

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

2024

Open to Public
Inspection

| | |
|--|---|
| A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025 | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization THE GOLDEN L.E.A.F., INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 301 N. WINSTEAD AVENUE City or town, state or province, country, and ZIP or foreign postal code ROCKY MOUNT, NC 27804 F Name and address of principal officer: SCOTT T. HAMILTON SAME AS C ABOVE |
| 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 | D Employer identification number 52-2204473 E Telephone number (252) 442-7474 G Gross receipts \$ 303,738,122 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. See instructions. 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. |
| | 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) |
| | 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) |
| | 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 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) |
| | 9 Program service revenue (Part VIII, line 2g) |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) |
| Expenses | 14 Benefits paid to or for members (Part IX, column (A), line 4) |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) |
| | b Total fundraising expenses (Part IX, column (D), line 25) |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) |
| Net Assets or Fund Balances | 19 Revenue less expenses. Subtract line 18 from line 12 |
| | 20 Total assets (Part X, line 16) |
| | 21 Total liabilities (Part X, line 26) |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 |

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

Signature of officer

Date

ERICA SMITH, VP OF FINANCE

Type or print name and title

Paid
Preparer
Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if
self-employed

PTIN

SANDRA L. FEINSMITH

Sandra L. Feinstein

10/21/2025

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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No

- 1** Briefly describe the organization's mission:
GOLDEN LEAF'S MISSION IS TO INCREASE ECONOMIC OPPORTUNITY IN NORTH CAROLINA'S RURAL AND
TOBACCO-DEPENDENT COMMUNITIES THROUGH LEADERSHIP IN GRANTSMaking, COLLABORATION, INNOVATION, AND
STEWARDSHIP AS AN INDEPENDENT AND PERPETUAL FOUNDATION.
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code:) (Expenses \$ 164,522,588 including grants of \$ 161,272,823) (Revenue \$ 0)
SEE SCHEDULE O.
- 4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
- 4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
- 4d** Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)
- 4e** Total program service expenses 164,522,588

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). | | |
| 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? | 7a | ✓ |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | ✓ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 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? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| 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 | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | |
| 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. | 15 | ✓ |
| 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. | 16 | ✓ |
| 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. | 17 | |

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 Enter the number of voting members of the governing body at the end of the tax year 1a 15 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| b Enter the number of voting members included on line 1a, above, who are independent 1b 15 | | |
| 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? 2 | | <input checked="" type="checkbox"/> |
| 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? 3 | | <input checked="" type="checkbox"/> |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 | | <input checked="" type="checkbox"/> |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 | | <input checked="" type="checkbox"/> |
| 6 Did the organization have members or stockholders? 6 | | <input checked="" type="checkbox"/> |
| 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? 7a | <input checked="" type="checkbox"/> | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b | <input checked="" type="checkbox"/> | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? 8a | <input checked="" type="checkbox"/> | |
| b Each committee with authority to act on behalf of the governing body? 8b | <input checked="" type="checkbox"/> | |
| 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 9 | | <input checked="" type="checkbox"/> |

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

| | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10a Did the organization have local chapters, branches, or affiliates? 10a | | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a | <input checked="" type="checkbox"/> | |
| 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 12a | <input checked="" type="checkbox"/> | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b | <input checked="" type="checkbox"/> | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c | <input checked="" type="checkbox"/> | |
| 13 Did the organization have a written whistleblower policy? 13 | <input checked="" type="checkbox"/> | |
| 14 Did the organization have a written document retention and destruction policy? 14 | <input checked="" type="checkbox"/> | |
| 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 15a | <input checked="" type="checkbox"/> | |
| b Other officers or key employees of the organization 15b | | <input checked="" type="checkbox"/> |
| 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? 16a | | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b | | |

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
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 ContractorsCheck 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 employee | Former | | | |
| (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 GAILLIARD 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 |

Form **990** (2024)

