	36,299,546	END OF YEAR MARKET VALUE
WHI REAL ESTATE PARTNERS V	10,191,643	END OF YEAR MARKET VALUE
140 SUMMER PARTNERS OFFSHORE FUND	36,515,353	END OF YEAR MARKET VALUE
LANDROCK REAL ESTATE PARTNERS VIII	8,421,735	END OF YEAR MARKET VALUE

(a) Description of security or category(including name of security)	(b) Book values	(c) Method of valuation: Cost or end-of-year market value
PSG FUND VI	1,058,938	END OF YEAR MARKET VALUE

Part XIII

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.

Return Reference - Identifier	Explanation	
	(a) Description	(b) Amount
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	CANCELLED GRANTS	75,965,670

**SCHEDULE F
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE GOLDEN L.E.A.F., INC

Employer identification number

52-2204473

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
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		124,895,069
(2) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		121,662,445
(3) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		34,857,641
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			281,415,155
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			281,415,155

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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	CENTRAL AMERICA AND THE CARIBBEAN -,ACCRUAL EUROPE (INCLUDING ICELAND AND GREENLAND) -,ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -,ACCRUAL

SCHEDULE I
(Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE GOLDEN L.E.A.F., INC

Employer identification number

52-2204473

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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) A TOUCH OF THE FATHER'S LOVE, INC 5193 MOMEYER WAY, NASHVILLE, NC 27856	80-0753276	501(C)(3)	175,942				(SEE STATEMENT)
(2) ANSON COUNTY SCHOOLS 320 CAMDEN ROAD, WADESBORO, NC, 28170	56-6000987	EDUCATION TAX EXEMPT	300,000				AGRI-ANSON
(3) ASHE FOOD PANTRY, INC. PO BOX 705, JEFFERSON, NC 28640	58-1574702	501(C)(3)	44,136				(SEE STATEMENT)
(4) BACKPACK BEGINNINGS 3711 ALLIANCE DRIVE, GREENSBORO, NC, 27407	46-1251223	501(C)(3)	14,201				(SEE STATEMENT)
(5) BARTON COLLEGE PO BOX 5000, WILSON, NC, 27893	56-0529933	501(C)(3)	1,000,000				(SEE STATEMENT)
(6) BEACH FOOD PANTRY, INC. PO BOX 468, KITTY HAWK, NC 27949	65-1221385	501(C)(3)	40,000				(SEE STATEMENT)
(7) BEAUFORT COUNTY COMMUNITY COLLEGE 5337 HWY 264 EAST, WASHINGTON, NC, 27889	56-0894923	GOVERNMENTAL ENTITY	405,000				NURSING EXPANSION
(8) BLADEN'S BLOOMIN' AGRI-INDUSTRIAL, INC. 218 A AVIATION PKWY, ELIZABETHTOWN, NC 28337	46-0502334	501(C)(3)	1,350,000				BBAI AVIATION INCUBATOR 2
(9) BOUNTIFUL BLESSINGS HOUSE OF REDEMPT. PO BOX 905, SNOW HILL, NC 28580	81-4731116	501(C)(3)	129,926				(SEE STATEMENT)
(10) BOUNTY & SOUL 999 OLD US HIGHWAY 70 W, BLACK MTN, NC, 28711	46-4759362	501(C)(3)	198,579				(SEE STATEMENT)
(11) BRUNSWICK FAMILY ASSISTANCE AGENCY, INC. PO BOX 1551, SHALLOTTE, NC, 28459	56-1309961	501(C)(3)	35,409				(SEE STATEMENT)
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 129

3 Enter total number of other organizations listed in the line 1 table 2

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

Cat. No. 50055P

Schedule I (Form 990) (Rev. 12-2024)

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) CALDWELL HOSPICE AND PALLIATIVE CARE INC. DBA AMOREM 902 KIRKWOOD AVENUE NW, LENOIR, NC, 28645	56-1338470	501(C)(3)	67,200				QUALITY, COMPASSION, SUPPORT.: A PATIENT CARE UNIT FOR THE HIGH COUNTRY
(13) CAMINO COMMUNITY DEVELOPMENT CORPORATION, INC 133 STETSON DRIVE, CHARLOTTE, NC, 28262	56-2015959	501(C)(3)	185,900				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(14) CAMP GRIER PO BOX 490, OLD FORT, NC, 28762	90-1033788	501(C)(3)	100,000				HELENE RELIEF PROJECT
(15) CARE & SHARE CENTER, INC. PO BOX 669, LOUISBURG, NC, 27549	58-1670040	501(C)(3)	127,114				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(16) CAROLINA FARM STEWARDSHIP ASSOCIATION PO BOX 448, PITTSBORO, NC, 27312	24-0040340	501(C)(3)	155,000				HELENE RELIEF PROJECT
(17) CARTERET COMMUNITY COLLEGE FOUNDATION, INC. 3505 ARENDELL STREET, MOREHEAD CITY, NC, 28557	51-6089453	501(C)(3)	297,860				CARTERET WORKS
(18) CATHOLIC CHARITIES DIOCESE OF CHARLOTTE 1123 S. CHURCH STREET, CHARLOTTE, NC, 28203	56-1058954	501(C)(3)	650,000				HELENE RELIEF PROJECT
(19) CENTER FOR AGRICULTURAL AND FOOD ENTREPRENEURSHIP 1461 SAND HILL ROAD, CANDLER, NC, 28715	81-4593322	501(C)(3)	148,000				EXPANDING FDA MANUFACTURING CAPACITY FOR MOUNTAIN BUSINESSES
(20) CENTRO UNIDO LATINO AMERICANO 79 ACADEMY STREET, MARION, NC, 28752	56-2678411	501(C)(3)	60,000				HELENE RELIEF PROJECT
(21) CHATHAM OUTREACH ALLIANCE, INC. PO BOX 1326, PITTSBORO, NC, 27312	56-1668767	501(C)(3)	120,819				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(22) CHRISTIAN RECOVERY CENTERS, INC 1994 ASH-LITTLE RIVER ROAD, ASH, NC, 28420	27-2448984	501(C)(3)	175,000				PROPERTY MAINTENANCE & REMODELING
(23) CHRISTIANS UNITED OUTREACH CENTER OF LEE COUNTY 2885 LEE AVENUE, P.O. BOX 2217, SANFORD, NC, 27332	83-0397205	501(C)(3)	93,223				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(24) CITY OF LUMBERTON PO DRAWER 1388, LUMBERTON, NC, 28359	56-6001274	GOVERNMENTAL ENTITY	825,000				SOUTHEAST CROSSROADS INDUSTRIAL PARK - ELECTRICAL LINE RELOCATION & UPGRADE
(25) CITY OF WHITEVILLE PO BOX 607, 24 HILL PLAZA, WHITEVILLE, NC, 28472	56-6001372	GOVERNMENTAL ENTITY	500,000				PROVALUS BUILDING RENOVATIONS
(26) CLEVELAND COMMUNITY COLLEGE 137 SOUTH POST ROAD, SHELBY, NC, 28152	56-0848556	GOVERNMENTAL ENTITY	922,663				EXPANDING HEAVY EQUIPMENT OPERATOR TRAINING & HEALTHCARE EDUCATIONAL PATHWAY

