Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

Α	For the 2	007 calendar year, or tax year beginning $$ JUL $1,2007$ and ending $$ JUN $30,20$	800	
В	Check if applicable:	Please C Name of organization D Emp	loyer i	dentification number
		use ino		
	Address change	label or TRIANGLE LAND CONSERVANCY, INC. 58	3-1	514406
	Name change	type. See Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>E Tele</b>	phone	number
	Initial return	Specific   1101 HAYNES STREET     ( !	919	)833-3662
	Termin- ation	Instructions. City or town, state or country, and ZIP + 4	nting me	thod: Cash X Accrual
	Amende return	RALEIGH, NC 27604	Other specify)	<b>&gt;</b>
	Applicat pending	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  Hand lare not applicable	to sec	ction 527 organizations.
		must attach a completed Schedule A (Form 990 or 990-EZ).  H(a) Is this a group return fo	r affilia	ites? Yes X No
		►WWW.TLC-NC.ORG H(b) If "Yes," enter number o	f affilia	tes▶ <u>N/A</u>
J	Organiza	tion type (check only one) X 501(c) ( 3 ) (insert no.) 4947(a)(1) or 527 H(c) Are all affiliates included	!?	N/A Yes No
K	Check he	re if the organization is not a 509(a)(3) supporting organization <b>and</b> its gross (If "No," attach a list.)  (If "No," attach a list.)  (If "No," attach a list.)	filed h	ıv an or-
	receipts a	re normally <b>not</b> more than \$25,000. A return is not required, but if the organization ganization covered by a	group	ruling? Yes X No
	chooses	to file a return, be sure to file a complete return.	er ►	N/A
				tion is <b>not</b> required to attach
L		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 10 , 595 , 114  Sch. B (Form 990, 990-	EZ, or	990-PF).
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances		
	1	Contributions, gifts, grants, and similar amounts received:		
	a	Contributions to donor advised funds		
	b	Direct public support (not included on line 1a) 1b 9,534,850.		
	С	Indirect public support (not included on line 1a) 1c 40,553.		
	d	Government contributions (grants) (not included on line 1a) 1d 674,157.		
	е	Total (add lines 1a through 1d) (cash \$ 2,368,173. noncash \$ 7,881,387.)	1e	10,249,560.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	15,855.
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	
	5	Dividends and interest from securities	5	121,634.
	6 a	Gross rents SEE STATEMENT 1   6a   9,600.		
	b	Less: rental expenses SEE STATEMENT 2 6b 10,130.		
ø	С	Net rental income or (loss). Subtract line 6b from line 6a	6c	<530 <b>.</b> >
J.	7	Other investment income (describe )	7	
Revenue	8 a	Gross amount from sales of assets other (A) Securities (B) Other		
ш		than inventory 146,649. 8a		
		Less: cost or other basis and sales expenses 147,913.8b 1,258.		
	С	Gain or (loss) (attach schedule) $<1,264.$ >8c $<1,258.$	>	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 3 STMT 4	8d	<2,522.>
	9	·		
		Gross revenue (not including \$ of contributions reported on line 1b) 9a 41,686.		
		Less: direct expenses other than fundraising expenses		44 606
		Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 5	9с	41,686.
		Gross sales of inventory, less returns and allowances 10a		
		Less; cost of goods sold 10b		
	С	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
	11	Other revenue (from Part VII, line 103)	11	10,130.
	12	<b>Total revenue</b> . Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	10,435,813.
ý	13	Program services (from line 44, column (B))	13	2,892,374.
Expenses	14	Management and general (from line 44, column (C))	14	93,530.
e G	15	Fundraising (from line 44, column (D))	15	299,606.
ũ		Payments to affiliates (attach schedule)	16	2 205 512
_	17	Total expenses. Add lines 16 and 44, column (A)	17	3,285,510.
y	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	7,150,303.
Net	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	37,975,445.
- V		Other changes in net assets or fund balances (attach explanation)  SEE STATEMENT 6	20	<44,958.>
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	45,080,790.

TRIANGLE LAND CONSERVANCY, INC. 58-1514406 All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3)58-1514406

