

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2023**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

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

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


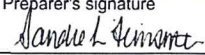
A For the 2023 calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended 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 301 N. WINSTEAD AVENUE, ROCKY MOUNT, NC 27804 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
D Employer identification number 52-2204473 E Telephone number (252) 442-7474 G Gross receipts \$ 212,417,312.	
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	
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) 3 15																																																							
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15																																																							
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 30																																																							
	6 Total number of volunteers (estimate if necessary) 6 16																																																							
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -1,671,557.	7b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b NONE																																																							
	<table border="1"><thead><tr><th></th><th>Prior Year</th><th>Current Year</th></tr></thead><tbody><tr><td>8 Contributions and grants (Part VIII, line 1h)</td><td>29,092,002.</td><td>40,110,208.</td></tr><tr><td>9 Program service revenue (Part VIII, line 2g)</td><td>NONE</td><td>NONE</td></tr><tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>27,563,917.</td><td>39,009,507.</td></tr><tr><td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>1,102,747.</td><td>5,003.</td></tr><tr><td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>57,758,666.</td><td>79,124,718.</td></tr><tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td><td>56,181,459.</td><td>120,711,983.</td></tr><tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td>NONE</td><td>NONE</td></tr><tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td><td>2,992,017.</td><td>3,412,302.</td></tr><tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td>NONE</td><td>NONE</td></tr><tr><td>b Total fundraising expenses (Part IX, column (D), line 25)</td><td>NONE</td><td>NONE</td></tr><tr><td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td><td>4,362,059.</td><td>3,344,261.</td></tr><tr><td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td><td>63,535,535.</td><td>127,468,546.</td></tr><tr><td>19 Revenue less expenses. Subtract line 18 from line 12</td><td>-5,776,869.</td><td>-48,343,828.</td></tr><tr><td rowspan="3">Net Assets or Fund Balances</td><td><table border="1"><thead><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr></thead><tbody><tr><td>20 Total assets (Part X, line 16)</td><td>1,292,166,073.</td><td>1,403,937,165.</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>214,502,164.</td><td>245,570,768.</td></tr><tr><td>22 Net assets or fund balances. Subtract line 21 from line 20</td><td>1,077,663,909.</td><td>1,158,366,397.</td></tr></tbody></table></td></tr></tbody></table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	29,092,002.	40,110,208.	9 Program service revenue (Part VIII, line 2g)	NONE	NONE	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,563,917.	39,009,507.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,102,747.	5,003.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,758,666.	79,124,718.	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	56,181,459.	120,711,983.	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,992,017.	3,412,302.	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE	b Total fundraising expenses (Part IX, column (D), line 25)	NONE	NONE	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,362,059.	3,344,261.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	63,535,535.	127,468,546.	19 Revenue less expenses. Subtract line 18 from line 12	-5,776,869.	-48,343,828.	Net Assets or Fund Balances	<table border="1"><thead><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr></thead><tbody><tr><td>20 Total assets (Part X, line 16)</td><td>1,292,166,073.</td><td>1,403,937,165.</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>214,502,164.</td><td>245,570,768.</td></tr><tr><td>22 Net assets or fund balances. Subtract line 21 from line 20</td><td>1,077,663,909.</td><td>1,158,366,397.</td></tr></tbody></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	1,292,166,073.	1,403,937,165.	21 Total liabilities (Part X, line 26)	214,502,164.	245,570,768.	22 Net assets or fund balances. Subtract line 21 from line 20	1,077,663,909.
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Date 10/23/2024			
	Signature of officer ERICA SMITH Type or print name and title VP OF FINANCE				
Paid Preparer Use Only	Print/Type preparer's name SANDRA L FEINSMITH	Preparer's signature 	Date 10/21/2024	Check <input type="checkbox"/> if self-employed	PTIN P01064157
	Firm's name BDO USA	Firm's EIN 13-5381590			
	Firm's address 421 FAYETTEVILLE STREET, SUITE 300 RALEIGH, NC 27601	Phone no. 919-278-1936			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

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 \$ 123,532,246. including grants of \$ 120,711,983.) (Revenue \$ NONE)
 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 123,532,246.

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 X	
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	X
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 X	
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	X
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	X
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	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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	X
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	X
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	X
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 X	
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	X
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	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
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	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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 X	
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	X
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	X
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	X
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	X
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	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
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 X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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).		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

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	20	
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	NONE	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 30		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<input checked="" type="checkbox"/>	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		<input checked="" type="checkbox"/>	
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)?			<input checked="" type="checkbox"/>
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?			<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<input checked="" type="checkbox"/>
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
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?			<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
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?			<input checked="" type="checkbox"/>
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<input checked="" type="checkbox"/>
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?			<input checked="" type="checkbox"/>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<input checked="" type="checkbox"/>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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 ☒ **X**

Section A. Governing Body and Management

	1a	15	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		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			X
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			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6		X	
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		X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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	X
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	X
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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
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	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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	X
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 _____
- 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 ☒ **X****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	40.00 NONE			X				286,506.	NONE	41,178.
(2) EDWARD P. LORD SVP/GENERAL COUNSEL	40.00 NONE			X				200,676.	NONE	44,537.
(3) ERICA L. SMITH VP OF FINANCE	40.00 NONE			X				160,967.	NONE	40,215.
(4) KASEY E. GINSBERG VP/CHIEF OF STAFF	40.00 NONE			X				158,035.	NONE	28,219.
(5) JONATHAN P. BOYD VP OF INVESTMENTS	40.00 NONE			X				141,801.	NONE	26,671.
(6) TERRI ADOU-DY (ENDED 06/2024) DIR OF PROGRAMS/PROGRAMS ADMIN	40.00 NONE			X				129,303.	NONE	33,460.
(7) ANGELA GAILLIARD DIRECTOR OF PROGRAMS	40.00 NONE			X				112,231.	NONE	33,178.
(8) MARILYN M. CHISM DIRECTOR OF PROGRAMS	40.00 NONE			X				121,863.	NONE	13,929.
(9) RANDY ISENHOWER DIRECTOR	3.00 NONE	X						1,768.	NONE	NONE
(10) DARRYL MOSS DIRECTOR	3.00 NONE	X						1,560.	NONE	NONE
(11) RALPH STRAYHORN, III BOARD CHAIR	15.00 NONE	X		X				1,456.	NONE	NONE
(12) THOMAS F. TAFT, SR. DIRECTOR	3.00 NONE	X						1,352.	NONE	NONE
(13) S. LAWRENCE DAVENPORT DIRECTOR	3.00 NONE	X						1,248.	NONE	NONE
(14) DAVID L. ROSE DIRECTOR	3.00 NONE	X						1,248.	NONE	NONE