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(27) CLEVELAND COUNTY SCHOOLS 400 WEST MARION STREET, SHELBY, NC, 28150	56-6001010	EDUCATION TAX EXEMPT	360,591				HEALTHCARE EDUCATION PATHWAY
(28) COLLEGE OF THE ALBEMARLE 1208 NORTH ROAD STREET, ELIZABETH CITY, NC, 27909	56-6024012	GOVERNMENTAL ENTITY	500,000				COA HEALTH SCIENCES REGIONAL EDUCATION CENTER
(29) COUNTY OF ASHE 150 GOVERNMENT CIRCLE, SUITE 2500, JEFFERSON, NC, 28640	56-6000274	GOVERNMENTAL ENTITY	1,385,000				ASHE COUNTY - SHELL BUILDING
(30) COUNTY OF FRANKLIN 113 MARKET STREET, LOUISBURG, NC, 27549	56-6000299	GOVERNMENTAL ENTITY	1,375,000				FRANKLIN COUNTY, TRIANGLE NORTH FRANKLIN, SHELL BUILDING
(31) COUNTY OF GREENE 229 KINGOLD BOULEVARD, SNOW HILL, NC, 28580	56-6000304	GOVERNMENTAL ENTITY	113,250				GREENE COUNTY SITE DUE DILIGENCE
(32) COUNTY OF HALIFAX PO BOX 38, 10 NORTH KING STREET, HALIFAX, NC, 27839	56-6001836	GOVERNMENTAL ENTITY	1,398,000				HALIFAX COUNTY INDUSTRIAL SHELL BUILDING
(33) COUNTY OF HOKE 227 N. MAIN STREET, RAEFORD, NC, 28376	56-6001525	GOVERNMENTAL ENTITY	1,400,000				HOKE COUNTY INDUSTRIAL PARK
(34) COUNTY OF LENOIR PO BOX 3289, 130 SOUTH QUEEN STREET, KINSTON, NC, 28501	56-6000314	GOVERNMENTAL ENTITY	15,000				LENOIR COUNTY SITE IDENTIFICATION
(35) COUNTY OF NORTHAMPTON PO BOX 663, JACKSON, NC, 27845	56-6000325	GOVERNMENTAL ENTITY	1,536,120				NORTHAMPTON COUNTY COMMERCE PARK INFRASTRUCTURE EXPANSION
(36) COUNTY OF ROBESON 701 NORTH ELM STREET, LUMBERTON, NC, 28358	56-6000335	GOVERNMENTAL ENTITY	2,875,000				ROBESON COUNTY SITE DEVELOPMENT PROJECT & SHELL PROJECT
(37) DALLAS HIGH SHOALS CHRISTIAN SOCIAL MINISTRY PO BOX 832, DALLAS, NC, 28034	56-2193816	501(C)(3)	22,437				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(38) EASTERN CATAWBA COOPERATIVE CHRISTIAN MINISTRY, INC. PO BOX 31, NEWTON, NC, 28658	56-0946753	501(C)(3)	115,946				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(39) ELIZABETH CITY PASQUOTANK PUBLIC SCHOOLS 1200 HALSTEAD BOULEVARD, ELIZABETH CITY, NC, 27909	56-0891512	EDUCATION TAX EXEMPT	166,000				INNOVATIVE PATHWAYS TO CAREERS
(40) ENC FCC 4812 ANDERSON TRUSS ROAD, AYDEN, NC, 28513	83-4091332	501(C)(3)	500,000				PROJECT EFFORT (EQUIPMENT FOR FOOD OPPORTUNITIES IN RURAL TOWNS)
(41) FEED MY LAMBS INC PO BOX 91, WADESBORO, NC, 28170	56-2158694	501(C)(3)	249,500				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(42) FEEDNC 2456 CHARLOTTE HIGHWAY, MOORESVILLE, NC, 28117	56-1911138	501(C)(3)	125,000				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(43) FIVE POINT CENTER, INC. PO BOX 2363, 300 FIVE POINT ROAD, ROBBINSVILLE, NC, 28771	85-4240234	501(C)(3)	50,846				FOOD DISTRIBUTION ASSISTANCE PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(44) FIVENTWO MINISTRIES, INC. PO BOX 185, OLIVIA, NC, 28368	81-0899779	501(C)(3)	88,642				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(45) FOOD FOR FAMILIES NC, INC. 2001 VAN BUREN AVENUE, INDIAN TRAIL, NC, 28079	47-1895897	501(C)(3)	75,360				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(46) FRIENDS OF LAKWOOD ELEMENTARY PTA 2520 VESSON AVENUE, DURHAM, NC, 27707	47-4144611	501(C)(3)	13,005				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(47) GARDNER-WEBB UNIVERSITY PO BOX 997, BOILING SPRINGS, NC, 28017	56-0529972	501(C)(3)	290,409				HEALTHCARE EDUCATIONAL PATHWAY
(48) GASTON COLLEGE 201 HIGHWAY 321 SOUTH, DALLAS, NC, 28034	56-0792292	GOVERNMENTAL ENTITY	1,159,600				EXPANSION OF GASTON COLLEGE WELDING PROGRAM & LINCOLN COUNTY HEALTH ACADEMY
(49) GIVENS ESTATES INC 2360 SWEETEN CREEK ROAD, ASHEVILLE, NC, 28803	51-0199312	501(C)(3)	55,000				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(50) GRAHAMTOWN TEAM PO BOX 1941, FOREST CITY, NC, 28043	27-1401392	501(C)(3)	71,789				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(51) GREENE COUNTY SCHOOLS 301 KINGOLD BOULEVARD, SNOW HILL, NC, 28580	56-6001039	EDUCATION TAX EXEMPT	499,708				GREENE CTE FACILITY EXPANSION
(52) HABITAT FOR HUMANITY OF GOLDSBORO- WAYNE INC 2719 GRAVES DRIVE, SUITE 3, GOLDSBORO, NC, 27534	56-2273434	501(C)(3)	500,000				MCNAIR HEIGHTS NEIGHBORHOOD DEVELOPMENT
(53) HARRELLS CHRISTIAN ACADEMY INC PO BOX 88, 360 TOMAHAWK HIGHWAY, HARRELLS, NC, 28444	56-0939117	501(C)(3)	350,000				HCA AGRICULTURAL EDUCATION BUILDING
(54) HAYWOOD CHRISTIAN MINISTRY, INC. 150 BRANNER AVE, WAYNESVILLE, NC, 28786	56-1389676	501(C)(3)	131,645				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(55) HIGHTS INC PO 865, CULLOWHEE, NC, 28723	26-1566023	501(C)(3)	477,926				CAREER CONNECT
(56) HOLA CAROLINA PO BOX 5146, ASHEVILLE, NC, 28813	82-2943079	501(C)(3)	121,073				HELENE RELIEF PROJECT & FOOD DISTRIBUTION ASSISTANCE PROGRAM
(57) HOPE STREET FOOD PANTRY INC 4100 JOHNSTON OEHLER ROAD, CHARLOTTE, NC 28269	83-3577031	501(C)(3)	186,014				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(58) HOSPITALITY HOUSE OF NORTHWEST NORTH CAROLINA 338 BROOK HOLLOW ROAD, BOONE, NC, 28607	56-1442966	501(C)(3)	107,654				HELENE RELIEF PROJECT
(59) INNER BANKS STEM CENTER 201 AIRPORT ROAD, WASHINGTON WARREN, WASHINGTON, NC, 27889	45-5501690	501(C)(3)	163,000				INNER BANKS STEM CENTER CAPITAL PROJECT
(60) INTERFAITH ASSISTANCE MINISTRY PO BOX 2562, HENDERSONVILLE, NC, 28793	58-1556963	501(C)(3)	250,000				FOOD DISTRIBUTION ASSISTANCE PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(61) IREDELL COUNTY EDC, FOUNDATION 500 S. MAIN STREET, SUITE 449, MOORESVILLE, NC, 28115	56-2115262	501(C)(3)	750,000				HERRING INDUSTRIAL DR. EXPANSION
(62) JACKSONVILLE-ONSLOW ECONOMIC DEVELOPMENT PARTNERSHIP 421 COURT STREET, JACKSONVILLE, NC, 28540	26-3563855	501(C)(3)	49,400				PROJECT COFFEE
(63) JOHNSTON COMMUNITY COLLEGE FOUNDATION, INC. 245 COLLEGE ROAD, PO BOX 2350, SMITHFIELD, NC, 27577	58-1663605	501(C)(3)	500,000				WORKFORCE DEVELOPMENT IN SUPPORT OF ADVANCED MANUFACTURING
(64) JONES COUNTY COMMUNITY HOPE INC PO BOX 773, 433 1ST AVENUE, TRENTON, NC, 28585	81-3323723	501(C)(3)	156,620				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(65) KELLY SERVICES, INC. 999 W. BIG BEAVER ROAD, TROY, MI, 48084	38-1510762		680,000				DIRECT SOURCING - INTERNSHIP
(66) KINGDOM ENTITY RESOURCE CENTER PO BOX 13, HASSELL, NC, 27841	83-4515684	501(C)(3)	56,284				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(67) LEGAL AID OF NORTH CAROLINA, INC. 224 S. DAWSON STREET, RALEIGH, NC, 27601	31-1784161	501(C)(3)	225,000				HELENE RELIEF PROJECT
