			EXTENDED TO MAY 16, 2022		noomo Tax	OMB No. 1545-0047
For	_ g	90	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			s) 2020
			Do not enter social security numbers on this form as it	-		
		of the Treasury enue Service	► Go to www.irs.gov/Form990 for instructions and the	-		Open to Public Inspection
_					UN 30, 2021	
	Check if applicat	C Name of	organization		D Employer identific	ation number
	Addr		NGLE LAND CONSERVANCY, INC.			
	Name	e	usiness as		58-15144(06
	Initia			n/suite	E Telephone number	
	Final returr	514	SOUTH DUKE STREET		(919)908-	
	termi	n-	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,737,519.
	Amer returr	nded DIDU	AM, NC 27701		H(a) Is this a group re	turn
	Appli tion		nd address of principal officer: SANDRA SWEITZER		for subordinates'	
	pend		OUTH DUKE STREET, DURHAM, NC 27701		H(b) Are all subordinates in	cluded? Yes No
1	Tax-e>	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions
			TRIANGLELAND.ORG		H(c) Group exemption	n number 🕨
			X Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨 📋	L Year	of formation: 1983 N	State of legal domicile: NC
Pa	art I					
đ	1		e the organization's mission or most significant activities: THE PUR		E OF TRIANGI	E LAND
ŭ U		CONSERV	ANCY IS TO CONSERVE LAND FOR OPEN SPA	ACE,	[CONT. ON S	SCHED. 0],
Governance	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of	f more		
Ň	3		ing members of the governing body (Part VI, line 1a)			18
			ependent voting members of the governing body (Part VI, line 1b)			18
es	5		of individuals employed in calendar year 2020 (Part V, line 2a)			21
Activities &	6		of volunteers (estimate if necessary)			332
Act	7a		d business revenue from Part VIII, column (C), line 12			0.
	d	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		
		Oantributions			Prior Year 5,193,563.	Current Year 10,343,631.
an	8		and grants (Part VIII, line 1h)		12,450.	5,628,953.
Revenue	9 10	0	ce revenue (Part VIII, line 2g)		66,060.	253,737.
Be	11		come (Part VIII, column (A), lines 3, 4, and 7d) (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,022.	24,398.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,302,095.	16,250,719.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
6	45		compensation, employee benefits (Part IX, column (A), lines 5-10)		1,141,295.	1,170,661.
Ise	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b		ng expenses (Part IX, column (D), line 25)			
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		890,619.	1,002,017.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,031,914.	2,172,678.
	19	Revenue less	expenses. Subtract line 18 from line 12		3,270,181.	14,078,041.
OC	9				ginning of Current Year	End of Year
sets	1 20	Total assets (F	Part X, line 16)	. 1	23,305,666.	138,707,628.
Net Assets or	21		(Part X, line 26)		3,516,118.	3,131,726.
_			fund balances. Subtract line 21 from line 20	. 1	19,789,548.	135,575,902.
	art II					
			I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is
true	e, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which p	reparer	has any knowledge.	