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) BOBBIE J. RICHARDSON SECRETARY	3.00 NONE	X		X				1,040.	NONE	NONE
(16) CHARLES P. BROWN DIRECTOR	3.00 NONE	X						1,040.	NONE	NONE
(17) LAURENCE LILLEY DIRECTOR	3.00 NONE	X						1,040.	NONE	NONE
(18) BRIAN RAYNOR VICE CHAIR	3.00 NONE	X		X				832.	NONE	NONE
(19) JOHNATHAN RHYNE, JR. TREASURER/ASST. SECRETARY	3.00 NONE	X		X				624.	NONE	NONE
(20) JEROME VICK (ENDED 07/2023) DIRECTOR	3.00 NONE	X						624.	NONE	NONE
(21) JEFFREY LEE (BEGAN 11/2023) DIRECTOR	3.00 NONE	X						208.	NONE	NONE
(22) BARRY Z. DODSON DIRECTOR	3.00 NONE	X						NONE	NONE	NONE
(23) DONALD E. FLOW DIRECTOR	3.00 NONE	X						NONE	NONE	NONE
(24) BUDDY KELLER DIRECTOR	3.00 NONE	X						NONE	NONE	NONE
1b Sub-total								1,325,422.	NONE	261,387.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,325,422.	NONE	261,387.

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 **8**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>	X	
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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE SCHEDULE O		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

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				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	36,502,210.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	3,607,998.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		40,110,208.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		NONE				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		22,232,757.		-1,671,557.	23,904,314.
	4	Income from investment of tax-exempt bond proceeds . . .		NONE			
	5	Royalties		NONE			
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	7a	150,069,344.					
	b	Less: cost or other basis and sales expenses . .	7b	133,292,594.			
	c	Gain or (loss)	7c	16,776,750.			
	d	Net gain or (loss)		16,776,750.			16,776,750.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	NONE			
	b	Less: direct expenses	8b	NONE			
	c	Net income or (loss) from fundraising events		NONE			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE			
b	Less: direct expenses	9b	NONE				
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances	10a	NONE				
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue				Business Code			
	11a	OTHER INCOME		900099	5,003.		5,003.
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		5,003.				
12	Total revenue. See instructions		79,124,718.		-1,671,557.	40,686,067.	

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	120,711,983.	120,711,983.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,637,801.	958,817.	678,984.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	1,219,150.	1,065,793.	153,357.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	120,262.	104,723.	15,539.	
9 Other employee benefits	245,044.	197,622.	47,422.	
10 Payroll taxes	190,045.	139,817.	50,228.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	280,935.		280,935.	
c Accounting	100,646.		100,646.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	1,749,146.		1,749,146.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	342,600.	210,228.	132,372.	
12 Advertising and promotion	145,054.	17,615.	127,439.	
13 Office expenses	77,754.		77,754.	
14 Information technology	183,356.	27,295.	156,061.	
15 Royalties	NONE			
16 Occupancy	108,438.		108,438.	
17 Travel	77,402.	74,562.	2,840.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	23,791.	23,791.		
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	NONE			
23 Insurance	19,967.		19,967.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a LINE OF CREDIT FEES	119,880.		119,880.	
b BOARD OF DIRECTORS EXPENSES	52,619.		52,619.	
c CAPITAL OUTLAYS	39,238.		39,238.	
d DUES AND MEMBERSHIPS	13,891.		13,891.	
e All other expenses	9,544.		9,544.	
25 Total functional expenses. Add lines 1 through 24e	127,468,546.	123,532,246.	3,936,300.	NONE
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	1,205,375.	1	368,576.
	2 Savings and temporary cash investments.	NONE	2	227,721.
	3 Pledges and grants receivable, net	NONE	3	NONE
	4 Accounts receivable, net	2,886,497.	4	2,476,351.
	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	NONE	5	NONE
	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).	NONE	6	NONE
	7 Notes and loans receivable, net	19,821.	7	14,866.
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	120,162.	9	132,069.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a NONE		
	b Less: accumulated depreciation.	10b NONE	10c NONE	NONE
	11 Investments - publicly traded securities.	509,842,313.	11	583,295,597.
	12 Investments - other securities. See Part IV, line 11.	778,091,905.	12	817,421,985.
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	NONE	15	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,292,166,073.	16	1,403,937,165.	
Liabilities	17 Accounts payable and accrued expenses.	208,764.	17	230,414.
	18 Grants payable	214,293,400.	18	245,340,354.
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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	NONE	25	NONE
	26 Total liabilities. Add lines 17 through 25.	214,502,164.	26	245,570,768.
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	NONE	29	NONE
	30 Paid-in or capital surplus, or land, building, or equipment fund	NONE	30	NONE
	31 Retained earnings, endowment, accumulated income, or other funds	1,077,663,909.	31	1,158,366,397.
	32 Total net assets or fund balances	1,077,663,909.	32	1,158,366,397.
33 Total liabilities and net assets/fund balances.	1,292,166,073.	33	1,403,937,165.	

Form **990** (2023)

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	79,124,718.
2	Total expenses (must equal Part IX, column (A), line 25)	2	127,468,546.
3	Revenue less expenses. Subtract line 2 from line 1	3	-48,343,828.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,077,663,909.
5	Net unrealized gains (losses) on investments	5	122,372,470.
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	6,673,846.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,158,366,397.

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2023)

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

2023

**Open to Public
Inspection**

Name of the organization

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

Employer identification number

52-2204473

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	42,706,990.	95,710,093.	42,778,981.	29,092,002.	40,110,208.	250,398,274.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	42,706,990.	95,710,093.	42,778,981.	29,092,002.	40,110,208.	250,398,274.
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).						NONE
6 Public support. Subtract line 5 from line 4						250,398,274.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	42,706,990.	95,710,093.	42,778,981.	29,092,002.	40,110,208.	250,398,274.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,352,323.	11,741,778.	14,919,713.	19,494,759.	23,904,314.	86,412,887.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	NONE	NONE	NONE	NONE	NONE	NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	390.	NONE	NONE	1,102,747.	5,003.	1,108,140.
11 Total support. Add lines 7 through 10						337,919,301.
12 Gross receipts from related activities, etc. (see instructions)					12	NONE
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 2023 (line 6, column (f), divided by line 11, column (f))	14	74.10 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	76.88 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
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.		
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.		
1		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
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.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
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 VII*). 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) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
OTHER INCOME	390.	NONE	NONE	NONE	5,003.	5,393.
FIBER-OPTIC CABLE LINES	NONE	NONE	NONE	1,102,747.	NONE	1,102,747.

TOTALS	390.	NONE	NONE	1,102,747.	5,003.	1,108,140.
=====						

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

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

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 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	N/A	\$ 40,110,208.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	
 	 	\$ 	

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE 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

2023

**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 B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and 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	Employer identification number
THE GOLDEN L.E.A.F., INC	52-2204473

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) 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.