(68) LOT 2540 INC 103 STONE STREET, STONEVILLE, NC, 27048	45-2387075	501(C)(3)	128,832				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(69) MARTIN COMMUNITY COLLEGE 1161 KEHUKEE PARK ROAD, WILLIAMSTON, NC, 27892	56-0895914	GOVERNMENTAL ENTITY	500,000				EMS SIMULATION CENTER
(70) McDOWELL LFAC 263 BARNES ROAD, SUITE J, MARION, NC, 28572	83-2141213	501(C)(3)	127,608				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(71) MEALS ON WHEELS OF DURHAM, INC. 2522 ROSS ROAD, DURHAM, NC, 27703	56-1729111	501(C)(3)	112,152				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(72) METHODIST UNIVERSITY, INC. 5400 RAMSEY STREET, FAYETTEVILLE, NC, 28311	56-0657294	501(C)(3)	8,000,000				JOB CREATION AND NEW REGIONAL EDUCATIONAL PATHWAYS WITH METHODIST UNIVERSITY CAPE FEAR VALLEY SCHOOL OF MEDICINE
(73) MOUNTAIN BIZCAPITAL INC. 153 SOUTH LEXINGTON AVENUE, ASHEVILLE, NC, 28804	14-1864873	501(C)(3)	57,500,000				HURRICANE HELENE SMALL BUSINESS LOANS & HELENE SMALL BUSINESS RECOVERY FUND REQUEST
(74) NORTH CAROLINA BAPTIST MEN 205 CONVENTION DRIVE, CARY, NC, 27511	20-3648746	501(C)(3)	2,940,000				HELENE RELIEF PROJECT
(75) NORTH CAROLINA CHAMBER FOUNDATION 701 CORPORATE CENTER DRIVE, SUITE 275, RALEIGH, NC, 27607	56-1918853	501(C)(3)	225,000				NC AG LEADS/STRATEGIC PLANNING PROCESS
(76) NORTH CAROLINA COMMUNITY COLLEGE SYSTEM 5016 MAIL SERVICE CENTER, RALEIGH, NC, 27699	56-1288079	GOVERNMENTAL ENTITY	3,000,000				GOLDEN LEAF COMMUNITY COLLEGES SCHOLARSHIP (2025-2026)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(77) NORTH CAROLINA DEPARTMENT OF PUBLIC INSTRUCTION 301 N. WILMINGTON STREET, RALEIGH, NC, 27601	56-1492826	GOVERNMENTAL ENTITY	25,000,000				GOLDEN LEAF SCHOOLS
(78) NORTH CAROLINA HOUSING FINANCE AGENCY 3508 BUSH STREET, RALEIGH, NC, 27609	56-1700536	GOVERNMENTAL ENTITY	6,000,000				HOUSING PROJECTS
(79) NORTH CAROLINA STATE EDUCATION ASSISTANCE AUTHORITY PO BOX 41046, RALEIGH, NC, 27629	56-6172047	GOVERNMENTAL ENTITY	3,116,173				GOLDEN LEAF COLLEGES AND UNIVERSITIES SCHOLARSHIP (2025-2026)
(80) NORTHERN STOKES FOOD PANTRY INC. 7257 NC HIGHWAY 89 W, WESTFIELD, NC, 27053	46-5383990	501(C)(3)	98,263				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(81) ONE STEP FURTHER INC 623 EUGENE COURT, GREENSBORO, NC, 27401	58-1484818	501(C)(3)	196,207				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(82) ONSLOW COMMUNITY OUTREACH, INC. 1210 HARGETT STREET, JACKSONVILLE, NC, 28540	56-1705813	501(C)(3)	122,515				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(83) PARTNERS IN MINISTRY (PIM) PO BOX 1621, LAURINBURG, NC, 28353	26-1588298	501(C)(3)	113,297				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(84) PASTOR'S PANTRY TARGETING SENIOR HUNGER 307 NORTH STATE STREET, PO BOX 2051, LEXINGTON, NC, 27292	31-1721281	501(C)(3)	30,624				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(85) RANDOLPH COMMUNITY COLLEGE 629 INDUSTRIAL PARK AVENUE, ASHEBORO, NC, 27205	56-0793680	GOVERNMENTAL ENTITY	493,000				HEAVY DUTY EQUIPMENT SIMULATOR
(86) REBUILDING BROKEN PLACES, COMMUNITY DEVELOPMENT CORPORATION 2105 NORTH WILLIAM STREET, GOLDSBORO, NC, 27530	56-2047776	501(C)(3)	48,805				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(87) RESTORING HOPE CENTER, INC. 507 WARREN AVENUE, LAURINBURG, NC, 28352	55-4627519	501(C)(3)	106,110				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(88) ROCKY MOUNT FAMILY YMCA, INC. PO BOX 4063, ROCKY MT, NC, 27803	56-0543251	501(C)(3)	17,969				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(89) ROWAN HELPING MINISTRIES 402 CLUB HOUSE DRIVE, SALISBURY, NC, 28144	56-1544532	501(C)(3)	133,275				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(90) ROWAN-CABARRUS COMMUNITY COLLEGE 1333 JAKE ALEXANDER BOULEVARD, SALISBURY, NC, 28146	56-0792333	GOVERNMENTAL ENTITY	2,225,000				EXPANDING ADVANCED MANUFACTURING PATHWAYS AT RCCC & EXPANDING AUTOMOTIVE TECHNOLOGY PATHWAYS IN CABARRUS COUNTY
(91) ROWAN-SALISBURY SCHOOL SYSTEM 500 N. MAIN STREET, SALISBURY, NC, 28144	56-6001834	EDUCATION TAX EXEMPT	325,000				IMPLEMENTING GLOBAL LOGISTICS PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(92) RURAL OPPORTUNITY INSTITUTE 1631 S WESLEYAN BOULEVARD, ROCKY MOUNT, NC, 27804	99-1735506	501(C)(3)	115,000				YOUNG CIVIC LEADERS (YCL)
(93) RUTHERFORD HOUSING PARTNERSHIP INC. 718 WEST MAIN STREET, FOREST CITY, NC, 28043	56-2086573	501(C)(3)	100,000				HELENE RELIEF PROJECT
(94) SALLIE B. HOWARD SCHOOL OF ARTS AND SCIENCE 1004 HERRING AVENUE E, WILSON, NC, 27893	56-1704150	501(C)(3)	120,986				CTE/BIOTECH EXPANSION
(95) SAMARITAN KITCHEN OF WILKES INC PO BOX 1072, 4187 WEST HIGHWAY 421, WILKESBORO, NC, 28697	56-2065712	501(C)(3)	9,194				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(96) SANDY MUSH COMMUNITY CENTER 19 SCHOOL ROAD, LEICESTER, NC, 28748	84-1722906	501(C)(3)	21,896				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(97) SCOTLAND COUNTY ECONOMIC DEVELOPMENT CORPORATION 16800A US HIGHWAY 401 BYPASS, LAURINBURG, NC 28352	26-2016762	501(C)(3)	1,350,000				BUILDING 3
(98) SERVING OUR COMMUNITY WITH KINDNESS IN SPRINGWOOD INC 160 WOODLAWN STREET, BELMONT, NC, 28012	58-1820384	501(C)(3)	45,000				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(99) SHARE THE TABLE, INC. PO BOX 4170, SURF CITY, NC, 28445	35-2587416	501(C)(3)	56,300				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(100) SOUTH PIEDMONT COMMUNITY COLLEGE FOUNDATION INC PO BOX 126, POLKTON, NC, 28135	56-1892461	501(C)(3)	980,000				SPCC BIOWORKS PROGRAM & HVAC-R PROGRAM AT L.L. POLK CAMPUS (ANSON CBGI)
(101) SOUTHERN ALAMANCE FAMILY EMPOWERMENT INC. 5950 NC-87 SOUTH, PO BOX 286, GRAHAM, NC, 27253	46-2764405	501(C)(3)	146,175				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(102) SPIRON SOLUTIONS PO BOX 801, PIKEVILLE, NC, 27863	85-1672960		83,115				RURAL INTERNSHIP INITIATIVE
(103) STANLY COMMUNITY COLLEGE FOUNDATION, INC. 141 COLLEGE DRIVE, ALBEMARLE, NC, 28001	58-1360598	501(C)(3)	1,000,000				CRAFTING TOMORROW: CNC MACHINING EDUCATION IN STANLY COUNTY & ENGINEERING AND INFORMATION TECHNOLOGY PATHWAYS - DUAL-ENROLLMENT AND APPRENTICESHIPS
(104) TABLE MINISTRIES INC 311 E. MAIN STREET, CARRBORO, NC, 27510	26-1471735	501(C)(3)	154,820				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(105) TARBORO COMMUNITY OUTREACH, INC. 701 CEDAR LANE, TARBORO, NC, 27886	56-1557200	501(C)(3)	142,143				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(106) THE CORNER TABLE, INC. PO BOX 1051, NEWTON, NC, 28658	94-3418768	501(C)(3)	137,911				FOOD DISTRIBUTION ASSISTANCE PROGRAM