Sign Here	Signature of officer SANDRA SWEITZER, EXECUTIVE Type or print name and title	TIVE DIRECTOR		Date			
Paid	Print/Type preparer's name PAUL MILLER	Preparer's signature	Date	Check PTIN			
Preparer	Firm's name KOONCE, WOOTEN &	HAYWOOD, LLP		Firm's EIN 56-0517823			
Use Only	Firm's address P. O. BOX 17806						
	RALEIGH, NC 2761	9-7806		Phone no. 919-782-9265			
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
032001 12-2	32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) TRIANGLE LAND CONSERVANCY, INC. 58-1514406 Page 2
Pa	III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	
	TRIANGLE LAND CONSERVANCY (TLC) STRIVES TO CREATE A HEALTHIER AND MORE
	VIBRANT TRIANGLE REGION BY SAFEGUARDING CLEAN WATER, PROTECTING
	NATURAL HABITATS, SUPPORTING LOCAL FARMS AND FOOD, AND CONNECTING
	PEOPLE WITH NATURE THROUGH LAND PROTECTION AND (CONT. ON SCHED. O)
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 X 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?
	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 \$617,360. including grants of \$) (Revenue \$5,541,047.)
	WHILE WORKING REMOTELY DURING A GLOBAL PANDEMIC TLC PROTECTED 1,265
	ACRES, OPENED A 406-ACRE NATURE PRESERVE, BUILT 7 MILES OF TRAIL AND
	HOSTED THOUSANDS OF VISITORS AT OUR PUBLIC NATURE PRESERVES. WITH
	21,445 ACRES CONSERVED AT THE END OF THE FISCAL YEAR, WE ARE ON TRACK
	TO SURPASS OUR GOAL OF PROTECTING 25,000 ACRES BY 2025.
	SUPPORT FROM OUR MEMBERS AND DONORS REMAINS VITAL FOR TLC TO CONTINUE
	THIS AGGRESSIVE PACE OF CONSERVATION TO SUPPORT OUR MISSION OF
	SAFEGUARDING CLEAN WATER, CONNECTING PEOPLE WITH NATURE, PROTECTING
	NATURAL HABITATS, AND SUPPORTING FARMS AND LOCAL FOOD.
	(CONTINUED ON SCHEDULE O)
4b	(Code:) (Expenses \$ 549,606. including grants of \$) (Revenue \$ 112,304.) STEWARDSHIP: TLC'S STEWARDSHIP RESPONSIBILITIES INCREASE AS WE PROTECT
	MORE PROPERTIES: CURRENTLY TLC HOLDS CONSERVATION EASEMENTS ON 9,225
	ACRES AT 140 PROPERTIES AND OWNS 6,543 ACRES OF LAND. ALL 15,768 ACRES
	MUST BE MONITORED, MANAGED, AND CARED FOR BY STEWARDSHIP STAFF
	ANNUALLY. FOR CONSERVATION EASEMENTS, MONITORING VISITS ARE LEGALLY
	REQUIRED AND HELP TO ENSURE THAT THE EASEMENT TERMS ARE NOT VIOLATED.
	AS AN ACCREDITED LAND TRUST, TLC ALSO MONITORS OUR OWNED PROPERTIES
	ANNUALLY, WHICH INFORMS OUR MANAGEMENT AND STEWARDSHIP PLANNING AND
	PROCESSES. IN FY 2021 AT BAILEY AND SARAH WILLIAMSON NATURE PRESERVE,
	TLC BUILT MORE THAN 7 MILES OF HIKING AND MOUNTAIN BIKING TRAILS AND
	OPENED THESE TO THE PUBLIC IN SEPTEMBER 2020. WITH THESE TRAILS TLC HAS
	BUILT 17 OF THE GOAL OF 25 MILES OF TRAILS BY 2025. (CONT. ON SCHED. O)
4c	(Code:) (Expenses \$210,514. including grants of \$) (Revenue \$)
	COMMUNITY ENGAGEMENT: DESPITE THE PANDEMIC POSING UNPRECEDENTED
	CHALLENGES TO OUR VOLUNTEER ENGAGEMENT EFFORTS, OUR COMMUNITY OF
	VOLUNTEERS CONTRIBUTED GREATLY TO HELPING THE ORGANIZATION REACH OUR
	GOAL TO SAVE WILD AND WORKING LANDS THROUGH STEWARDSHIP, CATALYZING
	COMMUNITY ACTION, AND COLLABORATION. TWO HUNDRED AND TWENTY-TWO
	INDIVIDUALS CONTRIBUTED 1,948 HOURS OF WORK TO TLC. VOLUNTEERS HELPED
	BY COMPLETING OFFICE TASKS, TEACHING ENVIRONMENTAL EDUCATION PROGRAMS,
	LEADING HIKES, AND SUPPORTING STEWARDSHIP EFFORTS. ALTHOUGH HEALTH
	CONCERNS DUE TO THE PANDEMIC LIMITED THE NUMBER OF VOLUNTEERS, THEIR
	WORK WAS IMPORTANT TO HELP WITH TRAIL BUILDING, MAINTENANCE, FOREST
	RESTORATION, AND INVASIVE SPECIES REMOVAL. (CONTINUED ON SCHEDULE O)
4d	Other program services (Describe on Schedule O.)

	1 5			
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses 🕨	1,377,480.		

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 Form 990 (2020)
 TRIANGLE LAND CONSERVANCY, INC.

 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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 Revenue Procedure 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	Х	
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.			
а	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	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u>x</u> x	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Δ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
L.	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_ <u></u>
10	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			
10	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	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	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		20a		X
	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

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 Form 990 (2020)
 TRIANGLE LAND CONSERVANCY, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b U	-		

he organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form 990 (2020)		D CONSERVANCY,		
Part V Statements R	egarding Other IRS	Filings and Tax Con	npliance	(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	21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ms?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	it)?	4a		X
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 A			_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th any contributions that were not tax deductible as charitable contributions?			6a		x
h	any contributions that were not tax deductible as charitable contributions?			Ua		- 23
b	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•••••		0.0		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices n	rovided to the pavor?	7a		x
b		-		7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
				8		
9	Sponsoring organizations maintaining donor advised funds.			-		
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	100	I			
a b	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
ь 11	Section 501(c)(12) organizations. Enter:					
 a		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		?	12a		
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	t inco-	202	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O.	LINCOL		16		

Form **990** (2020)

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TRIANGLE LAND CONSERVANCY, INC.

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

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X

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.

Sec	tion A. Governing Body and Management			Vee	Na
10	Enter the number of veting members of the governing body at the and of the tax year	8		Yes	No
Ia	Enter the number of voting members of the governing body at the end of the tax year 1a 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 0.				
b		8			
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	Х	
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?	. 7	'a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	. 7	′b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8	Ba	Х	
b	Each committee with authority to act on behalf of the governing body?		ßb	Х	
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
Sec	tion 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?	. 10	0a		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?	. 10	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	1	1a	Х	
b					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		2a	X	
b		. 12	2b	X	
с			_	v	
	in Schedule O how this was done	· –	2c	X X	
13	Did the organization have a written whistleblower policy?		13	x X	
14	Did the organization have a written document retention and destruction policy?	· -1	14	~	
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?	-	5a	х	
а ь	The organization's CEO, Executive Director, or top management official			X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		5b	- 23	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
104	taxable entity during the year?	10	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		04		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16	6b		
Sec	tion C. Disclosure	<u> </u>	0.0		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{NC}$				
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 or	nlv) :	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.	(-)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	X Own website X 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, a	and fin	nanc	ial	
-	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				
	AYANNA SMITH - 919-908-0055				
	514 SOUTH DUKE STREET, DURHAM, NC 27701		-		