Schedule C (Form 990) 2023

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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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:	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:	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) 2020	(b) 2021	(c) 2022	(d) 2023	(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) 2023

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		19,199.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			19,199.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
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 PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY - FORM 990, SCHEDULE C, PART II-B, LINE 1G:

THESE EXPENSES REPRESENT SALARY AND BENEFITS FOR OUR VP/CHIEF OF STAFF
AND FOR OUR 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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

2023

**Open to Public
Inspection**

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.	\$

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

Schedule D (Form 990) 2023

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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) SEE SUPPLEMENTAL PAGE		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	817,421,985.	

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	199,748,042.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	122,372,470.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	122,372,470.
3	Subtract line 2e from line 1	3	77,375,572.
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	1,749,146.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,749,146.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	79,124,718.

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	119,045,554.
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	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	119,045,554.
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	1,749,146.
b	Other (Describe in Part XIII.)	4b	6,673,846.
c	Add lines 4a and 4b	4c	8,422,992.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	127,468,546.

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.

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

FORM 990, SCHEDULE D, PART XII, LINE 4B:

CANCELLED GRANTS \$6,673,846

Part XIII Supplemental Information (continued)

SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

DESCRIPTION -----	BOOK VALUE -----	COST OR FMV -----
AG REALTY VII, VIII, X & XI	12,920,964.	FMV
AUDAX FUND VII-A	4,871,322.	FMV
BAIN CAPITAL REAL ESTATE II-B	12,035,141.	FMV
BEACON CPTL STRATEGIC PTRS VI	19,146.	FMV
BRIGHTSTAR CAPITAL PARTNERS II	17,112,003.	FMV
CANTILLON GLOBAL EQUITY FUND	112,417,174.	FMV
CARNELIAN ENERGY CAPITAL IV,LP	7,368,603.	FMV
CAROUSEL CAPITAL PTRS IV,V& VI	21,327,953.	FMV
DENHAM CMDTY PRTNRS FUND V&VI	3,218,122.	FMV
ENCAP ENERGY CAPITAL FUNDS	36,316,981.	FMV
EVOLUTION TECHNOLOGY FUND III	3,473,848.	FMV
FARALLON CAPITAL INSTITUTIONAL	36,619,735.	FMV
FPA HAWKEYE FUND, LLC	85,429.	FMV
FRONTIER FUND VI, LP	6,638,568.	FMV
HARPOON	609,885.	FMV
JUNIPERUS INSURANCE OPP. FUND	14,227,156.	FMV
KIMMERIDGE ENERGY FUND VI, LP	8,712,738.	FMV
KING STREET CAPITAL, LTD	2,133,816.	FMV
LEXINGTON CAPITAL PTRS V& VI-A	88,583.	FMV
LONE CASCADE, L.P	78,497,810.	FMV
MATRIX CAPITAL MGMT FUND	67,105,109.	FMV
NB SECONDARY OPP FUND V, L.P	8,528,026.	FMV
NORTH ROCK FUND, LTD.	42,818,530.	FMV
NUT TREE OFFSHORE FUND, LTD	42,436,530.	FMV
NUT TREE DRAWDOWN	1,022,772.	FMV
SCULPTOR REAL ESTATE FUND III	932,225.	FMV
SCULPTOR OVERSEAS FUND II, LTD	128,384.	FMV
SHEPHERD INVESTMENTS INTL, LTD	30,282.	FMV
SILCHESTER INTL VALUE EQUITY	82,137,755.	FMV
SILVER POINT	3,299,125.	FMV
TACONIC OPP. OFFSHORE FUND,LTD	33,012,126.	FMV
TRILANTIC CAPITAL PARTNERS VI	11,550,284.	FMV
TRUEBRIDGE CAPITAL PTRS FUNDS	38,316,342.	FMV
VARDE CREDIT PARTNERS	29,500,526.	FMV
VARDE FUND IX, X, XI, XII&XIII	17,774,695.	FMV
WARBURG PINCUS X	347,270.	FMV
WELLINGTON ARCHIPELAGO	17,414,655.	FMV
WELLINGTON BAY POND	60,004.	FMV
WELLINGTON CTF EMERGING MKTS	31,966,957.	FMV
WHI REAL ESTATE PARTNERS V	10,345,411.	FMV

TOTALS	817,421,985.	
	=====	

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

2023

**Open to Public
Inspection**

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/CARIBBEAN	NONE	NONE	INVESTMENTS		187,315,453.
(2) EUROPE	NONE	NONE	INVESTMENTS		112,417,174.
(3) NORTH AMERICA	NONE	NONE	INVESTMENTS		31,701,815.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			331,434,442.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			331,434,442.

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

Schedule F (Form 990) 2023

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

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

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

3 Enter total number of other organizations or entities

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

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

Part IV Foreign Forms

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

Schedule F (Form 990) 2023

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

**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 the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

52-2204473

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) A TOUCH OF THE FATHER'S LOVE, INC. 5193 MOMEYER WAY NASHVILLE, NC 27856	80-0753276	501(C)(3)	49,472.				SEE PART IV
(2) ALAMANCE COMMUNITY COLLEGE P.O. BOX 8000 GRAHAM, NC 27253	56-6052379	GOV'T ENTIT	1,000,000.				SEE PART IV
(3) ALLIANCE OF AIDS SERVICES-CAROLINA 3109 POPLARWOOD COURT RALEIGH, NC 27604	56-2158082	501(C)(3)	89,748.				SEE PART IV
(4) APPALACHIAN STATE UNIVERSITY P.O. BOX 32174 BOONE, NC 28608	56-1176030	GOV'T ENTIT	200,000.				SEE PART IV
(5) ASHE FOOD PANTRY, INC. P.O. BOX 705 JEFFERSON, NC 28640	58-1574702	501(C)(3)	205,864.				SEE PART IV
(6) BEACH FOOD PANTRY, INC. P.O. BOX 468 KITTY HAWK, NC 27949	65-1221385	501(C)(3)	89,444.				SEE PART IV
(7) BLADEN'S BLOOMIN' AGRI-INDUSTRIAL, INC. 218A AVIATION PKWY ELIZABETHTOWN, NC 28337	46-0502334	501(C)(3)	2,550,000.				SEE PART IV
(8) BOUNTY & SOUL 999 OLD US HWY 70 W BLACK MTN, NC 28711	46-4759362	501(C)(3)	39,201.				SEE PART IV
(9) BREAD FOR LIFE SENIOR PANTRY 108 N. KERR AVENUE WILMINGTON, NC 28405	83-3009919	501(C)(3)	10,094.				SEE PART IV
(10) BRICK CAPITAL COMMUNITY DEVELOPMENT CORP. P.O. BOX 568 SANFORD, NC 27331	56-1706757	501(C)(3)	450,000.				SEE PART IV
(11) BRUNSWICK FAMILY ASSISTANCE AGENCY, INC. P.O. BOX 1551 SHALLLOTTE, NC 28459	56-1309961	501(C)(3)	48,102.				SEE PART IV
(12) BURKE P'SHIP FOR ECONOMIC DEVELOPMENT, INC. 2128 S. STERLING ST. MORGANTON, NC 28655	59-3762106	501(C)(3)	50,000.				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 118