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 | Former | | | |
| (15) JOHNATHAN RHYNE, JR. DIRECTOR (ENDED 11/2024) | 3.0 0.0 | <input checked="" type="checkbox"/> | | | | | | 1,040 | 0 | 0 |
| (16) JEFFREY LEE TREASURER/ASST SECRETARY | 3.0 0.0 | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | 936 | 0 | 0 |
| (17) LAURENCE LILLEY DIRECTOR | 3.0 0.0 | <input checked="" type="checkbox"/> | | | | | | 936 | 0 | 0 |
| (18) BRIAN RAYNOR VICE CHAIR | 3.0 0.0 | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | 832 | 0 | 0 |
| (19) THOMAS F. TAFT, SR. DIRECTOR | 3.0 0.0 | <input checked="" type="checkbox"/> | | | | | | 832 | 0 | 0 |
| (20) BARRY Z. DODSON DIRECTOR | 3.0 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (21) BUDDY KELLER DIRECTOR | 3.0 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (22) DONALD E. FLOW DIRECTOR | 3.0 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (23) JARETTE SAMPSON DIRECTOR (BEGAN 12/2024) | 3.0 0.0 | <input checked="" type="checkbox"/> | | | | | | 0 | 0 | 0 |
| (24) MICHAEL EASLEY, JR. DIRECTOR (BEGAN 01/2025) | 3.0 0.0 | <input checked="" type="checkbox"/> | | | | | | 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? <i>If "Yes," complete Schedule J for such individual</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule J for such individual</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 | 0 | 0 | | |
| | b | Less: rental expenses | (ii) Personal | 0 | 0 | | |
| | c | Rental income or (loss) | | 0 | 0 | | |
| | d | Net rental income or (loss) | | 0 | 0 | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | 194,252,370 | 0 | | |
| | b | Less: cost or other basis and sales expenses | (ii) Other | 132,200,508 | 0 | | |
| | c | Gain or (loss) | | 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 | | 0 | | | |
| | b | Less: direct expenses | | 0 | | | |
| | c | Net income or (loss) from fundraising events | | 0 | | 0 | 0 |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | | 0 | | | |
| | b | Less: direct expenses | | 0 | | | |
| | c | Net income or (loss) from gaming activities | | 0 | 0 | 0 | 0 |
| | 10a | Gross sales of inventory, less returns and allowances | | 0 | | | |
| | b | Less: cost of goods sold | | 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 | | | | |
| b Legal | 255,154 | | 255,154 | |
| c Accounting | 110,069 | | 110,069 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 3,254,481 | | 3,254,481 | |
| 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 <u>LINE OF CREDIT FEES</u> | 65,644 | | 65,644 | |
| b <u>BOARD OF DIRECTORS EXPENSES</u> | 52,668 | | 52,668 | |
| c <u>CAPITAL OUTLAYS</u> | 49,051 | | 49,051 | |
| d <u>DUES AND MEMBERSHIPS</u> | 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 | 10c | 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 |
| | 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 | |
| Liabilities | 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 |
| | 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 |
| Net Assets or Fund Balances | 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 | |

Form **990** (2024)

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 | | ✓ |
| 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 | ✓ | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | ✓ | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . | ✓ | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . | ✓ | |

Form **990** (2024)

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 33¹/₃% 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 33¹/₃% 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.

Cat. No. 11285F

Schedule A (Form 990) 2024

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) | (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.") | | | | | | |
| 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.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 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 <input type="checkbox"/> | | | | | | |

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 33¹/₃% 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 | | <input type="checkbox"/> |
| b 33¹/₃% 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 | | <input type="checkbox"/> |
| 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | <input type="checkbox"/> |

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 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 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? | | |
| 11a | | |
| b A family member of a person described on line 11a above? | | |
| 11b | | |
| 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 . | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 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. | | |
| 1 | | |
| 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. | | |
| 2 | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 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). | | |
| 1 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 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? | | |
| 1 | | |
| 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). | | |
| 2 | | |
| 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. | | |
| 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> 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. | | | |
| 2a | | | |
| 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. | | | |
| 2b | | | |
| 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 . | | | |
| 3a | | | |
| 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. | | | |
| 3b | | | |

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

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

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

Schedule A (Form 990) 2024

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—provide details in Part VI) | 5 | |
| 6 | Other distributions (describe in Part VI). 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 (provide details in Part VI). 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) | (i) Excess Distributions | (ii) Underdistributions Pre-2024 | (iii) Distributable Amount for 2024 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2024 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). 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, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . 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 . . . | | | |