<u>Form 990 (2020)</u>		ND CONSERVANCY,		58-1514406	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employee	s, and Independent Co	ntractors						
Check if Sche	dule O contains a response o	r note to any line in this Part V	VII					
Section A. Officers, Di	ectors, Trustees, Key Emplo	yees, and Highest Compen	sated Employees					
Section A. Onicers, Di	eetere, maeteee, itey Emple	, ,						
· · · · · · · · · · · · · · · · · · ·			the calendar year ending with or	within the organization's	tax year.			
1a Complete this table fo ● List all of the organi	r all persons required to be lis	ted. Report compensation for ctors, trustees (whether indivi		0	,			

• List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 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)	(B)			(C)				(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	_			organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SANDRA SWEITZER	40.00	_	_		-					
EXECUTIVE DIRECTOR				X				105,527.	Ο.	5,030.
(2) CLARENDA STANLEY	1.50									
DIRECTOR		Х						0.	Ο.	0.
(3) ANUPAMA JOSHI	1.50									
DIRECTOR		Х						0.	Ο.	0.
(4) NORRIS COTTON	1.50									
DIRECTOR		Х						0.	0.	0.
(5) DANIELLE SPURLOCK	1.50									
DIRECTOR		Х						0.	0.	0.
(6) JAMIE DEMENT	1.50									
DIRECTOR		Х						0.	0.	0.
(7) JENNY BO	1.50									
DIRECTOR		Х						0.	0.	0.
(8) ALBERT FISHER	1.50									
DIRECTOR		Х						0.	0.	0.
(9) JACK BLACKMER	1.50									
DIRECTOR		Х						0.	0.	0.
(10) TONI WYCHE JONES	1.50									
SECRETARY		Х		Х				0.	0.	0.
(11) DAVID MORRIS	1.50									
DIRECTOR		Х						0.	0.	0.
(12) REBECCA BALTER	1.50									
DIRECTOR		Х						0.	0.	0.
(13) MARLENA BYRNE	1.50									
VICE CHAIR		Х		X				0.	0.	0.
(14) JAY MCLEOD	1.50									
DIRECTOR		Х						0.	0.	0.
(15) SEAN WILSON	1.50									
DIRECTOR		х						0.	0.	0.
(16) MAVIS GRAGG	1.50								<u> </u>	
EX-OFFICIO	1 50	Х						0.	0.	0.
(17) SAM COOK	1.50								•	•
DIRECTOR		Х						0.	0.	0.

.

Form 990 (2020) TRIANGLE	LAND CO	NS	ER	VA	NC	Y,	Ι	INC.	58-15	144	06	Page 8
Part VII Section A. Officers, Directors, Trust		loye	es,			ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average	Average Position						(D) Reportable	(E) Reportable		(F Estim	
Name and the	hours per							compensation	compensation	,	amou	
	week		er an	d a di	irecto	r/trus [:]	tee)	from	from related		oth	
	(list any hours for	lirector						the organization	organizations (W-2/1099-MIS)		comper from	
	related	e or d	stee			nsated		(W-2/1099-MISC)	(00-2/1099-00130	ן (<i>ר</i>	organi	
	organizations	trust	nal tru		oyee	ompe					and re	
	below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				organiz	zations
(18) WILLIAM LONDON	1.50	n D	lns	Off	Key	Ξ.Ę	Ъ			-+		
TREASURER	1.50	x		Х				0.		0.		0.
(19) WILL MORGAN	1.50											
CHAIR		х		Х				0.		0.		0.
										\rightarrow		
		_										
										\rightarrow		
										\rightarrow		
1b Subtotal								105,527.		0.	5,	030.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								105,527.		0.	5,	030.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			4
compensation from the organization											Ye	⊥ ∋s No
3 Did the organization list any former officer,	director tructo		~ ~ ~	mol	0.10		hia	boot componented omp		Г	Te	
line 1a? If "Yes," complete Schedule J for su	,	,	,	•	,	'	0		,		3	X
4 For any individual listed on line 1a, is the su										··· -		
and related organizations greater than \$150										C	4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	olete Schedule	e J fo	or su	ich r	oers	on .				<u> </u>	5	X
Section B. Independent Contractors									100.000 - (
 Complete this table for your five highest cor the organization. Report compensation for t 										ensatio	on from	
(A)	ne calendar ye	are	nuin	ig w				(B)			(C)	
Name and business	address	NC)NE	2				Description of s	ervices	Co	mpensa	ation
							_					
							Ţ					
2 Total number of independent contractors (ir \$100.000 of compensation from the organiz	•	ot lin	nitec	to 1	thos C		ted	above) who received me	ore than			