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

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

Schedule I (Form 990) 2023

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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.
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OMB No. 1545-0047

2023

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Employer identification number

52-2204473

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CARTERET COMMUNITY COLLEGE FOUNDATION, INC. 3505 ARENDELL ST. MOREHEAD CITY, NC 28557	51-6089453	501(C)(3)	125,000.				SEE PART IV
(2) CHEROKEE COUNTY LOCAL GOVERNMENT 75 PEACHTREE STREET MURPHY, NC 28906	56-6000285	GOV'T ENTIT	50,000.				SEE PART IV
(3) CITY OF BREVARD 95 W MAIN STREET BREVARD, NC 28712	56-6001186	GOV'T ENTIT	250,000.				SEE PART IV
(4) CITY OF DUNN P.O. BOX 1065 DUNN, NC 28335	56-6001214	GOV'T ENTIT	500,000.				SEE PART IV
(5) CITY OF DURHAM 101 CITY HALL PLAZA DURHAM, NC 27701	56-6000225	GOV'T ENTIT	250,000.				SEE PART IV
(6) CITY OF ELIZABETH CITY 306 E COLONIAL AVE ELIZABETH CITY, NC 27909	56-6000226	GOV'T ENTIT	1,528,000.				SEE PART IV
(7) CITY OF FAYETTEVILLE 433 HAY STREET FAYETTEVILLE, NC 28301-5537	56-6001226	GOV'T ENTIT	1,200,000.				SEE PART IV
(8) CITY OF GASTONIA P.O. BOX 1748 GASTONIA, NC 28053-1748	56-6000227	GOV'T ENTIT	1,750,000.				SEE PART IV
(9) CITY OF HENDERSONVILLE 160 6TH AVE E HENDERSONVILLE, NC 28792	56-6001242	GOV'T ENTIT	250,000.				SEE PART IV
(10) CITY OF HICKORY P.O. BOX 398 HICKORY, NC 28603	56-6001244	GOV'T ENTIT	200,000.				SEE PART IV
(11) CITY OF LUMBERTON P.O. DRAWER 1388 LUMBERTON, NC 28359-1388	56-6001274	GOV'T ENTIT	250,000.				SEE PART IV
(12) CITY OF MOUNT AIRY 300 SOUTH MAIN ST. MOUNT AIRY, NC 27030	56-6001293	GOV'T ENTIT	1,500,000.				SEE PART IV

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

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

**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.

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OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

52-2204473

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITY OF NEW BERN P.O. BOX 1129 NEW BERN, NC 28563-1129	56-6000235	GOV'T ENTIT	250,000.				SEE PART IV
(2) CITY OF RALEIGH STORMWATER MGMT. DIVISION 127 W HARGETT ST. 8TH FL RALEIGH, NC 27601	56-6000236	GOV'T ENTIT	250,000.				SEE PART IV
(3) CITY OF SANFORD P.O. BOX 3729 SANFORD, NC 27330	56-6001328	GOV'T ENTIT	55,100,000.				SEE PART IV
(4) CITY OF SOUTHPORT 1029 N. HOWE STREET SOUTHPORT, NC 28461	56-6001338	GOV'T ENTIT	250,000.				SEE PART IV
(5) CITY OF STATESVILLE, NC P.O. BOX 1111 STATESVILLE, NC 28687	56-6001345	GOV'T ENTIT	145,000.				SEE PART IV
(6) CITY OF WHITEVILLE P.O. BOX 607 WHITEVILLE, NC 28472	56-6001372	GOV'T ENTIT	1,180,800.				SEE PART IV
(7) CITY OF WILSON P.O. BOX 10 WILSON, NC 27894	56-6000240	GOV'T ENTIT	875,331.				SEE PART IV
(8) COMMON HEART, INC. P.O. BOX 2761 INDIAN TRAIL, NC 28079	46-1161476	501(C)(3)	86,405.				SEE PART IV
(9) COUNTY OF ALAMANCE 124 W. ELM STREET GRAHAM, NC 27253	56-6000271	GOV'T ENTIT	300,000.				SEE PART IV
(10) COUNTY OF ASHE 150 GOVERNMENT CIRCLE JEFFERSON, NC 28640	56-6000274	GOV'T ENTIT	40,000.				SEE PART IV
(11) COUNTY OF BRUNSWICK P.O. BOX 249 BOLIVIA, NC 28422	56-6000278	GOV'T ENTIT	3,000,000.				SEE PART IV
(12) COUNTY OF CALDWELL P.O. BOX 2200 LENOIR, NC 28645	56-6001967	GOV'T ENTIT	50,000.				SEE PART IV

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

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

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

Schedule I (Form 990) 2023

Employer identification number
52-2204473

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COUNTY OF COLUMBUS 127 W. WEBSTER STREET WHITEVILLE, NC 28472	56-6000289	GOV'T ENTIT	640,000.				SEE PART IV
(2) COUNTY OF DAVIDSON P.O. BOX 1067 LEXINGTON, NC 27293-1067	56-6000294	GOV'T ENTIT	250,000.				SEE PART IV
(3) COUNTY OF FRANKLIN 113 MARKET STREET LOUISBURG, NC 27549	56-6000299	GOV'T ENTIT	50,000.				SEE PART IV
(4) COUNTY OF GREENE 229 KINGOLD BLVD SNOW HILL, NC 28580	56-6000304	GOV'T ENTIT	15,000.				SEE PART IV
(5) COUNTY OF HALIFAX P.O. BOX 38 HALIFAX, NC 27839	56-6001836	GOV'T ENTIT	27,000.				SEE PART IV
(6) COUNTY OF NASH 120 W. WASHINGTON NASHVILLE, NC 27856	56-6000323	GOV'T ENTIT	34,000.				SEE PART IV
(7) COUNTY OF NORTHAMPTON 109 COMMUNITY COLLEGE RD AHOSKIE, NC 27910	56-6000325	GOV'T ENTIT	49,200.				SEE PART IV
(8) COUNTY OF RANDOLPH 725 MCDOWELL ROAD ASHEBORO, NC 27205	56-6001526	GOV'T ENTIT	1,400,000.				SEE PART IV
(9) COUNTY OF ROBESON 701 NORTH ELM STREET LUMBERTON, NC 28358	56-6000335	GOV'T ENTIT	50,000.				SEE PART IV
(10) COUNTY OF ROCKINGHAM P.O. BOX 66 WENTWORTH, NC 27375	56-6001527	GOV'T ENTIT	700,000.				SEE PART IV
(11) COUNTY OF WARREN P.O. BOX 619 WARRENTON, NC 27589	56-6000348	GOV'T ENTIT	42,500.				SEE PART IV
(12) DAVIDSON-DAVIE COMMUNITY COLLEGE P.O. BOX 1287 LEXINGTON, NC 27293-1287	56-0792247	GOV'T ENTIT	725,235.				SEE PART IV