Functional Expenses and (4	) orga	inizations and section 4947	7(a)(1) nonexempt charitable	e trusts but optional for othe	ers.
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	( <b>D</b> ) Fundraising
22a Grants paid from donor advised funds	П				
(attach schedule)					
(cash $0 \cdot noncash $					
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule				STATEMENT 8	
(cash \$ 784 • noncash \$1915431 •				STATEMENT 9	
If this amount includes foreign grants, check here	22b	1,916,215.	1,916,215.		
23 Specific assistance to individuals (attach					
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key					
employees, etc. listed in Part V-A	25a	142,991.	103,892.	5,280.	33,819.
<b>b</b> Compensation of former officers, directors, key		•	•	-	•
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included			<b>A</b>		
above, to disqualified persons (as defined under					
section 4958(f)(1)) and persons described in					
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	452,296.	328,622.	16,702.	106,972.
27 Pension plan contributions not included on					-
lines 25a, b, and c	27	9,441.	7,138.	393.	1,910.
28 Employee benefits not included on lines					
25a - 27	28	73,734.	55,850. 33,003.	2,674. 1,899.	15,210. 10,825.
29 Payroll taxes	29	45,727.	33,003.	1,899.	10,825.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32	32,897.	32,897.		
33 Supplies	33	40,028.	30,612.	2,030.	7,386.
34 Telephone	34	10,503.	6,554.	245.	3,704.
35 Postage and shipping	35	15,896.	7,389.	514.	7,993.
36 Occupancy	36	73,454.	55,968.	2,395.	15,091.
37 Equipment rental and maintenance	37	5,007.	4,147.	104.	756.
38 Printing and publications	38	36,550.	28,976.		7,574.
39 Travel	39				
40 Conferences, conventions, and meetings	40	39,581.	23,465.	1,530.	14,586.
41 Interest	41	1,940.	1,313.	288.	339.
42 Depreciation, depletion, etc. (attach schedule)	42	55,725.	37,113.	7,477.	11,135.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
С	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 7	43g	333,525.	219,220.	51,999.	62,306.
<b>Total functional expenses</b> . Add lines 22a through					
43g. (Organizations completing columns (B)-(D),				_	
carry these totals to lines 13-15)	44	3,285,510.	2,892,374.	93,530.	299,606.
<b>Joint Costs.</b> Check ▶ ☐ if you are following					
Are any joint costs from a combined educational campai					Yes X No
If "Yes," enter (i) the aggregate amount of these joint cos	ts \$ _		(ii) the amount allocated to		<b>N/A</b> ;
(iii) the amount allocated to Management and general \$		N/A ; and	(iv) the amount allocated to	Fundraising \$	N/A

723011 12-27-07

# Part III | Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	nat is the organization's primary exempt purpose?   SEE STATEMENT 12	Program Service
clie	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ents served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMENT 10	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	2,346,193.
b	STEWARDSHIP: IN ADDITION TO FULFILLING ITS STEWARDSHIP	
	RESPONSIBILITIES FOR 6,491 ACRES OF LAND AND CONSERVATION	
	EASEMENTS, TRIANGLE LAND CONSERVANCY IMPROVED VISITORS	
	ACCESS TO ITS NATURE PRESERVES AT MCIVER LANDING, JOHNSTON	
	MILL AND WHITE PINES.	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	242,008.
С	SEE STATEMENT 11	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	304,173.
d		
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
_	(Grants and allocations \$ ) If this amount includes foreign grants, check here   Other program services (attach schedule)	
e	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,892,374.
•		_, _, _, _, _,

### Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) (B) Beginning of year should be for end-of-year amounts only. End of year 22,952. 45,989. 45 45 Cash - non-interest-bearing 2,259,067. 1,325,136. 46 Savings and temporary cash investments 46 47 a Accounts receivable 47a b Less: allowance for doubtful accounts 47b 47c 48 a Pledges receivable 562,382. 48a b Less: allowance for doubtful accounts 34.372. 1,172,050. 528,010. 48b 48c 88,027. 44,613. 49 49 Grants receivable 50 a Receivables from current and former officers, directors, trustees, and key employees 50a **b** Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 50b 51 a Other notes and loans receivable 51a b Less: allowance for doubtful accounts \_\_\_\_\_ 51b 51c 52 Inventories for sale or use 52 Prepaid expenses and deferred charges 13,583. 29,652. 53 53 54 a Investments - publicly-traded securities ▶ Cost FMV 54a b Investments - other securities \_\_\_\_\_ ▶ \_ Cost | FMV 54b 55 a Investments - land, buildings, and equipment: basis 55a b Less: accumulated depreciation 55b 55c Investments - other SEE STATEMENT 13 496,274. 502,117. 56 56 600,455 **57 a** Land, buildings, and equipment; basis 145,500. b Less: accumulated depreciation STMT 14 277,383. 454,955. 57b 57c 58 Other assets, including program-related investments SEE STATEMENT 15 34,694,417. 41,317,455. (describe ► 58 38,089,822. 45,181,858. Total assets (must equal line 74). Add lines 45 through 58 59 59 22,161. 19,987. 60 60 Accounts payable and accrued expenses 4,232. 4,420. 61 Grants payable 61 2,970. 4,086. 62 Deferred revenue 62 Loans from officers, directors, trustees, and key employees 63 64 a Tax-exempt bond liabilities 64a b Mortgages and other notes payable \_\_\_\_\_\_ 64b SEE STATEMENT 16 ) 85,014. 72,575. 65 Other liabilities (describe 65 114,377. 101,068. 66 Total liabilities. Add lines 60 through 65 ..... Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. Net Assets or Fund Balances 6,093,757. 5,720,061. 67 67 Unrestricted 1,756,683. 2,841,624. 68 68 Temporarily restricted 30,125,005. 36,519,105. Permanently restricted Organizations that do not follow SFAS 117, check here complete lines 70 through 74. 70 70 Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, building, and equipment fund ..... 71 Retained earnings, endowment, accumulated income, or other funds 72 72 73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. 45,080,790. 37,975,445. 73 (Column (A) must equal line 19 and column (B) must equal line 21) **Total liabilities and net assets/fund balances.** Add lines 66 and 73 38,089,822. 45,181,858.