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(107) THE FILLING STATION INC 221 MAIN STREET, PO BOX 222, POLLOCKSVILLE, NC, 28573	82-3451605	501(C)(3)	227,141				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(108) THE HOUSING ASSISTANCE CORPORATION PO BOX 2057, HENDERSONVILLE, NC, 28793	58-1831757	501(C)(3)	100,000				HELENE RELIEF PROJECT
(109) THE INTERNATIONAL FRIENDSHIP CENTER OF HIGHLANDS 348 SOUTH 5TH STREET, HIGHLANDS, NC, 28741	56-2303345	501(C)(3)	27,885				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(110) THE NORTH CAROLINA COALITION AGAINST DOMESTIC VIOLENCE, INC. 3710 UNIVERSITY DRIVE, SUITE 300, DURHAM, NC, 27707	61-1077481	501(C)(3)	75,000				HELENE RELIEF PROJECT
(111) THE S.T.U.D.I.O. 6150 MILLER ROAD, KANNAPOLIS, NC, 28081	35-2622358	501(C)(3)	131,860				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(112) THE SALVATION ARMY 602 N. HUGHES BOULEVARD, ELIZABETH CITY, NC, 27909	58-0660607	501(C)(3)	201,340				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(113) THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL 104 AIRPORT DRIVE, SUITE 2200, CHAPEL HILL, NC, 27599	56-6001393	GOVERNMENTAL ENTITY	250,000				IMPACTING RURAL COMMUNITIES THROUGH ANCHOR INSTITUTIONS ACROSS NORTH CAROLINA
(114) THE WINSTON-SALEM RESCUE MISSION, INC. PO BOX 595, 718 N. TRADE STREET, WINSTON SALEM, NC, 27102	56-0891921	501(C)(3)	103,674				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(115) THOMASVILLE COMMUNITY MINISTRY INC 10 W GUILFORD STREET, THOMASVILLE, NC, 27360	56-1877251	501(C)(3)	182,400				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(116) TOWN OF NASHVILLE PO BOX 987, 499 SOUTH BARNES STREET, NASHVILLE, NC, 27856	56-6001300	GOVERNMENTAL ENTITY	500,000				RED OAK ROAD WATER EXTENSION PROJECT
(117) TOWN OF TABOR CITY PO DRAWER 655, TABOR CITY, NC, 28463	56-6001349	GOVERNMENTAL ENTITY	1,381,500				TABOR CITY SHELL BUILDING
(118) TRANSYLVANIA CHRISTIAN MINISTRY, INC. 164 DUCKWORTH AVENUE, BREVARD, NC, 28712	56-1292875	501(C)(3)	68,765				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(119) TRANSYLVANIA HABITAT FOR HUMANITY 692 ECUSTA ROAD, BREVARD, NC, 28712	58-1581118	501(C)(3)	100,000				HELENE RELIEF PROJECT
(120) TURNING POINT COMMUNITY DEVELOPMENT CORPORATION 2495 US 1/158 HIGHWAY, PO BOX 2656, HENDERSON, NC, 27537	61-1449588	501(C)(3)	211,739				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(121) UNION COUNTY GOVERNMENT 500 N. MAIN STREET, MONROE, NC, 28112	56-6000345	GOVERNMENTAL ENTITY	1,000,000				UNION COUNTY FOOD INNOVATION CENTER