Schedule A (Form 990) 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 | | | | | | |
|---|-----------------------------|----------|----------|-----------|----------|----------|-----------|
| SCHEDULE A, PART II, LINE 10 - OTHER INCOME | Description | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
| | (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 foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % 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.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|--|
| Name of organization 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.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| | |
|-------------------------|-------------------------|
| ----- ----- ----- | ----- ----- ----- |
|-------------------------|-------------------------|

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| | |
|-------------------------|-------------------------|
| ----- ----- ----- | ----- ----- ----- |
|-------------------------|-------------------------|

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| | |
|-------------------------|-------------------------|
| ----- ----- ----- | ----- ----- ----- |
|-------------------------|-------------------------|

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|-------------------------|-------------------------|-------------------------------------|
| ----- | ----- ----- ----- | ----- ----- ----- | ----- ----- ----- |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

| | |
|-------------------------|-------------------------|
| ----- ----- ----- | ----- ----- ----- |
|-------------------------|-------------------------|

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.

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

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

- Enter the amount of any excise tax incurred by the organization under section 4955 \$
- Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
- Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 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-. | (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. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">IF the amount on line 1e, column (a) or (b) is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>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> </tbody> </table> | | IF the amount on line 1e, column (a) or (b) is: | THEN the lobbying nontaxable amount is: | 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. | | |
| IF the amount on line 1e, column (a) or (b) is: | THEN the lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| 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 | | | | | |

Schedule C (Form 990) 2024

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-A, 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 | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year | |
| 4 Number of states where property subject to conservation easement is located | |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? | <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

c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

| | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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:

(i) Unrelated organizations? ☐ Yes ☐ No

(ii) Related organizations? ☐ Yes ☐ No

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

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 & III-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.

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

| (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 | |
|---|------------------|------------|
| SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES | (a) Description | (b) Amount |
| | 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) | | | | | | | |
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| (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**

Schedule F (Form 990) (Rev. 1-2025)

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 |

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? [X] 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 |

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)

Part II
Grants and Other Assistance to Governments and Organizations in the United States (continued)

| (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 LAKEWOOD 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-ON SLOW 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 |

| 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

| | Yes | No |
|---|-------------------------------------|---|
| 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. <div><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div> | | |
| 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 | 1b | |
| 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? | 2 | |
| 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. <div><input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee</div> | | |
| 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. | 4a 4b 4c | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 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. | 5a 5b | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 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. | 6a 6b | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
| 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 | 7 | <input checked="" type="checkbox"/> |
| 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 | 8 | <input checked="" type="checkbox"/> |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Cat. No. 50053T

Schedule J (Form 990) (Rev. 1-2025)

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--------------------|--|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 | SCOTT T. HAMILTON PRESIDENT/CEO | (i) 277,019 | (ii) 25,000 | (iii) 1,188 | 30,425 | 13,067 | 346,699 | 0 |
| | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | EDWARD P. LORD SVP/GENERAL COUNSEL | (i) 209,724 | (ii) 8,000 | (iii) 774 | 22,142 | 20,416 | 261,056 | 0 |
| | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | ERICA L. SMITH VP OF FINANCE | (i) 163,515 | (ii) 8,000 | (iii) 270 | 17,666 | 24,941 | 214,392 | 0 |
| | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | KASEY E. GINSBERG VP/CHIEF OF STAFF | (i) 160,140 | (ii) 8,000 | (iii) 162 | 16,940 | 12,926 | 198,168 | 0 |
| | | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | JONATHAN P. BOYD VP OF INVESTMENTS | (i) 145,766 | (ii) 2,000 | (iii) 162 | 15,437 | 19,390 | 182,755 | 0 |
| | | (ii) 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 | 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 AFFECTED 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: 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 HARDSHIP ASSISTANCE - PROVISION OF DIRECT GRANTS, LOANS, AND OTHER ASSISTANCE PROGRAMS TO ALLEVIATE ECONOMIC HARDSHIP, 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><thead><tr><th>(a) Description</th><th>(b) Amount</th></tr></thead><tbody><tr><td>CANCELLED GRANTS</td><td>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. | | | | |

| | |
|--|--|
| 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. |