Page **5** 

Pa	Reconciliation of Revenue per Audited Final instructions.)	ncial Statements W	ith Revenue p	er Reti	urn (Se	e the
	Total revenue, gains, and other support per audited financial stateme	ents		a	10,	400,985.
b	Amounts included on line <b>a</b> but not on Part I, line 12:				,	
1	Net unrealized gains on investments		b1 <44,9	58.>		
	Donated services and use of facilities		b2			
3	Recoveries of prior year grants		b3			
4	Other (specify):		b4			
	Add lines <b>b1</b> through <b>b4</b>		•	t	5	<44,958.
C	Subtract line <b>b</b> from line <b>a</b>			[	: 10,	<44,958. 445,943.
d	Amounts included on Part I, line 12, but not on line a:					_
1	Investment expenses not included on Part I, line 6b		d1			
2	Other (specify): SEE STATEMENT 18		d2 <10,1	30.>		
	Add lines d1 and d2					<10,130.
е	Total revenue (Part I, line 12). Add lines c and d			. ▶ [6	10,	435,813.
	art IV-B Reconciliation of Expenses per Audited Fin					
	Total expenses and losses per audited financial statements			a	1 3,	295,640.
	Amounts included on line <b>a</b> but not on Part I, line 17:	1	1			
	Donated services and use of facilities		b1			
	Prior year adjustments reported on Part I, line 20		b2			
3	Losses reported on Part I, line 20		b3	20		
4	Other (specify): SEE STATEMENT 17		b4 10,1			10 120
	Add lines <b>b1</b> through <b>b4</b>				)	10,130. 285,510.
C	Subtract line <b>b</b> from line <b>a</b>			င	3,	<u> </u>
a	Amounts included on Part I, line 17, but not on line a:		امدا			
	Investment expenses not included on Part I, line 6b		d1			
2	Other (specify):		<u>uz  </u>			0.
^	Add lines d1 and d2  Total expenses (Part I, line 17). Add lines c and d				-	285,510.
	art V-A Current Officers, Directors, Trustees, and K					
	or key employee at any time during the year even if they w					
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D)Contril employe plans & compensa	outions to e benefit deferred tion plans	(E) Expense account and other allowances
SĒ	E STATEMENT 19		138,826.	4,	165.	0.
			-			
		I	1	I		I

Form **990** (2007)

81b

\_\_\_ exempt **or** \_\_\_\_ nonexempt

81 a Enter direct and indirect political expenditures. (See line 81 instructions.)

b Did the organization file Form 1120-POL for this year?

Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a		Х
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A	-		
D	Gross receipts, included on line 12, for public use of club facilities 86b N/A	4		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  87b  N/A			
00 0	7	-		
oo a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	88a		Х
h	If "Yes," complete Part IX  At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	004		Λ
b	section 512(b)(13)? If "Yes," complete Part XI	88b		х
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	005		
00 u	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		Х
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		Х
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Х
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g		
90 a	List the states with which a copy of this return is filed ▶NONE			•
b	Number of employees employed in the pay period that includes March 12, 2007			14
91 a	The books are in care of ► KEVIN M. BRICE Telephone no. ► 919-83			
	Located at ► 1101 HAYNES STREET, SUITE 205, RALEIGH, NC ZIP+4 ► 2	760	4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х
	If "Yes," enter the name of the foreign country  N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(B) (C) (D) (E)

Name, address, and EIN of corporation, partnership, or disregarded entity (whereship interest) (See the instructions)

N/A %

N/A %

Percentage of ownership interest (See the instructions)

N/A %

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

I dit X	miorination regarding transfers resociated with respectite point contracts (see the m	1511 4011	0110.)		
(a) Did the	organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Y	es [	X	No
(b) Did the	organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 🔲 Y	∕es [	X	No
Note: If "Y	es" to (b), file Form 8870 and Form 4720 (see instructions).				

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Pa	rt X			<b>PS.</b> Complete only if the organ	ization is a	
		controlling organization as defined in section 512(b)(13).	N/A		Yes	No
106		the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity a	as defined in section	512(b)(13) of the Code? If "Yes		110
	con	nplete the schedule below for each controlled entity.  (A)  Name, address, of each  controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount transfe	
а						
b						
С						
		Totals				
107		the reporting organization <b>receive</b> any transfers <b>from</b> a controlled en	ntity as defined in sec	tion 512(b)(13) of the Code? If	"Yes,"	No
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount transfe	
а						
b						
С						
		Totals				
108		the organization have a binding written contract in effect on August uities described in question 107 above?				
Plea Sigr		Under penalties of perjury, I declare that I have examined this return, including accompany and complete. Declaration of preparer (other than officer) is based on all information of white Signature of officer	ing schedules and statemen ch preparer has any knowled	ts, and to the best of my knowledge and dge.  Date	belief, it is true, co	orrect,
Her	е	KEVIN M. BRICE, PRESIDENT Type or print name and title				
Paid Prep	arer's	Preparer's signature  Firm's name (or KOONCE WOODEN & HAVWOOD		self- employed	SN or PTIN (See Ger	n. Inst. X)
Use	Only	Firm's name (or yours if self-employed), address, and ZIP + 4  KOONCE, WOOTEN & HAYWOOD, P. O. BOX 17806 RALEIGH. NC 27619-7806	⊔. ⊔. ₽.	Phone no ▶919-		55