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

Employer identification number
52-2204473

Part I

General Information on Grants and Assistance

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

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DAVIE COUNTY SCHOOLS 1200 SALISBURY RD MOCKSVILLE, NC 27028	56-6001019	ED TAX EXEM	1,500,000.				SEE PART IV
(2) EDENTON-CHOWAN PARTNERSHIP, INC. 101 W WATER ST EDENTON, NC 27932	56-1978763	501(C)(3)	40,400.				SEE PART IV
(3) FARMER FOODSHARE 902 N MANGUM ST DURHAM, NC 27701	27-3717889	501(C)(3)	58,333.				SEE PART IV
(4) FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE P.O. BOX 35236 FAYETTEVILLE, NC 28303-4851	56-0791849	GOV'T ENTIT	500,000.				SEE PART IV
(5) FIVE POINT CENTER, INC. P.O. BOX 2363 ROBBINSVILLE, NC 28771	85-4240234	501(C)(3)	51,768.				SEE PART IV
(6) FOOD FOR FAMILIES NC, INC. 2001 VAN BUREN AVE. INDIAN TRAIL, NC 28079	47-1895897	501(C)(3)	7,199.				SEE PART IV
(7) FORSYTH TECHNICAL COMMUNITY COLLEGE 2100 SILAS CREEK PK WINSTON-SALEM, NC 27103	56-0792614	GOV'T ENTIT	309,000.				SEE PART IV
(8) GREENVILLE UTILITIES COMMISSION (GUC) P.O. BOX 1847 GREENVILLE, NC 27835	56-6000517	GOV'T ENTIT	2,000,000.				SEE PART IV
(9) GUILFORD TECHNICAL COMMUNITY COLLEGE P.O. BOX 309 JAMESTOWN, NC 27282	56-0792519	GOV'T ENTIT	310,000.				SEE PART IV
(10) GUILFORDWORKS / WORKFORCE DEVELOPMENT BOARD 301 S. GREENE ST GREENSBORO, NC 27401	56-6000230	GOV'T ENTIT	384,550.				SEE PART IV
(11) HARNETT COUNTY ECONOMIC DEVELOPMENT P'SHIP P.O. BOX 1270 LILLINGTON, NC 27546	56-1924426	501(C)(3)	547,885.				SEE PART IV
(12) HOPE STREET FOOD PANTRY INC. 4100 JOHNSTON OEHLER RD CHARLOTTE, NC 28269	83-3577031	501(C)(3)	56,618.				SEE PART IV

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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.
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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JONES COUNTY COMMUNITY HOPE, INC. P.O. BOX 773 TRENTON, NC 28585	81-3323723	501(C)(3)	89,500.				SEE PART IV
(2) KELLY SERVICES, INC. 999 W. BIG BEAVER ROAD TROY, MI 48084	38-1510762		390,000.				SEE PART IV
(3) MADISON COUNTY ECONOMIC DEVELOPMENT 5707 US HWY 25 70 MARSHALL, NC 28753	56-6000316	GOV'T ENTIT	1,500,000.				SEE PART IV
(4) MCDOWELL LFAC 263 BARNES RD, SUITE J, MARION, NC 28572	83-2141213	501(C)(3)	15,120.				SEE PART IV
(5) MCNC P.O. BOX 12889 DURHAM, NC 27703	58-1406628	501(C)(3)	1,099,560.				SEE PART IV
(6) MEALS ON WHEELS OF DURHAM, INC. 2522 ROSS ROAD DURHAM, NC 27703	56-1729111	501(C)(3)	96,700.				SEE PART IV
(7) MOUNT AIRY CITY SCHOOLS 351 RIVERSIDE DRIVE MOUNT AIRY, NC 27030	56-6001082	ED TAX EXEM	200,000.				SEE PART IV
(8) NORTH CAROLINA CHAMBER FOUNDATION 701 CORPORATE CENTER DR. RALEIGH, NC 27607	56-1918853	501(C)(3)	1,000,000.				SEE PART IV
(9) NORTH CAROLINA COMMUNITY COLLEGE SYSTEM 5016 MAIL SVCS CENTER RALEIGH, NC 27699	56-1288079	GOV'T ENTIT	2,100,000.				SEE PART IV
(10) NC COOPERATIVE EXTN - CASWELL COUNTY CTR P.O. BOX 220 YANCEYVILLE, NC 27379	56-6000283	GOV'T ENTIT	120,000.				SEE PART IV
(11) NORTH CAROLINA GLOBAL TRANSPARK AUTHORITY 2780 JETPORT RD KINSTON, NC 28504	56-1767291	GOV'T ENTIT	10,000,000.				SEE PART IV
(12) NC STATE EDUCATION ASSISTANCE AUTHORITY P.O. BOX 41046 RALEIGH, NC 27629	56-6172047	GOV'T ENTIT	3,105,284.				SEE PART IV

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

**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.

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Part I General Information on Grants and Assistance

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

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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) NORTH CAROLINA STATE UNIVERSITY 2601 WOLF VILLAGE WAY RALEIGH, NC 27695	56-6000756	GOV'T ENTIT	500,000.				SEE PART IV
(2) NORTH CAROLINA WESLEYAN UNIVERSITY 3400 N WESLEYAN BLVD ROCKY MOUNT, NC 27804	56-0686603	ED TAX EXEM	500,000.				SEE PART IV
(3) NUSSBAUM CENTER FOR ENTREPRENEURSHIP 1451 S. ELM EUGENE ST GREENSBORO, NC 27406	56-1577495	501(C)(3)	750,000.				SEE PART IV
(4) ONE STEP FURTHER, INC. 623 EUGENE COURT GREENSBORO, NC 27401	58-1484818	501(C)(3)	30,481.				SEE PART IV
(5) PIEDMONT COMMUNITY COLLEGE FOUNDATION, INC. P.O. BOX 1101 ROXBORO, NC 27573	56-1374039	501(C)(3)	250,000.				SEE PART IV
(6) RESTORING HOPE CENTER, INC. 507 WARREN AVENUE LAURINBURG, NC 28352	55-4627519	501(C)(3)	52,659.				SEE PART IV
(7) ROANOKE CHOWAN COMMUNITY HEALTH CNTR, INC. 120 HEALTH CENTER DRIVE AHOSKIE, NC 27910	42-1638714	501(C)(3)	500,000.				SEE PART IV
(8) ROCKINGHAM COMMUNITY COLLEGE P.O. BOX 38 WENTWORTH, NC 27289	56-0812577	GOV'T ENTIT	800,000.				SEE PART IV
(9) RURAL ECONOMIC DEVELOPMENT CENTER, INC. 4021 CARYA DR. RALEIGH, NC 27610	56-1552375	501(C)(3)	7,425.				SEE PART IV
(10) SCOTLAND COUNTY ECONOMIC DEVELOPMENT CORP. 16800A US HWY 401 LAURINBURG, NC 28352	26-2016762	501(C)(3)	50,000.				SEE PART IV
(11) SHARE THE TABLE, INC. P.O. BOX 4170 SURF CITY, NC 28445	35-2587416	501(C)(3)	65,000.				SEE PART IV
(12) S. PIEDMONT COMM. COLLEGE FOUNDATION, INC. P.O. BOX 126 POLKTON, NC 28135	56-1892461	501(C)(3)	200,000.				SEE PART IV