						LA	ND	CONSERV	ANCY, INC.		58-1514	406 Page 9
Ра	rt VI		Statement of Re									
			Check if Schedule O	conta	uns a r	respor	<u>ise (</u>	or note to any lin	ie 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
irants ounts	1 aFederated campaigns1abMembership dues1b											sections 512 - 514
Gifts, (lar Am	(cFundraising events1cdRelated organizations1d										
Contributions, Gifts, Grants and Other Similar Amounts	e 1		Government grants (contr All other contributions, gifts,	grant	s, and	1e		784,890.				
Sontribu Ind Oth	ę	-	similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	lines 1	a-1f	1f 1g \$		9,558,741. 6,749,478.	10,343,631.			
	-		EASEMENT ACQUISITION			<u></u>		Business Code	5,508,751.	5,508,751.		
Program Service Revenue	2 8		OTHER PROGRAM REVEN			.10	_	541900	66,000.	· · ·		
Serv			PROPERTY MONITORING		S		_	541900	37,717.			
in (Ì	-	STEWARDSHIP MONITOR					541900	8,063.	8,063.		
gra Re	é	-	BASELINE DOC REPORT			ND)	_	541900	7,296.			
Pro	1	f	All other program service	rever	nue		_	541900	1,126.			
			Total. Add lines 2a-2f					►	5,628,953.			
	3		Investment income (includ	ding o	divider	nds, in	tere	st, and				
			other similar amounts)					►	70,282.			70,282.
	4		other similar amounts) Income from investment of tax-exempt bond				nd pi	roceeds 🕨				
	5		Royalties	·				🕨				
					(i)	Real		(ii) Personal				
	6 a	а	Gross rents	6a		18,8	00.					
	l	b	Less: rental expenses \dots	6b			٥.					
	C	С	Rental income or (loss)	6c		18,8	00.					
		d	Net rental income or (loss)				►	18,800.	18,800.		
	7 a	а	Gross amount from sales of		(i) Se	ecuriti	es	(ii) Other				
			assets other than inventory	7a	1,6	70,1	05.	150.				
	ŀ	b	Less: cost or other basis									
anu			and sales expenses	7b	,	86,8		0.				
venue			Gain or (loss)	7c		.83,3		150.				
Re			Net gain or (loss)				<u>.</u>	····· ►	183,455.			183,455.
Other Re	8 8		Gross income from fundraisi	-								
ò			including \$									
			contributions reported on		,		0-					
		h	Part IV, line 18				8a 8b		-			
			Less: direct expenses Net income or (loss) from									
			Gross income from gamin									
	5.	u	Part IV, line 19	-			9a					
		b	Less: direct expenses				9b					
			Net income or (loss) from					•				
			Gross sales of inventory, I					r				
			and allowances				10a					
	I	b	Less: cost of goods sold				10b					
		с	Net income or (loss) from	sales	of inv	entor	y	►				
						-		Business Code				
Miscellaneous Revenue	11 a	а	HUNTING LEASE INCOM	Е				900099	5,098.	5,098.		
ane	I	b	MISCELLANEOUS INCOM	E				900099	500.	500.		
Sells	(с										
disc B	(d	All other revenue									
2	(e	Total. Add lines 11a-11d		<u></u>	<u></u>		►	5,598.			
	12		Total revenue. See instruction	ons					16,250,719.	5,653,351.	0.	253,737.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	Check if Schedule O contains a respons		0		
	not include amounts reported on lines 6b, 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			- y -	•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	114,156.	67,034.	28,219.	18,903.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	843,948.	495,564.	208,619.	139,765.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	25,259.	12,798.	7,131.	5,330.
9	Other employee benefits	115,260.	60,504.	37,043.	17,713.
10	Payroll taxes	72,038.	44,710.	16,249.	11,079.
11	Fees for services (nonemployees):				
а	Management				
	Legal	65,268.	65,268.		
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	27,470.		27,470.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	104,208.	104,208.		
12	Advertising and promotion	11,711.	11,711.		
13	Office expenses				
14	Information technology	30,425.	18,004.	7,343.	5,078.
15	Royalties				
16	Occupancy	81,311.	48,069.	19,685.	13,557.
17	Travel	14,326.	11,526.	1,369.	1,431.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	52,474.	52,474.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	130,575.	114,870.	14,298.	1,407.
23	Insurance	23,056.	19,374.	1,864.	1,818.
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 0.)				
а	GVALL HOLLENHAUEN AND GUD	119,708.	45,920.	41,918.	31,870.
b	APPRAISAL FEES AND CLOS	86,953.	86,953.	0.	0.
c	BOOKKEEPING, CONSULTING	60,000.	0.	60,000.	0.
d	FEES, LICENSES, AND OTH	26,724.	18,709.	6,254.	1,761.
	All other expenses	167,808.	99,784.	48,027.	19,997.
25	Total functional expenses. Add lines 1 through 24e	2,172,678.	1,377,480.	525,489.	269,709.
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 The infollowing SOP 98-2 (ASC 958-720)				
					000