Form **990** (2007)

# **SCHEDULE A**

(Form 990 or 990-EZ)

# **Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Name of the of	TRIANGLE LAND CONSERVANCY	TNC		58 15144	
Part I	Compensation of the Five Highest Paid Emp (See page 1 of the instructions. List each one. If there are none, er	oloyees Other Than	Officers, Dire		
	(a) Name and address of each employee paid more than \$50,000	(b) litle and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE					
		_			
	of other employees paid	0			
Part II-A				ional Service	es
	(a) Name and address of each independent contractor paid more th	an \$50,000	<b>(b)</b> Type of s	service	(c) Compensation
NONE					
	of others receiving over of others receiving over of essional services	0			
Part II-B	Compensation of the Five Highest Paid Inde (List each contractor who performed services other than profession firms. If there are none, enter "None." See page 2 of the instruction	onal services, whether individu		ervices	
	(a) Name and address of each independent contractor paid more th	an \$50,000	<b>(b)</b> Type of s	service	(c) Compensation
NONE					
	of other contractors receiving over her services	0			

	8	-1	51	44	06	Page	2
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F	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities 🕨 \$ \$ (Must equal amounts on line 38, Part VI-A, or			
	line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
	a Sale, exchange, or leasing of property?	2a		X
	<b>b</b> Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c	Х	
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Х	
	e Transfer of any part of its income or assets?	2e		X
	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a		X
	<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	3b	Х	
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,	1		Х
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c 3d		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	30		
	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		х
	b Did the organization make any taxable distributions under section 4966? N/A	4b		
	c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
	<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year		N/	A
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/	Α
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Schedule A (Form 990 or 990-EZ) 2007

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 th	rough 8 of the instruction	ns.)					
5 6 7 8 9	that th	ne organization is not a private foundation because it is: (F A church, convention of churches, or association of ch A school. Section 170(b)(1)(A)(ii). (Also complete Part A hospital or a cooperative hospital service organization A federal, state, or local government or governmental u A medical research organization operated in conjunctio and state	urches. Section 170(b)(1 V.) n. Section 170(b)(1)(A)(i nit. Section 170(b)(1)(A)	)(A)(i). i). (v).	he hospital's name, city	,				
10 11a 11b 12	<b>X</b>	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  (Also complete the <b>Support Schedule</b> in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public.  Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)  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 charitable, etc., 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). (Also complete the <b>Support Schedule</b> in Part IV-A.)								
13		An organization that is not controlled by any disqualifie 509(a)(3). Check the box that describes the type of sup Type I Type II  Provide the following information at	pporting organization:  Type III-Fui	nctionally Integrated	Туре I	irements of section II-Other				
		(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?	(e) Amount of support				
					Yes No					
Total					<u> </u>					

Schedule A (Form 990 or 990-EZ) 2007

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Fai		e worksheet in the inst				
begin	idar year (or fiscal year ining in)	(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	12,102,289.	5,193,903.	11,298,924.	6,491,146.	35,086,262
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose				388.	388
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		62,940.	49,717.	16,291.	232,769
19	Net income from unrelated business	,				
	activities not included in line 18					
20	lax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	76,796.	7,861.	SEE STATEME 38,552.		> 121,983
23	Total of lines 15 through 22	12,282,906.	5,264,704.	11,387,193.	6,506,599.	35,441,402
24	Line 23 minus line 17	12,282,906.				35,441,014
25	Enter 1% of line 23	122,829.	52,647.	113,872.	65,066.	
26	Organizations described on lines 1		\ ''		► 26a	708,820
b	Prepare a list for your records to she			,		
	unit or publicly supported organizati	,		ded the amount shown in		10 160 070
	Do not file this list with your return				26b	19,160,870 35,441,014
	Total support for section 509(a)(1) the Add: Amounts from column (e) for I		32,769. 19		≥ 26c	33,441,014
u	Auu. Ainounts Iroin column (e) ioi i		21,983. 26b	19,160,87		19,515,622
e	Public support (line 26c minus line 2					15,925,392
f	Public support percentage (line 26	e (numerator) divided by	line 26c (denominator)	)	≥ 26f	44.9349
27	Organizations described on line 12					
	records to show the name of, and to such amounts for each year: (2006)	N/A		ualified person." <b>Do not f</b> i 004)	· · · · · · · · · · · · · · · · · · ·	<b>rn.</b> Enter the sum of
b	For any amount included in line 17 t					to show the name of,
	and amount received for each year, described in lines 5 through 11b, as the larger amount described in (1) o (2006)	well as individuals.) <b>Do n</b> or <b>(2)</b> , enter the sum of the (2005)	ot file this list with your ese differences (the exces	return. After computing t s amounts) for each year 004)	he difference between the	-
C	Add: Amounts from column (e) for I	20		21	► 27c	N/A
d		an	d line 27b total		🖊 2/0	N/A
е	Public support (line 27c total minus	line 27d total)			≥ 27e	N/A
f	Total support for section 509(a)(2) to				N/A	NT / 70 -
g	Public support percentage (line 27					N/A S
<u></u>	Investment income percentage (lin			(denominator))		IN/A