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

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

Schedule I (Form 990) 2023

Employer identification number
52-2204473

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SOUTHEASTERN COMMUNITY COLLEGE P.O. BOX 151 WHITEVILLE, NC 28472	56-0815200	GOV'T ENTIT	199,100.				SEE PART IV
(2) SOUTHWESTERN COMMUNITY COLLEGE 447 COLLEGE DRIVE SYLVA, NC 28779	56-0894556	GOV'T ENTIT	500,000.				SEE PART IV
(3) STECOAH VALLEY ARTS, CRAFTS & EDU CTR, INC. 121 SCHOOLHOUSE RD ROBBINSVILLE, NC 28771	56-1935344	501(C)(3)	9,705.				SEE PART IV
(4) STRATEGIC TWIN COUNTIES EDU. P'SHIP (STEP) 101 COASTLINE STREET, ROCKY MOUNT, NC 27802	45-5358881	501(C)(3)	200,000.				SEE PART IV
(5) SURRY COUNTY SCHOOLS 209 NORTH CRUTCHFIELD ST DOBSON, NC 27017	56-6001117	ED TAX EXEM	603,230.				SEE PART IV
(6) TARBORO COMMUNITY OUTREACH, INC. 701 CEDAR LANE TARBORO, NC 27886	56-1557200	501(C)(3)	9,764.				SEE PART IV
(7) THE INTL. FRIENDSHIP CENTER OF HIGHLANDS 348 SOUTH 5TH STREET HIGHLANDS, NC 28741	56-2303345	501(C)(3)	9,493.				SEE PART IV
(8) THE OCRACOKE FOUNDATION, INC. P.O. BOX 1689 OCRACOKE, NC 27960	56-2602254	501(C)(3)	200,000.				SEE PART IV
(9) THE OPEN DOOR OF PERQUIMANS COUNTY, INC. P.O. BOX 721 HERTFORD, NC 27944	58-1492428	501(C)(3)	38,676.				SEE PART IV
(10) THOMASVILLE COMMUNITY MINISTRY INC. 10 W GUILFORD STREET THOMASVILLE, NC 27360	56-1877251	501(C)(3)	67,600.				SEE PART IV
(11) TOWN OF BEECH MOUNTAIN 403 BEECH MT. PKWY BEECH MOUNTAIN, NC 28622	56-1308040	GOV'T ENTIT	995,000.				SEE PART IV
(12) TOWN OF BEULAVILLE 58 EAST MAIN STREET BEULAVILLE, NC 28518	56-6015870	GOV'T ENTIT	243,406.				SEE PART IV

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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 the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

52-2204473

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TOWN OF BOILING SPRINGS 114 E COLLEGE AVE BOILING SPRINGS, NC 28017	56-6018025	GOV'T ENTIT	41,000.				SEE PART IV
(2) TOWN OF CROSSNORE P.O. BOX 129 CROSSNORE, NC 28616	56-1121430	GOV'T ENTIT	1,086,000.				SEE PART IV
(3) TOWN OF HERTFORD P.O. BOX 32 HERTFORD, NC 27944-0032	56-6001243	GOV'T ENTIT	650,600.				SEE PART IV
(4) TOWN OF JAMESTOWN 301 E. MAIN STREET JAMESTOWN, NC 27282	56-6002751	GOV'T ENTIT	769,000.				SEE PART IV
(5) TOWN OF LAKE SANTEETLAH 16 MARINA DRIVE LAKE SANTEETLAH, NC 28771	56-1619316	GOV'T ENTIT	72,697.				SEE PART IV
(6) TOWN OF LILLINGTON P.O. BOX 296 LILLINGTON, NC 27546	56-6001268	GOV'T ENTIT	1,050,000.				SEE PART IV
(7) TOWN OF NAGS HEAD P.O. BOX 99 NAGS HEAD, NC 27959	56-6034273	GOV'T ENTIT	478,850.				SEE PART IV
(8) TOWN OF OAK ISLAND 4601 E. OAK ISLAND DR OAK ISLAND, NC 28465	56-6021949	GOV'T ENTIT	579,500.				SEE PART IV
(9) TOWN OF POLLOCKSVILLE P.O. BOX 97 POLLOCKSVILLE, NC 28573-0097	56-1054547	GOV'T ENTIT	250,000.				SEE PART IV
(10) TOWN OF ROSE HILL P.O. BOX 8 ROSE HILL, NC 28458	56-6003479	GOV'T ENTIT	395,800.				SEE PART IV
(11) TOWN OF ROSEBORO P.O. BOX 848 ROSEBORO, NC 28382	56-6001324	GOV'T ENTIT	169,488.				SEE PART IV
(12) TOWN OF SPRING HOPE 118 W RAILROAD ST SPRING HOPE, NC 27896	56-6001341	GOV'T ENTIT	200,000.				SEE PART IV

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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 the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

52-2204473

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TOWN OF SPRING LAKE STORMWATER ADMIN. 300 RUTH STREET SPRING LAKE, NC 28390	56-6003437	GOV'T ENTIT	750,000.				SEE PART IV
(2) TOWN OF TABOR CITY P.O. DRAWER 655 TABOR CITY, NC 28463	56-6001349	GOV'T ENTIT	43,500.				SEE PART IV
(3) TOWN OF TRENT WOODS 898 CHELSEA ROAD TRENT WOODS, NC 28562	56-1015997	GOV'T ENTIT	693,706.				SEE PART IV
(4) TOWN OF WARRENTON P.O. BOX 281 WARRENTON, NC 27589	56-6001362	GOV'T ENTIT	196,448.				SEE PART IV
(5) TOWN OF WEST JEFFERSON P.O. BOX 490 WEST JEFFERSON, NC 28694	56-6001371	GOV'T ENTIT	210,000.				SEE PART IV
(6) TRI-COUNTY COMMUNITY COLLEGE 21 CAMPUS CIRCLE MURPHY, NC 28906	56-0896010	GOV'T ENTIT	480,000.				SEE PART IV
(7) COUNTY OF WASHINGTON P.O. BOX 1007 PLYMOUTH, NC 27962	56-6000349	GOV'T ENTIT	15,000.				SEE PART IV
(8) WESTERN CAROLINA UNIVERSITY 4121 LITTLE SAVANNAH RD CULLOWHEE, NC 28723	56-6001440	GOV'T ENTIT	200,000.				SEE PART IV
(9) WILKES ECONOMIC DEVELOPMENT CORPORATION 213 NINTH STREET NORTH WILKESBORO, NC 28659	56-1957642	501(C)(3)	1,500,000.				SEE PART IV
(10) WILSON YOUTH UNITED, INC. 910 TARBORO ST. W WILSON, NC 27893	27-1604121	501(C)(3)	75,042.				SEE PART IV
(11) YADKIN COUNTY SCHOOLS 121 WASHINGTON ST. YADKINVILLE, NC 27055	56-6001137	ED TAX EXEM	393,000.				SEE PART IV
(12)							

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

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

Schedule I (Form 990) 2023

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV

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

GRANTS MONITORING - FORM 990, SCHEDULE I, LINE 2:

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

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

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

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV

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

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

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV

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

THOSE WITH LESS GRANTS MANAGEMENT EXPERIENCE AND CAPACITY, RECEIVING MORE

INTENSIVE MONITORING.