TRIANGLE LAND CONSERVANCY, INC	2
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	990 (2 + X	2020) TRIANGLE LAND CONSERVANCY, INC Balance Sheet	•	58-	1514406 Page 11
1 41	נא	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	771,963.	1	802,429.
	2	Savings and temporary cash investments	780,451.	2	657,706.
	3	Pledges and grants receivable, net	200,744.	3	167,026.
	4	Accounts receivable, net		4	,
	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		5	
	6	Loans and other receivables from other disgualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	28,085.	9	38,983.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,085,246.			
	b	Less: accumulated depreciation 10b 890,686.	1,105,102.	10c	1,194,560.
	11	Investments - publicly traded securities	4,876,784.	11	1,194,560. 6,524,098.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	115,542,537.	15	129,322,826.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	123,305,666.	16	138,707,628.
	17	Accounts payable and accrued expenses	141,278.	17	146,080.
	18	Grants payable	· · · ·	18	,
	19	Deferred revenue	6,236.	19	13,929.
	20	Tax-exempt bond liabilities	· · · ·	20	,
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<i>"</i>	22	Loans and other payables to any current or former officer, director,			
Itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ē	23	Secured mortgages and notes payable to unrelated third parties	3,033,386.	23	2,875,960.
	24	Unsecured notes and loans payable to unrelated third parties		24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	335,218.	25	95,757.
	26	Total liabilities. Add lines 17 through 25	3,516,118.	26	3,131,726.
		Organizations that follow FASB ASC 958, check here 🕨 🗴			
ŝ		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	22,048,185.	27	29,542,116.
Bal	28	Net assets with donor restrictions	97,741,363.	28	106,033,786.
pd		Organizations that do not follow FASB ASC 958, check here 🕨 📃			
린		and complete lines 29 through 33.			
۶ ٥	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	119,789,548.	32	135,575,902.
-	33	Total liabilities and net assets/fund balances	123,305,666.	33	138,707,628.

Form 990 (2020)

	1990 (2020) TRIANGLE LAND CONSERVANCY, INC.	58-1	L5144	406	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					_
	Check 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		<u>,250</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,172</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,078</u>	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	119			
5	Net unrealized gains (losses) on investments	5	1	,708	3,31	13.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	135	<u>,575</u>	5,90	02.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	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?			2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	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?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
					990 /	(2020)

Form **990** (2020)

SCHEDULE A	١
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(Form	990	or	990-EZ)

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.

OMB No. 1545-0047
2020
Open to Public Inspection

Department o Internal Rever	f the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			oformation		Open to Public Inspection			
Name of	the organizati		do to www.so.go				inormation.	Employer	identification numbe			
			NGLE LAND	CONSERVANCY,	TNC.				8-1514406			
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.	0 1014400			
				For lines 1 through 12, cl								
1				on of churches described			1 V A Vi)					
2							·)(A)(I)·					
				Attach Schedule E (Form			::)					
3	=	-		anization described in se			-	()) Entor	the beenitel's name			
4		edical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
- C	city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
5				lege of university owned	or operat	eu by a go	veninentaru					
c 🗌			Complete Part II.)	nontal unit described in	nantian 1	70/61/41/41	(.)					
7 X		· -	-	nental unit described in a					while described is			
1 [1]	-		-	ntial part of its support fr	om a gove	emmentai		ie general p	Dublic described in			
•	-		complete Part II.)	(1)(A)(ui) (Complete Dor								
8	-			(1)(A)(vi). (Complete Part		od in ooniu	upotion with o	land grant				
9	-	-	-	in section 170(b)(1)(A)(-		-	-			
	-	or a non-iano-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or			
10	university:	ion that norma	Illy receives (1) more	than 22 1/20/ of its supp	ort from o	ontributior	na mambarah	in food on	d aroos rossists from			
10				than 33 1/3% of its supp								
				t to certain exceptions; a					-			
				(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	itter June 30, 1975.			
			mplete Part III.)				20(-)(4)					
11	-	-	-	ively to test for public sat	•			way out the	numpered of one or			
12	-	-	-	ively for the benefit of, to				•				
			-	ed in section 509(a)(1) o								
•	7	-		f supporting organization		-		-	aivina			
a			-	supervised, or controlled	• • • •	-						
		•		gularly appoint or elect a	majonty c				ipporting			
ь —	¬ -		complete Part IV, Se		ion with it	o ou poorto	dorgonizatio	n(a) by bay	ina			
b ∟			-	l or controlled in connect anization vested in the sa			-		•			
		-	at complete Part IV,		ame perso	ns that co		ye ine supp	Joned			
c	¬ -		-	g organization operated	in connoc	tion with		ly intograte	d with			
с		-		b). You must complete F				ly integrate	u with,			
d	¬ · ·	-		porting organization oper				tod organi-	vation(c)			
u		-		zation generally must sat				-				
		-		mplete Part IV, Sections	•		-	anallenin	611655			
•	-			written determination from								
e 🗋	—	0		nally integrated supporti			турет, туре	п, туре п				
f Ent	-	of supported of										
			n about the supporte	d organization(c)								
	i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	monetary	(vi) Amount of other			
	organizatior	ו		(described on lines 1-10	Yes	ing document? No	support (see ir	structions)	support (see instructions			
				above (see instructions))								
						L			ļ			

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 Schedule A (Form 990 or 990-EZ) 2020
 TRIANGLE
 LAND
 CONSERVANCY
 INC.
 58-1514