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.
 NONE

Part V

# (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	. 31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		-		
		-		
		-		
20	Does the expeniestion maintain the following:	-		
32 a	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	.   025		
٠	admissions, programs, and scholarships?	32c		
d				
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	9 1 9			
b	Admissions policies?	. 33b		
C	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
е	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?	. 33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
		-		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	- 34a		
ο <del>τ</del> α b				
-	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	. 35		

Schedule A (Form 990 or 990-EZ) 2007

Sch	edule A (Form 990 or 990-EZ) 2007 TRIANGLE LAND CONSERVANCY, I	NC.	ŗ	58-1514406 Page
P	art VI-A Lobbying Expenditures by Electing Public Charities (See pa	ge 11 c	of the instructions.)	N/A
	(To be completed <b>ONLY</b> by an eligible organization that filed Form 5768)			
Che	ck ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if	you che	ecked <b>"a"</b> and "limited cont	rol" provisions apply.
	Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred.)		( <b>a</b> ) Affiliated group totals	(b) To be completed for all electing organizations
	(The term experiationes means amounts paid of mounted.)	ı	N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	N/A	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40		40		
41	Lobbying nontaxable amount. Enter the amount from the following table -			
	If the amount on line 40 is - The lobbying nontaxable amount is -			
	Not over \$500,000 20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		
	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			
	Grassroots nontaxable amount (enter 25% of line 41)	42		
	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			
	4-Year Averaging Period Under Sec	tion	501(h)	
	(Some organizations that made a section 501(h) election do not have to			
	below. See the instructions for lines 45 through 50 on page	13 of th	e instructions.)	
	Lobbying Expenditures Durin	ıg 4-Ye	ar Averaging Period	N/A
_				

**(a)** 2007 (**b**) 2006 (**c**) 2005 (**d**) 2004 Calendar year (or (e) fiscal year beginning in) Total 45 Lobbying nontaxable 0. amount ..... 46 Lobbying ceiling amount 0. (150% of line 45(e)) ....... 47 Total lobbying 0. expenditures ...... 48 Grassroots nontaxable 0. amount \_\_\_\_\_ 49 Grassroots ceiling amount (150% of line 48(e))..... 0. 50 Grassroots lobbying 0. expenditures .....

•				
Part VI-B	Lobbying A	Activity by Nonelec	ting Public (	Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

Dui	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
nfl	uence public opinion on a legislative matter or referendum, through the use of:			Amount
а	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)			
C	Media advertisements			
d	Mailings to members, legislators, or the public			
е	Publications, or published or broadcast statements			
	Grants to other organizations for lobbying purposes			
	Direct contact with legislators, their staffs, government officials, or a legislative body			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
	Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .)			0.
	If "Ves" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

E 1		ireatly or indirectly angego in any of		organization described in section			
		irectly or indirectly engage in any of section 501(c)(3) organizations) or in	-				
	, ,	ganization to a noncharitable exempt		illical organizations:		Yes	No
а		•	•		51a(i)	100	X
					a(ii)		X
					α(11)		21
b	Other transactions:	to with a panaharitable averant argor	vization		b(i)		Х
					· · ·		X
					b(ii)		
					b(iii)		X
					b(iv)		X
					b(v)		X
					b(vi)		X
		mailing lists, other assets, or paid er			C		X
	-		• •	lways show the fair market value of the			
		given by the reporting organization.	-			/ .	
		nent, show in column (d) the value of	the goods, other assets, or			N/A	
(a)	( <b>b)</b> o. Amount involved	(c) Name of noncharitable exe	mnt organization	(d) Description of transfers, transactions, and sl	arina ar	rangam	onto
Line n	o. Amount involved	Name of nonchamable exe	anipi organization	Description of transfers, transactions, and si	iai iiiy ai	lallyell	פוווט
				anizations described in section 501(c) of the			_
	Code (other than section 501(c)	(3)) or in section 527?		<b>&gt;</b> L	Yes	X	No
b	If "Yes," complete the following s	schedule: N/A					
	(a)	)	(b)	(c)			
	Name of org	ganization	Type of organization	Description of relationshi	p		

FORM 990	RENTAL	INCOME			STATEMENT	1
KIND AND LOCATION OF PROPERTY			2	ACTIVITY NUMBER	GROSS RENTAL INC	COME
ERWIN ROAD HOUSE, DURHAM, NC	-		_	1	9,6	500.
TOTAL TO FORM 990, PART I, LI	NE 6A			=	9,6	00.
FORM 990	RENTAL	EXPENSES			STATEMENT	2
DESCRIPTION		ACTIVITY NUMBER	AMO	DUNT	TOTAL	
RENTAL EXPENSES - S	UBTOTAL -	1		10,130.	10,1	.30.
TOTAL TO FORM 990, PART I, LI	NE 6B				10,1	.30.
FORM 990 GAIN (LOSS) F	ROM PUBLI	CLY TRADED	SECURIT	TIES 	STATEMENT	3
DESCRIPTION	GROS SALES P		T OR BASIS	EXPENSE OF SALE	-	-
MARKETABLE SECURITIES	146,	649. 14	7,913.	0	. <1,2	264.
TO FORM 990, PART I, LINE 8	146,	649. 14	7,913.	0	. <1,2	64.