SCHEDULE I, PART II, COLUMN H, PURPOSE OF GRANT OR ASSISTANCE:

1. FOOD DISTRIBUTION ASSISTANCE PROGRAM
2. ACC VETERINARY MEDICAL TECHNICIAN PROGRAM
3. FOOD DISTRIBUTION ASSISTANCE PROGRAM
4. START-UP SUPPORT FOR A NEW OCCUPATIONAL THERAPY TRAINING PROGRAM
5. FOOD DISTRIBUTION ASSISTANCE PROGRAM

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

6. FOOD DISTRIBUTION ASSISTANCE PROGRAM

7. PROJECT SPARK & BBAI AVIATION INCUBATOR 2

8. FOOD DISTRIBUTION ASSISTANCE PROGRAM

9. FOOD DISTRIBUTION ASSISTANCE PROGRAM

10. WASHINGTON AVENUE WORKFORCE HOUSING

11. FOOD DISTRIBUTION ASSISTANCE PROGRAM

12. GREAT MEADOWS SITE

13. PILOT EXPANDING THE WELDING PATHWAYS AT CROATAN HIGH SCHOOL

14. INDUSTRIAL PARK - DUE DILIGENCE

15. BREVARD TIMES ARCADE ALLEY FLOOD MITIGATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

16. CITY OF DUNN GOLDEN LEAF FLOOD MITIGATION PROJECT
17. BELT STREET DRAINAGE IMPROVEMENTS
18. DAWSON CANAL AND OUTFALL RESTORATION PROJECT
19. BLOUNTS CREEK STREAM ENHANCEMENT DETAILED DESIGN AND CONSTRUCTION &
BLOUNTS CREEK STREAM ENHANCEMENT CONCEPTUAL DESIGN
20. DUHARTS CREEK STREAM RESTORATION AND STORMWATER IMPROVEMENT & APPLE
CREEK CORPORATE PARK SEWER IMPROVEMENTS
21. LOWER MUD CREEK FLOOD RISK REDUCTION - PHASE 2
22. FAIRGROVE BUSINESS PARK ACCESS ROAD
23. CITY OF LUMBERTON - FIRST FLOOD MITIGATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

24. WESTWOOD INDUSTRIAL PARK SITE DEVELOPMENT

25. ELIZABETH AVENUE DRAINAGE IMPROVEMENTS

26. KINGSBOROUGH ESTATES STORMWATER FLOOD MITIGATION DESIGN

27. SANFORD-PITTSBORO SEWER FORCE MAIN AND OTHER UTILITIES IMPROVEMENTS

PROJECT

28. CITY OF SOUTHPORT STORMWATER MAPPING & PLANNING

29. SUNNINGDALE LANE CULVERT PROJECT

30. PHASE 3 STORMWATER IMPROVEMENTS

31. COMMUNITY-DRIVEN FLOOD MITIGATION FOR UNDERSERVED COMMUNITIES IN

WILSON, NC

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

32. FOOD DISTRIBUTION ASSISTANCE PROGRAM

33. FIELD CROP SUSTAINABILITY INITIATIVE

34. ASHE COUNTY - SHELL BUILDING

35. HWY 74/76 INDUSTRIAL PARKS WATER TANK PROJECT

36. FOOTHILLS REGIONAL AIRPORT INDUSTRIAL PARK DUE DILIGENCE

37. PROJECT BUILD & SOUTHEAST REGIONAL PARK SITE DEVELOPMENT

38. PROJECT NEXT

39. FRANKLIN COUNTY, TRIANGLE NORTH FRANKLIN, SHELL BUILDING

40. GREENE COUNTY SITE IDENTIFICATION

41. HALIFAX COUNTY INDUSTRIAL SHELL BUILDING

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

42. WBIC PHASE II FUNDING
43. NORTHAMPTON COUNTY COMMERCE PARK
44. FOOD, FARM, AND FAMILY AGRICULTURAL CENTER & JK88-ROAD IMPROVEMENTS
45. ROBESON COUNTY SHELL PROJECT
46. ROCKINGHAM COUNTY LIVESTOCK MARKETING AND EDUCATION COMPLEX
47. HWY 1 INDUSTRIAL PARCELS DUE DILIGENCE
48. REGIONAL TRAINING AND DISTRIBUTION CENTER FOR EMERGENCY RESPONSE AND
PUBLIC HEALTH
49. DCHS ADVANCED MANUFACTURING LAB
50. EDENTON CHOWAN AIRPORT INDUSTRIAL PARK