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(122) UNITED WAY OF ONSLOW COUNTY INC 118 CHANEY AVENUE, JACKSONVILLE, NC, 28540	23-7356577	501(C)(3)	73,223				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(123) VANCE COUNTY 326 S. GARNETT, HENDERSON, NC, 27536	56-6001124	GOVERNMENTAL ENTITY	15,000				VANCE COUNTY - SITE IDENTIFICATION
(124) W A M Y COMMUNITY ACTION, INC. 225 BIRCH STREET, SUITE 2, BOONE, NC, 28607	56-0816296	501(C)(3)	150,000				HELENE RELIEF PROJECT
(125) WASHINGTON COUNTY SCHOOLS 802 WASHINGTON STREET, PLYMOUTH, NC, 27962	56-6001128	EDUCATION TAX EXEMPT	500,000				HYDE TYRRELL WASHINGTON CAREER TECH INNOVATION CENTER
(126) WASHINGTON OUTREACH MINISTRY PO BOX 507, WACO, NC, 28169	80-0367776	501(C)(3)	250,000				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(127) WEST END MINISTRIES 903 WEST ENGLISH ROAD, HIGH POINT, NC, 27262	56-2273642	501(C)(3)	92,000				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(128) WESTERN NORTH CAROLINA ANNUAL CONFERENCES OF THE UNITED METHODIST PO BOX 2757, HUNTERSVILLE, NC, 28070	56-6001441	501(C)(3)	175,000				HELENE RELIEF PROJECT
(129) WESTERN WAKE CRISIS MINISTRY 1600 OLIVE CHAPEL ROAD, SUITE 408, APEX, NC, 27502	56-1585440	501(C)(3)	96,384				FOOD DISTRIBUTION ASSISTANCE PROGRAM
(130) WILSON COMMUNITY COLLEGE PO BOX 4305, 902 HERRING AVENUE, WILSON, NC, 27893	56-6052568	GOVERNMENTAL ENTITY	13,000,000				WILSON BIOLOGICS TRAINING CENTER EQUIPMENT
(131) WILSON YOUTH UNITED, INC. 910 TARBORO STREET W, WILSON, NC, 27893	27-1604121	501(C)(3)	61,231				FOOD DISTRIBUTION ASSISTANCE PROGRAM