FORM 990 GAIN	(LOSS) FROM	M SALE OF OTH	IER ASSETS	\$	STATEMENT	4
DESCRIPTION		DATE ACQUIR			ETHOD QUIRED	
PROPERTY & EQUIPMENT				PUF	RCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GA:	
	0.	18,603.	0.	17,345	5. <1,2	 58.>
TO FM 990, PART I, LN 8		18,603.	0.	17,345	<1,2	 58.> 
FORM 990	SPECIAL EV	VENTS AND ACT	IVITIES	5	STATEMENT	<u> </u>
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT.	GROSS REVENUE	DIRECT EXPENSE		
25TH ANNIVERSARY GALA	41,686	5.	41,686	•	41,68	36.
TO FM 990, PART I, LINE	41,686	5.	41,686	·	41,68	36.
FORM 990 OTHER C	HANGES IN NE	TT ASSETS OR	FUND BALAN	CES S	STATEMENT	6
DESCRIPTION					AMOUNT	
UNREALIZED HOLDING LOSS	ON INVESTME	ENTS			<44,9!	 58.>
TOTAL TO FORM 990, PART	'I, LINE 20			_	<44,9	 58.> 
FORM 990	07	THER EXPENSES	<u> </u>		STATEMENT	7
	(A)	(B)	(C		(D)	
DESCRIPTION	TOTAL	PROGRAM SERVICE		EMENT ENERAL	FUNDRAISI	NG
PROFESSIONAL AND CONTRACT SERVICES ADVERTISING AND	186,454	97,8	86.	45,289.	43,2	79.
PROMOTION APPRAISAL FEES	24,932 32,505			0. 0.	3,70	02.

TRIANGLE LAND CONSERV	ANCY, INC.			58-1514406
VEHICLE EXPENSE	9,902.	9,831.	9.	62.
BANK AND INVESTMENT FEES	7,030.	231.	3,077.	3,722.
INSURANCE	7,030.	5,598.	181.	1,242.
SOFTWARE AND WEBSITE	.,	7,555		_,
EXPENSES	16,446.	15,395.	61.	990.
STAFF DEVELOPMENT				
AND TRAVEL	23,810.	19,421.	1,925.	2,464.
PROPERTY TAXES	3,643.	3,618.	25.	0.
CLOSING COSTS	2,069.	2,069.	0.	0.
MEMBERSHIPS AND	14 740	0 001	0.01	F 770
PUBLICATIONS OTHER	14,742. 4,971.	8,081. 3,355.	891. 541.	5,770.
OTHER	4,9/1.	3,355.	341.	1,075.
TOTAL TO FM 990, LN 43	333,525.	219,220.	51,999.	62,306.
FORM 990	CASH GRANTS ANI		SI	ATEMENT 8
	TO OTHE	ERS		
CLASS OF ACTIVITY/DONEE	'S NAME AND ADDE	RESS		AMOUNT
EDUCATIONAL AND SCIENTI OTHER VARIOUS	FIC			784.
TOTAL INCLUDED ON FORM	990, PART II, LI	INE 22B		784.

FORM 990	NONCASH	GRANTS AND ALLO	CATIONS	STATEMENT	9
GLAGG OF AGELLITHY	GOLDGMON EA	GENERIEG			
CLASS OF ACTIVITY:		ASEMENTS			
DONEE'S NAME AND AD	DRESS				
STATE OF NORTH CARO	LINA				
CHATHAM COUNTY, NC					
RELATIONSHIP OF DON	IEE	DESCRIPTION OF	PROPERTY	DATE OF G	IFT
NONE		CONSERVATION E	ASEMENT	12/28/07	7
METHOD USED TO DETE	RMINE BOOK	VALUE			
APPRAISAL			<b>A</b>		
METHOD USED TO DETE	RMINE FAIR	MARKET VALUE	BOOK VALUE	AMOUNT GIV	√EN
			650,000	650,00	00.
CLASS OF ACTIVITY:	FUTRELL LAN	ID			
DONEE'S NAME AND AD	DRESS				
WAKE COUNTY, NORTH	CAROLINA				
WAKE COUNTY, NC					
RELATIONSHIP OF DON	EE	DESCRIPTION OF	PROPERTY	DATE OF G	IFT
NONE		38.269 ACRES L	AND	01/14/08	 В
METHOD USED TO DETE	RMINE BOOK	VALUE			
APPRAISAL		<del></del>			
METHOD USED TO DETE	RMINE FAIR	MARKET VALUE	BOOK VALUE	AMOUNT GIV	√EN
			1 210 206	. 1,219,30	