 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.) Dublic Support

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	3894695.	5461070.	7146978.	5193563.	<u>10343631.</u>	32039937.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge \dots									
4	4 Total. Add lines 1 through 3 3894695. 5461070. 7146978. 5193563. 10343631. 32039937.									
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)						8091852.			
6	6 Public support. Subtract line 5 from line 4. 23948085.									
	Section B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 4	3894695.	5461070.	7146978.	5193563.	10343631.	32039937.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	96,004.	105,787.	97,620.	110,547.	94,180.	504,138.			
9	Net income from unrelated business		-		-					
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	46,335.	3,767.	2,220.	1,000.	500.	53,822.			
11	Total support. Add lines 7 through 10				,		32597897.			
12	Gross receipts from related activities,	etc. (see instructio	uns)				,693,447.			
	First 5 years. If the Form 990 is for th						<u>, , </u>			
	organization, check this box and stop	-		•						
Sec	ction C. Computation of Publi									
14	Public support percentage for 2020 (li	ne 6, column (f), d	ivided by line 11, c	olumn (f))		14	73.47 %			
15	Public support percentage from 2019					15	71.13 %			
16a	33 1/3% support test - 2020. If the c					ore, check this bo				
	stop here. The organization qualifies	-								
b	33 1/3% support test - 2019. If the c		-							
	and stop here. The organization quali					, 				
17a	10% -facts-and-circumstances test									
	and if the organization meets the facts	•								
	meets the facts-and-circumstances te			-	-					
h	10% -facts-and-circumstances test		•	,	•					
~	more, and if the organization meets th	-								
	organization meets the facts-and-circu									
18	•		•							
	B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990 F7) 2020									

Schedule A (Form 990 or 990-EZ) 2020 TRIANGLE LAND CONSERVANCY, INC. 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.)

Se	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disgualified persons						
ł	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			founds an fifth to			
14	First 5 years. If the Form 990 is for the	0					·
Se	check this box and stop here ction C. Computation of Publi	c Support Per				<u></u>	
	Public support percentage for 2020 (I			column (f))		15	%
						16	%
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2020. If the					· · · ·	
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2020 TRIANGLE LAND CONSERVANCY, INC.

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2020 TRIANGLE LAND CONSERVANCY, INC.

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
-	detail in Part VI.	11c		
Sec	tion 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> 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			110
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	o antificant voice in the experimentary's investment policies and is directing the use of the experimentary's			

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.

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

с		The organization supported a g	overnmental entity.	Describe in Part VI how you supported a governn	nental 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 in 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.*

3

2a

2b

3a

3b

Yes No

Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions
		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
	2		
	3		
	4		
<u>N</u>	5		
· · ·			
	6		
		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
	4		
	5		
	6		
	7		
Minimum Asset Amount (add line 7 to line 6)	8		
8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
	6		
	All other Type III non-functionally integrated supporting organizations mus tion A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly use of securities Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (<i>explain in detail in</i> Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year	All other Type III non-functionally integrated supporting organizations must complete tion A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 tion B - Minimum Asset Amount 7 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a Average monthly value of securities 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): 4 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 3 Cash deemed	Net shorterm capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 tion B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly value of securities 1a Average that in IP art V): 2 Acquisition indebtedness applicable to non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (see instructions). 4 Net value of non-exempt use assets (subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Multy line 5 by 0.035. 6 </td

7 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 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 TRIANGLE LAND CONSERVANCY, INC.

chequie A	(FOITH 330 OF 330-EZ) 2020		CONDERVINCT	,
Part V	Type III Non-Functi	onally Integrated 509	(a)(3) Supporting O	rganizations

Schedule A (Form 990 or 990-EZ) 2020 TRIANGLE LAND CONSERVANCY, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 TRIANGLE LAND	CONSERVANCY,	INC.	58-1514406 Page 8
Part VI	Supplemental Information. Provide the explar Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section E, line (See instructions.)	nations required by Part II, 9b, 9c, 11a, 11b, and 11c; n E, lines 1c, 2a, 2b, 3a, ar	line 10; Part II, line 17a or Part IV, Section B, lines 1 Ind 3b; Part V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,

SCHEDULE	D
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Department of the Treasury

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. o to www.irs.gov/Form990 for instructions and the latest informati

the latest information.



No

No

Employer identification number 58-1514406

Interna	Revenue Service Go to www.irs.gov/Form	990 for instructions and the latest	information.			mopeouo
Nam	e of the organization			Emplo	yer iden	ntification
	TRIANGLE LAND CONS					151440
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar F	unds or Ac	counts	Com	plete if the
	organization answered "Yes" on Form 990, Part IV, li	ine 6.				
		(a) Donor advised funds	(k	o) Funds	and oth	er accoun
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 donc	or advised fund	s		
	are the organization's property, subject to the organization's	s exclusive legal control?			🖂	Yes
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds	can be used on	nly		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other pu	Irpose conferrir	ng		
						Yes
Par	t II Conservation Easements. Complete if the o	rganization answered "Yes" on Forr	n 990, Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).				
	Preservation of land for public use (for example, recre	ation or education) 🛛 🚺 Preserv	ation of a histo	rically im	portant	and area
	X Protection of natural habitat	Preserv	ation of a certif	ied histo	ric struc	ture
	X Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in th	e form of a con	servatio	n easem	ent on the
	day of the tax year.			H	eld at the	End of the
а	Total number of conservation easements			2a		1
b	Total acreage restricted by conservation easements			2b	9	9,224.
с	Number of conservation easements on a certified historic st	tructure included in (a)		2c		
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic	structure			
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re			ation du	ring the	tax