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	APPLICANTS THAT RECEIVE AWARDS FROM THE BOARD ARE REQUIRED TO SIGN A GRANTEE ACKNOWLEDGEMENT & AGREEMENT, WHICH STATES GUIDELINES AND CONDITIONS FOR A GRANT. GRANTEES MUST ALSO ATTEND A GRANTS MANAGEMENT TRAINING SESSION, UNLESS WAIVED BY THE SENIOR VICE PRESIDENT OR PRESIDENT OF THE FOUNDATION FOR GOOD CAUSE. GOOD CAUSE INCLUDES, FOR EXAMPLE, THE GRANTEE HAS PREVIOUSLY SUCCESSFULLY MANAGED A GRANT FROM THE FOUNDATION. THE GRANTEE ACKNOWLEDGEMENT & AGREEMENT MAY CONTAIN CONDITIONS THAT MUST BE SATISFIED BEFORE FUNDS WILL BE RELEASED. THESE CONDITIONS, ALONG WITH REQUIREMENTS FOR INTERIM AND FINAL REPORTS, ARE ENTERED IN A DATABASE. ONCE THE FOUNDATION RECEIVES THE SIGNED GRANTEE ACKNOWLEDGEMENT & AGREEMENT, EVIDENCE THAT PRECONDITIONS HAVE BEEN MET, AND A WRITTEN REQUEST FOR PAYMENT, THE APPLICANT IS ELIGIBLE TO RECEIVE AN INITIAL DISBURSEMENT. GRANTEES MAY RECEIVE ADVANCES IN INCREMENTS OF UP TO 20% OF THE GRANT AWARD OR REIMBURSEMENTS OF UP TO 80% OF THE GRANT AWARD OR A COMBINATION OF ADVANCES AND REIMBURSEMENTS WITHIN THOSE RESPECTIVE LIMITS. A SUM EQUAL TO 20% OF THE TOTAL AMOUNT OF THE GRANT IS RETAINED BY THE FOUNDATION UNTIL COMPLETION OF THE GRANTEE'S OBLIGATIONS UNDER THE GRANT, INCLUDING THE SUBMISSION TO THE FOUNDATION OF A FINAL REPORT ON THE FUNDED PROJECT AND SATISFACTION OF ANY REMAINING CONDITIONS TO RELEASE OF FUNDS. THE PRESIDENT OF THE FOUNDATION HAS THE AUTHORITY TO MODIFY THIS RELEASE SCHEDULE. GRANTEES MAY USE FUNDS ONLY FOR ITEMS IDENTIFIED IN THE PROJECT'S APPROVED BUDGET. SHOULD THE GRANTEE SEEK TO SPEND FUNDS ON A ITEM NOT INCLUDED IN THE BUDGET OR IN AN AMOUNT IN EXCESS OF THE APPROVED BUDGET AMOUNT, THE GRANTEE MUST RECEIVE APPROVAL OF A BUDGET MODIFICATION. IN NO EVENT MAY A GRANTEE SPEND GOLDEN LEAF FUNDS IN EXCESS OF THE AMOUNT AWARDED BY THE GOLDEN LEAF BOARD. GRANTEES MUST SUBMIT INTERIM REPORTS IN SIX MONTH INCREMENTS BEGINNING SIX MONTHS AFTER THE AWARD DATE AND A FINAL REPORT WITHIN 60 DAYS AFTER COMPLETION OF THE PROJECT, THOUGH THIS SCHEDULE MAY BE ADJUSTED IF APPROPRIATE FOR A PROJECT. IN SOME CASES, GRANTEES ARE ALSO REQUIRED TO SUBMIT REPORTS AFTER THE CONCLUSION OF THE PROJECT TO DOCUMENT ONGOING ACTIVITIES AND OUTCOMES. THE REPORTS INCLUDE INFORMATION REGARDING THE WORK ACCOMPLISHED COMPARED TO AN APPROVED LIST OF ACTIVITIES, REPORTED OUTCOMES OF THE PROJECT COMPARED TO APPROVED PROJECTED OUTCOMES, AND EXPENDITURE REPORTS. USING A SAMPLING PROCESS, THE FOUNDATION VERIFIES REPORTED ACTIVITIES, OUTCOMES, AND EXPENDITURES BY REVIEWING SUPPORTING DOCUMENTATION. FOUNDATION STAFF ALSO CONDUCTS SITE VISITS FOR SOME OF THE PROJECTS. THE GRANT MONITORING PROCESS IS RISK ADJUSTED, WITH SOME GRANTEES, SUCH AS THOSE WITH LESS GRANTS MANAGEMENT EXPERIENCE AND CAPACITY, RECEIVING MORE INTENSIVE MONITORING.
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	A TOUCH OF THE FATHER'S LOVE, INC: FOOD DISTRIBUTION ASSISTANCE PROGRAM
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ASHE FOOD PANTRY, INC.: FOOD DISTRIBUTION ASSISTANCE PROGRAM
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BACKPACK BEGINNINGS: FOOD DISTRIBUTION ASSISTANCE PROGRAM
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BARTON COLLEGE: BARTON COLLEGE SCHOOL OF HEALTH SCIENCES- PHASE 1
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BEACH FOOD PANTRY, INC.: FOOD DISTRIBUTION ASSISTANCE PROGRAM
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BOUNTIFUL BLESSINGS HOUSE OF REDEMPT.: FOOD DISTRIBUTION ASSISTANCE PROGRAM
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BOUNTY & SOUL: FOOD DISTRIBUTION ASSISTANCE PROGRAM
SCHEDULE I, PART II , COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	BRUNSWICK FAMILY ASSISTANCE AGENCY, INC.: FOOD DISTRIBUTION ASSISTANCE PROGRAM