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

51. FARMER FOODSHARE: POST-PANDEMIC FOOD HUB PROGRAM REVITALIZATION,

DIVERSIFICATION & EXPANSION PROJECT

52. REGIONAL SUPPLY CHAIN TRANSPORT COMPLEX

53. FOOD DISTRIBUTION ASSISTANCE PROGRAM

54. FOOD DISTRIBUTION ASSISTANCE PROGRAM

55. EMERGENCY SERVICES SIMULATION LAB AND SOFTWARE

56. PROJECT GEN SUBSTATION

57. WORKFORCE CONTINUING EDUCATION (WCE)

58. PIPELINE BUILDING IN ADVANCED MANUFACTURING CERTIFICATIONS

59. EDGERTON INDUSTRIAL PARK SITE DEVELOPMENT - HARNETT COUNTY, NORTH

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV

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

CAROLINA

60. FOOD DISTRIBUTION ASSISTANCE PROGRAM

61. FOOD DISTRIBUTION ASSISTANCE PROGRAM

62. DIRECT SOURCING

63. MADISON COUNTY INDUSTRIAL SITE

64. FOOD DISTRIBUTION ASSISTANCE PROGRAM

65. EASTERN NORTH CAROLINA BROADBAND HERO PROJECT: HIGH-SPEED ECONOMIES
FOR RURAL OPPORTUNITY

66. FOOD DISTRIBUTION ASSISTANCE PROGRAM

67. SCHOOL TO HEALTHCARE WORKFORCE PIPELINE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

68. NC AG LEADS/STRATEGIC PLANNING PROCESS

69. GOLDEN LEAF COMMUNITY COLLEGES SCHOLARSHIP (2024-2025)

70. AG TECHNOLOGY AND RENTAL INNOVATION PROGRAM

71. PROGRAM SUPPORT

72. GOLDEN LEAF SCHOLARSHIP PROGRAM (2024-25)

73. AVIARY FACILITY FOR PULLET AND LAYER RESEARCH AND EXTENSION

74. IMPROVED ACCESS TO NURSING EDUCATION IN RURAL COMMUNITIES

75. STEELHOUSE

76. FOOD DISTRIBUTION ASSISTANCE PROGRAM

77. PIEDMONT COMMUNITY COLLEGE - PN PROGRAM

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV

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

78. FOOD DISTRIBUTION ASSISTANCE PROGRAM
79. AULANDER DENTAL INTEGRATED CLINIC
80. LEVELUP ROCKINGHAM (FORMERLY ROCO WORKS)
81. RURAL INTERNSHIP INITIATIVE (2023-2024)
82. BUILDING 3
83. FOOD DISTRIBUTION ASSISTANCE PROGRAM
84. HIGH-FIDELITY SIMULATION MANIKINS TO ENHANCE NURSING CAPACITY
85. ACCELERATING THE FUTURE OF COLUMBUS COUNTY
86. EXPANDING DENTAL ACCESS IN WESTERN NC THROUGH DENTAL ASSISTANT
EDUCATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

87. FOOD DISTRIBUTION ASSISTANCE PROGRAM

88. STUDENTS@WORK:TWIN-COUNTIES

89. SURRY-YADKIN FLEET

90. FOOD DISTRIBUTION ASSISTANCE PROGRAM

91. FOOD DISTRIBUTION ASSISTANCE PROGRAM

92. OCRACOCK SEAFOOD COMPANY BUSINESS EXPANSION

93. FOOD DISTRIBUTION ASSISTANCE PROGRAM

94. FOOD DISTRIBUTION ASSISTANCE PROGRAM

95. GREENBRIAR RD. FLOOD MITIGATION

96. BEULAVILLE STORMWATER

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

97. STORMWATER CULVERT EVALUATIONS

98. CROSSNORE CREEK AT DELLINGER ROAD CULVERT REPLACEMENT

99. JENNIES GUT DRAINAGE IMPROVEMENTS

100. FORESTDALE EAST

101. LAKE SANTEETLAH STORMWATER MANAGEMENT

102. HARNETT STREET STORMWATER IMPROVEMENTS

103. SOUTH MEMORIAL AVENUE DRAINAGE IMPROVEMENT PROJECT

104. CROWELL ST DUNE INFILTRATION SYSTEM PROJECT

105. FOURTH STREET STORM DRAINAGE IMPROVEMENTS

106. ROSE HILL STORMWATER

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

107. DOWNTOWN STORM WATER DESIGN

108. US 64A WATER LINE EXTENSION

109. SPRING LAKE FLASH FLOOD MITIGATION

110. TABOR CITY SHELL BUILDING

111. STORMWATER IMPROVEMENTS

112. BREHON STREET STORMWATER IMPROVEMENTS

113. LONG STREET & BACKSTREET STORMWATER INFRASTRUCTURE

114. TRI-COUNTY COMMUNITY COLLEGE TRANSPORTATION TRAINING HUB

115. SITE PROGRAM IDENTIFICATION

116. ADVANCING SIMULATION THROUGH VIRTUAL AND AUGMENTED REALITY

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV

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

117. WILKES INDUSTRIAL PARK - LANES DRIVE
118. FOOD DISTRIBUTION ASSISTANCE PROGRAM
119. YCS LINKS

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

2023

Open to Public
Inspection

Employer identification number

52-2204473

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2023

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				
SCOTT T. HAMILTON 1 PRESIDENT/CEO	(i)	265,318.	20,000.	1,188.	28,532.	12,646.	327,684.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
EDWARD P. LORD 2 SVP/GENERAL COUNSEL	(i)	192,262.	8,000.	414.	20,618.	23,919.	245,213.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ERICA L. SMITH 3 VP OF FINANCE	(i)	152,697.	8,000.	270.	16,462.	23,753.	201,182.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KASEY E. GINSBERG 4 VP/CHIEF OF STAFF	(i)	149,873.	8,000.	162.	15,787.	12,432.	186,254.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JONATHAN P. BOYD 5 VP OF INVESTMENTS	(i)	140,139.	1,500.	162.	14,299.	12,372.	168,472.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TERRI ADOU-DY (ENDED 0 6 DIR OF PROGRAMS/PROGRAMS ADMIN	(i)	125,115.	3,000.	1,188.	12,811.	20,649.	162,763.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

52-2204473

APPROVAL OF GOVERNING BODY DECISIONS - 990, PART VI, LINE 6, 7A:

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.

DISPOSAL OF ASSETS - FORM 990, PART VI, LINE 7B:

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 REVIEW PROCESS - FORM 990, PART VI, LINE 11B:

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.

CONFLICTS OF INTEREST - FORM 990, PART VI, LINE 12C:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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PROPOSED TRANSACTION.

DETERMINING COMPENSATION - FORM 990, PART VI, LINE 15:

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.

AVAILABILITY OF OTHER DOCUMENTS - FORM 990, PART VI, LINE 19:

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.

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

CANCELLED GRANTS \$6,673,846

OVERSIGHT/SELECTION PROCESS - FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

REQUIRED AUDIT - FORM 990, PART XII, LINE 3B:

THE FOUNDATION'S SINGLE AUDIT IS DUE BY MARCH 31, 2025 AND WILL BE
COMPLETED BY THE DUE DATE.

Name of the organization

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

Employer identification number

52-2204473

FORM 990, PART III - PROGRAM SERVICE

=====

LINE 4A, PROGRAM SERVICE

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.

Name of the organization

Employer identification number

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

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SILCHESTER INTERNATIONAL INVESTORS 780 THIRD AVENUE, 42ND FLOOR NEW YORK, NY 10017	INVESTMENT MGMT	544,987.
WELLINGTON MANAGEMENT 280 CONGRESS STREET BOSTON, MA 02110	INVESTMENT MGMT	368,953.
PRIME, BUCHHOLZ & ASSOCIATES, INC. 25 CHESTNUT STREET PORTSMOUTH, NH 03801	INVEST. CONSULTING	323,058.
FOX ROTHSCHILD, LLC 230 N. ELM STREET, SUITE 1200 GREENSBORO, NC 27401	LEGAL SERVICES	256,424.
SIT FIXED INCOME ADVISORS, LLC 80 SOUTH 8TH STREET, SUITE 3300 MINNEAPOLIS, MN 55402	INVESTMENT MGMT	108,497.

Name of the organization

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

Employer identification number

52-2204473

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
PUBLICLY TRADED SECURITIES	583,289,908.	FMV
CORONAVIRUS RELIEF FUNDS	5,689.	FMV
TOTALS	----- 583,295,597. =====	