CLASS OF ACTIVITY: HUNDLEY EASEMENT

DONEE'S NAME AND ADDRESS

STATE OF NORTH CAROLINA

CHATHAM COUNTY, NC

RELATIONSHIP OF DONEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

CONSERVATION EASEMENT

09/14/07

METHOD USED TO DETERMINE BOOK VALUE

TAX ASSESSMENT

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE AMOUNT GIVEN

46,125. 46,125.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

1,915,431.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 10

# DESCRIPTION OF PROGRAM SERVICE ONE

CONSERVATION STRATEGIES: IN FY 2008, TRIANGLE LAND CONSERVANCY ACQUIRED 321 ACRES OF LAND AND 276 ACRES OF CONSERVATION EASEMENTS AND ASSISTED IN THE ACQUISITION OF 259 ACRES BY CONSERVATION PARTNERS, BRINGING THE ORGANIZATION'S TOTAL SINCE 1983 TO 10,828 ACRES PERMANENTLY CONSERVED. THIS INCLUDED 150 ACRES OF HARDWOOD FOREST AND STREAMS IN DURHAM COUNTY'S LITTLE RIVER WATERSHED.

TO FORM 990, PART III, LINE A

GRANTS EXPENSES

2,346,193.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 11

### DESCRIPTION OF PROGRAM SERVICE THREE

COMMUNICATIONS: TO FURTHER ITS CONSERVATION GOALS, TRIANGLE LAND CONSERVANCY PRODUCED FOUR NEWSLETTERS SENT TO MEMBERS AND OTHER INTERESTED PEOPLE. ADDITIONALLY, TRIANGLE LAND CONSERVANCY HELPED FORM THE CHATHAM CONSERVATION PARTNERSHIP AS WELL AS SUCCESFULLY SOUGHT FUNDING FOR FARMLAND PRESERVATION PLANS IN CHATHAM AND JOHNSTON COUNTIES. TRIANGLE LAND CONSERVANCY ALSO CONTINUED ITS EFFORTS FOR CONSERVATION OF THE DOROTHEA DIX HOSPITAL CAMPUS IN RALEIGH.

TO FORM 990	, PART III,	LINE C		GRANTS	EXPENSES 304,1	
FORM 990	STATEMENT (			EXEMPT PURPOSE	STATEMENT	12
		PART	III			

### **EXPLANATION**

THE ORGANIZATION'S PURPOSE IS TO PRESERVE LAND FOR OPEN SPACE, CLEAN WATER, WILDLIFE HABITAT, AGRICULTURAL AND SILVICULTURAL USES, OUTDOOR RECREATION, AND SCENIC VIEWS IN CHATHAM, DURHAM, JOHNSTON, LEE, ORANGE AND WAKE COUNTIES IN NORTH CAROLINA THROUGH PURCHASE OR ACCEPTANCE OF DONATION OF LAND AND CONSERVATION EASEMENTS. CONSERVATION LAND HELD BY TRIANGLE LAND CONSERVANCY IS MANAGED TO PROTECT ITS NATURAL RESOURCES AND IS AVAILABLE FOR SCIENTIFIC AND EDUCATIONAL PURPOSES.

FORM 990 OTHER INVESTMENT	rs	STATEMENT	13
DESCRIPTION	VALUATION METHOD	AMOUNT	
SECURITIES AND OTHER INVESTMENTS	COST	502,1	17.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		502,1	17.

FORM 990 DEPRECIATION OF ASSE	TTS NOT HELD FOR	INVESTMENT	STATEMENT 14
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING COMPUTERS AND SOFTWARE FURNITURE, FIXTURES, AND	368,900. 115,068.	40,088. 62,771.	328,812. 52,297.
EQUIPMENT VEHICLES	71,619. 44,868.	16,460. 26,181.	55,159. 18,687.
TOTAL TO FORM 990, PART IV, LN 57	600,455.	145,500.	454,955.
FORM 990 C	THER ASSETS		STATEMENT 15
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR
OTHER RECEIVABLES CONSERVATION LAND AND EASEMENTS PROMISES TO GIVE-NON-CURRENT		8,200. 34,213,709. 472,508.	7,771. 40,917,209. 392,475.
TOTAL TO FORM 990, PART IV, LINE 5	58	34,694,417.	41,317,455.
FORM 990 OTHER	R LIABILITIES		STATEMENT 16
DESCRIPTION		BEGINNING OF YEAR	END OF YEAR
ACCRUED VACATION GRANTS PAYABLE-NON-CURRENT DEFERRED REVENUE-NON-CURRENT FINANCE AGREEMENT		51,910. 13,808. 5,940. 13,356.	56,854. 9,403. 6,318.
TOTAL TO FORM 990, PART IV, LINE 6	55	85,014.	72,575.