SCHEDULE J
(Form 990)

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE GOLDEN L.E.A.F., INC

Employer identification number

52-2204473

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 checked="" 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	

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

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

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

			(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	SCOTT T. HAMILTON PRESIDENT/CEO	(i) 277,019	25,000	1,188	30,425	13,067	346,699	0	0
	(ii) 0	0	0	0	0	0	0	0	0
2	EDWARD P. LORD SVP/GENERAL COUNSEL	(i) 209,724	8,000	774	22,142	20,416	261,056	0	0
	(ii) 0	0	0	0	0	0	0	0	0
3	ERICA L. SMITH VP OF FINANCE	(i) 163,515	8,000	270	17,666	24,941	214,392	0	0
	(ii) 0	0	0	0	0	0	0	0	0
4	KASEY E. GINSBERG VP/CHIEF OF STAFF	(i) 160,140	8,000	162	16,940	12,926	198,168	0	0
	(ii) 0	0	0	0	0	0	0	0	0
5	JONATHAN P. BOYD VP OF INVESTMENTS	(i) 145,766	2,000	162	15,437	19,390	182,755	0	0
	(ii) 0	0	0	0	0	0	0	0	0
6		(i)							
	(ii)								
7		(i)							
	(ii)								
8		(i)							
	(ii)								
9		(i)							
	(ii)								
10		(i)							
	(ii)								
11		(i)							
	(ii)								
12		(i)							
	(ii)								
13		(i)							
	(ii)								
14		(i)							
	(ii)								
15		(i)							
	(ii)								
16		(i)							
	(ii)								