	Preservation	n of a h	istorica	ally im	porta	nt land	area
٦		-					

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year	
_		0-	140	

а	Total number of conservation easements	2a		140
b	Total acreage restricted by conservation easements	2b	9,224	.74
с	Number of conservation easements on a certified historic structure included in (a)	2c		0
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure			
	listed in the National Register	2d		0
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ year \mathbf{D}_{0}	ization duri	ng the tax	
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?		X Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation 613	on easemer	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea \$	isements di	uring the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes	No No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	nent and		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describe	s the	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar A	ssets.	
	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 ball	ance sheet	works	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of publ	ic	
	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	e sheet wor	rks of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public s	service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990. Part VIII, line 1	► \$		

	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, pro	ovid€	е	
	the following amounts required to be reported under FASB ASC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		\$_	
b	Assets included in Form 990, Part X		\$	

Schedule D (Form 990) 2020

		E LAND CONS						58-15			age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	orical Tre	asures, oi	r Other S	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make sigr	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or excl	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	how th	ney further th	e organizatio	n's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical treas	ures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne orgar	nization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	e organizatio	n answered "	'Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for o	contributions	s or other ass	sets not ind	cluded		_		_
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		_
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	stodial acco	unt liability	/?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 10					
		(a) Current year		Prior year	(c) Two year		d) Three ye		(e) Four		
1a	Beginning of year balance	2,268,189.	2	,267,917.	2,167	7,432.	2,11	L0,602.	1,		442.
b	Contributions	306,722.		70,269.	54	1,061.	3	36,793.		45,	426.
с	Net investment earnings, gains, and losses	568,573.		24,880.	73	3,374.	10	06,934.		212,	983.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	94,232.		94,877.	26	5,950.	8	36,897.		119,	249.
f	Administrative expenses										
g	End of year balance	3,049,252.	2	,268,189.	2,267	7,917.	2,10	57,432.	2,	110,	602.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment	11.0000	_%								
	Permanent endowment ► 54.0000	%									
с	Term endowment ►35.0000	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held an	d administer	ed for the	organiza	tion	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)	Х	
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza								Зb		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	/, line 11a. S	ee Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o		(b) Cost	or other	• •	cumulate	d	(d) Bool	k valu	е
		basis (investr	nent)	basis ((other)	depr	eciation				
1a	Land										
	Buildings			69	6,680.	3.	59,45	3.	337	1,2	27.
с	Leasehold improvements										
d	Equipment				5,707.		12,52				83.
	Other				2,859.	3:	18,70				50.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X <u>, colun</u>	nn (B), line 1()c.)				1,194	1,5	60.
							5	Schedule	D (Form	990)	2020

Part VII	J			
	Complete if the organization answered "Yes"			
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	ial derivatives			
	/ held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	(b) must agual Form 000 Part V col. (P) line 12)			
Part VII	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.			
i art in		on Form 000 Part IV/ line :	110 See Form 000 Part V line 12	
	Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)				
(1) (2)				
(3)				
<u>(4)</u> (5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	<u> </u>		
	Complete if the organization answered "Yes"	on Form 990. Part IV. line *	11d. See Form 990. Part X. line 15.	
		Description		(b) Book value
(1) CC	ONSERVATION LAND AND EAS	•		126,483,004
	GENCY ENDOWMENT ACCOUNTS			2,505,944
	AND OPTIONS AND OTHER			50,487
	THER RECEIVABLES			
(5)				
(5) (6)				
(6)				
(6) (7)				
(6) (7) (8)				
(6) (7) (8) (9)				283,391
(6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		283,391
(6) (7) (8) (9) Fotal. <i>(Colu</i>	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.			283,391
(6) (7) (8) (9) Total. (Colit Part X	umn (b) must equal Form 990. Part X. col. (B) line			283,391
(6) (7) (8) (9) Fotal. <u>(Coll</u> Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability			283,391
(6) (7) (8) (9) Fotal. <u>(Coll</u> Part X I. (1) Fed	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"			283,391
(6) (7) (8) (9) Fotal. (Colu Part X I. (1) Fec (2) AC	umn (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes			283,391 283,391 129,322,826 (b) Book value 81,067
(6) (7) (8) (9) Fotal. (Colu Part X I. (1) Fea (2) AC (3) DE	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes CCRUED COMPENSATION EFERRED RENT			283,391 283,391 129,322,826 (b) Book value 81,067 13,590
(6) (7) (8) (9) Fotal. (Colu Part X I. (1) Fea (2) AC (3) DE (4) TE	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes CCRUED COMPENSATION			283,391 283,391 129,322,826 (b) Book value 81,067 13,590
(6) (7) (8) (9) Fotal. (Colu Part X Part X (1) Fee (2) AC (2) AC (3) DE (3) DE (4) TE (5)	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes CCRUED COMPENSATION EFERRED RENT			283,391 283,391 129,322,826 (b) Book value 81,067 13,590
(6) (7) (8) (9) Fotal. (Colu Part X Part X I. (1) Fee (2) AC (3) DE (3) DE (4) TE (5) (6)	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes CCRUED COMPENSATION EFERRED RENT			283,391 283,391 129,322,826 (b) Book value 81,067 13,590
(6) (7) (8) (9) Fotal. (Colu Part X Part X (1) Fee (2) AC (2) AC (3) DE (4) TE (5) (6) (7)	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes CCRUED COMPENSATION EFERRED RENT			283,391 283,391 129,322,826 (b) Book value 81,067 13,590
(6) (7) (8) (9) Fotal. (Colu Part X Part X 1. (1) Fee (2) AC (3) DE (3) DE (4) TE (5) (6)	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes CCRUED COMPENSATION EFERRED RENT			283,391

TRIANGLE LAND CONSERVANCY, INC.