CHAPEL HILL, NC 27516

FORM 990 OTHER EXPENSE	S NOT INCLUDED ON	FORM 990	STAT	EMENT	17
DESCRIPTION			Al	TRUOM	
RENTAL EXPENSES NETTED AGAINST R	ENTAL REVENUE			10,1	30.
TOTAL TO FORM 990, PART IV-B				10,1	30.
FORM 990 OTHER REVENU	E INCLUDED ON FOR	м 990	STAT	EMENT	18
DESCRIPTION			Al	TRUOM	
RENTAL EXPENSES NETTED AGAINST R	ENTAL REVENUE			<10,1	30.>
TOTAL TO FORM 990, PART IV-A				<10,1	30.>
FORM 990 PART V-A - LIST OF TRUSTEES	CURRENT OFFICERS, AND KEY EMPLOYEE		STAT	EMENT	19
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
KEVIN M. BRICE 1101 HAYNES STREET, SUITE 205 RALEIGH, NC 27604	PRESIDENT 40.00	72,200.	2,166.		0.
TRACY C. JOSEPH 1101 HAYNES STREET, SUITE 205 RALEIGH, NC 27604	DIRECTOR OF DE		1,999.		0.
CHUCK NEELY P.O. BOX 19764 RALEIGH, NC 27619	CHAIRMAN 0.00				0.
RON STROM 111 CLOISTER CT, STE 114 CHAPEL HILL, NC 27514	VICE-CHAIR 0.00	0.	0.		0.
ANNE STODDARD 2404 PATHWAY DR	BOARD SECRETAR	Y 0.	0.		0.

TRIANGLE LAND CONSERVANCY, IN	c.		58-15	514406
LANIER CANSLER 3605 GLENWOOD AVE, STE 510 RALEIGH, NC 27612	DIRECTOR 0.00	0.	0.	0.
ADAM ABRAM 300 MEADOWMONT VILLAGE CIR, STE	DIRECTOR			
333 CHAPEL HILL, NC 27517	0.00	0.	0.	0.
WADE BARBER 803 GREENWOOD RD CHAPEL HILL, NC 27514	DIRECTOR 0.00	0.	0.	0.
CHARLIE BOLTON 970 W.R. CLARK RD PITTSBORO, NC 27312	DIRECTOR 0.00	0.	0.	0.
WILLIAM J. BRIAN, JR P.O. BOX 14210 RTP, NC 27709	DIRECTOR 0.00	0.	0.	0.
BECKY BUMGARDNER 6416 RUSHINGBROOK DR RALEIGH, NC 27612	DIRECTOR 0.00	0.	0.	0.
CELESTE BURNS 2912 MONROE AVE DURHAM, NC 27707	DIRECTOR 0.00	0.	0.	0.
RODNEY GADDY P.O. BOX 1551 RALEIGH, NC 27602	DIRECTOR 0.00	0.	0.	0.
STEVE LEVITAS 3737 GLENWOOD AVE, STE 400 RALEIGH, NC 27612	DIRECTOR 0.00	0.	0.	0.
SONYA MCKAY 120 RIPPLEWATER LN CARY, NC 27511	DIRECTOR 0.00	0.	0.	0.
CHRIS MUMMA 3127 SURREY RD DURHAM, NC 27707	DIRECTOR 0.00	0.	0.	0.
NICK TENNYSON 20 W COLONY PL, STE 180 DURHAM, NC 27705	DIRECTOR 0.00	0.	0.	0.
DALE THREATT-TAYLOR 3125 GOLDEN NUGGET DR CLAYTON, NC 27520	DIRECTOR 0.00	0.	0.	0.

TRIANGLE LAND CONSERVANCY	, INC.		58-1	514406
LARRY TOMBAUGH 903 QUEENSFERRY RD CARY, NC 27511	DIRECTOR 0.00	0.	0.	0.
LAURA H VIRKLER 11 PLACID CT DURHAM, NC 27713	DIRECTOR 0.00	0.	0.	0.
KEVIN TRAPANI 2801 SLATER RD, SUITE 110 MORRISVILLE, NC 27560	DIRECTOR 0.00	0.	0.	0.
BILL HOLMAN 407 DIXIE TRAIL RALEIGH, NC 27607	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		138,826.	4,165.	0.
	RELATIONSHIP OF ACTI		STATEME	NT 20
LINE EXPLANATION OF RELATI	ONSHIP OF ACTIVITIES			

97B	HOUSES ON CONSERVED LANDS ARE RENTED TO OFFSET EXPENSES AND TO PROVIDE
	RESIDENCES FOR PROPERTY CARETAKERS
103A	T-SHIRTS, HATS, NOTECARDS, AND BUMPER STICKERS IMPRINTED WITH THE
	ORGANIZATION'S LOGO AND NAME ARE SOLD AT A SMALL PROFIT
103B	A PORTION OF THE ORGANIZATION'S RENTED OFFICE SPACE IS SUBLEASED
	TO HELP DEFRAY THE COSTS OF PROVIDING ITS VARIOUS PROGRAM SERVICES
103C	ORGANIZATION LEASES CERTAIN AREAS DESIGNATED FOR HUNTING TO VARIOUS
	INTERESTED PARTIES. RELATED INCOME IS USED TO HELP DEFRAY COSTS OF
	CONSERVATION AND STEWARDSHIP.

SCHEDULE A	OTHER INCOME			TATEMENT 21
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS INCOME GAIN ON SALE OF ASSETS TIMBER PROGRAM SERVICE FEES	3,216. 0. 0. 73,580.	965. 6,896. 0.	0. 0. 38,552. 0.	1,575. <2,801.> 0. 0.
TOTAL TO SCHEDULE A, LINE 22	76,796.	7,861.	38,552.	<1,226.>