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE GOLDEN L.E.A.F., INC

Employer identification number

52-2204473

Return Reference - Identifier	Explanation				
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>THE PRIMARY PURPOSE FOR WHICH THIS CORPORATION WAS FORMED IS TO PROMOTE THE SOCIAL WELFARE AND LESSEN THE BURDENS OF GOVERNMENT BY RECEIVING AND DISTRIBUTING FUNDS TO BE USED TO PROVIDE ECONOMIC IMPACT ASSISTANCE TO ECONOMICALLY AFFECTION OR TOBACCO-DEPENDENT REGIONS OF NORTH CAROLINA. IN ACCORDANCE WITH THE CONSENT DECREE AND FINAL JUDGMENT IN STATE OF NORTH CAROLINA V. PHILLIP MORRIS INCORPORATED, ET AL., 98 CVS 14377. ACTIVITIES IN WHICH THE CORPORATION MAY ENGAGE IN THE STATE OF NORTH CAROLINA INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:</p> <ol style="list-style-type: none"> 1. EDUCATION ASSISTANCE - PROVISION OF FUNDS FOR EDUCATIONAL PROGRAMS FOR TOBACCO FARMERS AND OTHER WORKERS IMPACTED OR PROJECTED TO BE IMPACTED BY THE DECLINE IN DEMAND FOR AND/OR PRODUCTION OF TOBACCO OR TOBACCO PRODUCTS. 2. JOB TRAINING AND EMPLOYMENT ASSISTANCE - PROVISION OF LOANS AND GRANTS, TO BE USED FOR JOB TRAINING AND OTHER EMPLOYMENT-RELATED PROGRAMS TO ORGANIZATIONS ASSISTING TOBACCO FARMERS AND OTHER WORKERS DEPENDENT ON TOBACCO FARMING, PRODUCTION, AND SALES TO TRANSITION TO OTHER SOURCES OF INCOME. 3. SCIENTIFIC RESEARCH - PROVISION OF FUNDING FOR SCIENTIFIC RESEARCH TO DEVELOP NEW USES FOR TOBACCO OR FOR THE DEVELOPMENT OF ALTERNATIVE CASH CROPS. 4. ECONOMIC HARSHSHIP ASSISTANCE - PROVISION OF DIRECT GRANTS, LOANS, AND OTHER ASSISTANCE PROGRAMS TO ALLEVIATE ECONOMIC HARSHSHIP, POVERTY OR NEED EXPERIENCED BY TOBACCO FARMERS, QUOTA OWNERS, THEIR FAMILIES AND OTHERS AS A RESULT OF DECLINE IN QUOTA AND/OR PRODUCTION OF TOBACCO OR TOBACCO PRODUCTS. 5. PUBLIC WORKS AND INDUSTRIAL RECRUITMENT - PROVISION OF GRANTS AND LOANS TO LOCAL GOVERNMENTS FOR UPGRADING UTILITIES, TRANSPORTATION, AND OTHER PUBLIC SERVICE INFRASTRUCTURE TO ATTRACT NEW BUSINESSES OR FOR MORE GENERAL ECONOMIC DEVELOPMENT PURPOSES. 6. HEALTH AND HUMAN SERVICES - PROVISION OF FUNDING FOR IMPROVED HEALTH CARE AND OTHER SOCIAL SERVICES NEEDED TO MAINTAIN THE STABILITY OF TOBACCO-DEPENDENT COMMUNITIES. 7. COMMUNITY ASSISTANCE - PROVISION OF DIRECT GRANTS AND LOANS TO ECONOMICALLY DEPRESSED AND DETERIORATING TOBACCO-DEPENDENT COMMUNITIES TO BE USED EXCLUSIVELY FOR PUBLIC PURPOSES. 				
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE FOUNDATION IS GOVERNED BY A BOARD OF DIRECTORS COMPRISED OF FIFTEEN DIRECTORS. FIVE DIRECTORS ARE APPOINTED BY THE GOVERNOR OF THE STATE OF NORTH CAROLINA. FIVE DIRECTORS ARE APPOINTED BY THE PRESIDENT PRO TEMPORE OF THE NORTH CAROLINA SENATE. FIVE DIRECTORS ARE APPOINTED BY THE SPEAKER OF THE NORTH CAROLINA HOUSE OF REPRESENTATIVES.				
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE FOUNDATION MAY NOT DISPOSE OF ASSETS PURSUANT TO THE PROVISIONS OF SECTION 55A-12-02 OF THE NORTH CAROLINA GENERAL STATUTES WITHOUT THE APPROVAL OF THE NORTH CAROLINA GENERAL ASSEMBLY. THE FOUNDATION SHALL CONSULT WITH THE JOINT LEGISLATIVE COMMISSION ON GOVERNMENTAL OPERATIONS PRIOR TO SUBMITTING ARTICLES OF AMENDMENT TO THE SECRETARY OF STATE.				
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	A COPY OF THE FORM 990 WAS PROVIDED TO EACH MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS. THE AUDIT COMMITTEE OF THE BOARD AND THE BOARD REVIEWED THE FORM 990 AND AUTHORIZED STAFF TO FILE.				
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE FOUNDATION'S BOARD OF DIRECTORS AND COMMITTEES MEET APPROXIMATELY SIX TIMES PER YEAR. AT EACH SUCH MEETING, OR GROUP OF MEETINGS, DIRECTORS ARE ASKED TO CONFIRM THEIR DISCLOSURE OR MAKE ANY NEW DISCLOSURES. WHEN A DIRECTOR DISCLOSES AN INTEREST IN A PROPOSED TRANSACTION, THE DIRECTOR DOES NOT PARTICIPATE IN THE DISCUSSION CONCERNING, OR THE VOTE UPON, THE PROPOSED TRANSACTION.				
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS REVIEWED SALARY AND BENEFIT INFORMATION FOR POSITIONS COMPARABLE TO THE PRESIDENT AT OTHER NORTH CAROLINA FOUNDATIONS AND ENDOWMENTS AND REVIEWED THE RESULTS OF A SALARY STUDY OF NONPROFIT SALARIES PRIOR TO MAKING A RECOMMENDATION TO THE BOARD REGARDING THE PRESIDENT'S SALARY AND BENEFITS. THE BOARD APPROVED THE SALARY AND BENEFITS OF THE PRESIDENT.				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" data-bbox="460 1769 1525 1841"> <thead> <tr> <th data-bbox="460 1769 1313 1799">(a) Description</th><th data-bbox="1313 1769 1525 1799">(b) Amount</th></tr> </thead> <tbody> <tr> <td data-bbox="460 1799 1313 1828">CANCELLED GRANTS</td><td data-bbox="1313 1799 1525 1828">75,965,670</td></tr> </tbody> </table>	(a) Description	(b) Amount	CANCELLED GRANTS	75,965,670
(a) Description	(b) Amount				
CANCELLED GRANTS	75,965,670				
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.				

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE GOLDEN L.E.A.F., INC

Employer identification number

52-2204473

Return Reference - Identifier	Explanation
FORM 990, PART XII, LINE 3B - REQUIRED AUDIT	THE FOUNDATION'S SINGLE AUDIT IS DUE BY MARCH 31, 2026 AND WILL BE COMPLETED BY THE DUE DATE.