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 .

58-1514406 Page 3

Schedule D (Form 990) 2020

Sche	edule D (Form 990) 2020 TRIANGLE LAND CONSERVANCY,	INC.		58-	1514406	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit				
	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	17,931,	562.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	1,708,313.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	1,708,	
3	Subtract line 2e from line 1			3	16,223,	249.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	27,470.			
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c	27,	470.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	16,250,	719.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem		th Expenses per H	Retur	'n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				0 145	200
1	Total expenses and losses per audited financial statements			1	2,145,	208.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities			-		
b	, , ,			-		
С	Other losses			-		
d	Other (Describe in Part XIII.)			_		•
е				2e	0.115	0.
3	Subtract line 2e from line 1			3	2,145,	208.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>			
а	······································		27,470.	_		
b	Other (Describe in Part XIII.)	. 4b				
С	Add lines 4a and 4b			4c		470.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,172,	678.
Pa	rt XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9:

THE ORGANIZATION REPORTS DONATED CONSERVATION EASEMENTS AS CONTRIBUTIONS
OF LAND IN ITS STATEMENT OF ACTIVITIES (REVENUE AND EXPENSE STATEMENT),
WITH AN OFFSETTING RECORDING OF A LAND ASSET ON THE BALANCE SHEET, USING
THE FAIR MARKET VALUE (APPRAISED VALUE) OF THE CONSERVATION EASEMENT.
PURCHASED CONSERVATION EASEMENTS ARE RECORDED ON THE BALANCE SHEET AT COST
AND ARE CLASSIFIED AS LAND ASSETS. THE FOLLOWING EXCERPT FROM THE
ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DESCRIBES ITS ACCOUNTING
POLICY FOR CONSERVATION EASEMENTS < CONSERVATION LAND AND EASEMENTS ARE
RECORDED AT COST IF PURCHASED OR, IF DONATED, AT APPRAISED VALUE AT THE
DATE OF DONATION.>

Schedule D (Form 990) 2020	TRIANGLE LAND	CONSERVANCY,	INC.	58-1514406	Page 5
Part XIII Supplemental Inform	mation (continued)				

PART V, LINE 4:

TRIANGLE LAND CONSERVANCY'S ENDOWMENT FUNDS PROVIDE LONG-TERM SUPPORT FOR

THE STEWARDSHIP OF ITS CONSERVATION LAND AND EASEMENTS. ENDOWMENT FUNDS

HELD AND ADMINISTERED FOR THE ORGANIZATION BY UNRELATED ORGANIZATIONS ARE

PRIMARILY USED TO FULFILL STEWARDSHIP RESPONSIBILITIES OR FOR THE

CONSERVANCY'S GENERAL OPERATING PURPOSES.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047 2020

Open to Public

. Inspection

ſ

Employer identification number

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization	

	TRIANGLE LAND CONSERVANCY, INC.					5144(06			
Par	Part I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining		;		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	10	52,533.	FAIR VALUE					
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other \dots	X	7	3,920,596.	APPRAISAL					
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other	X	4	2,770,000.	APPRAISAL					
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (VARIOUS)	X	5	6,349.	FAIR VALUE					
26	Other 🕨 ()									
27	Other ► ()									
28	Other 🕨 ()									
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions						
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29						
						Y	'es	No		
30a	During the year, did the organization receive by		• • • • •							
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for					
	exempt purposes for the entire holding period?	,				30a	_	<u> </u>		
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	ions?	31	X			
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash						
	contributions?					32a		X		
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in ca	olumn (c) foi	r a type of property	for which column (a) is cheo	ked,					

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

Schedule M	(Form 990) 2020	TRIANGLE	LAND	CONSER	VANCY,	INC.	58-1514406	Page 2
Part II	Supplemental	I Information.	Provide tl	ne informatior	n required by	y Part I, lines 3	0b, 32b, and 33, and whether the organizati eived, or a combination of both. Also compl	ion
	is reporting in Par	t I, column (b), the	number o	f contribution	s, the numb	er of items rec	eived, or a combination of both. Also compl	lete
	this part for any a	dditional information	on.					

SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ



TRIANGLE LAND CONSERVANCY, INC. Employer identification number 58-1514406

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CLEAN WATER, NATURAL HABITAT, AGRICULTURAL USES, OUTDOOR RECREATION,

AND SCENIC VIEWS IN CHATHAM, DURHAM, JOHNSTON, LEE, ORANGE, AND WAKE

COUNTIES IN NORTH CAROLINA, INCLUDING PURCHASED AND DONATED LAND AND

CONSERVATION EASEMENTS. CONSERVATION LAND HELD BY TRIANGLE LAND

CONSERVANCY IS MANAGED TO PROTECT ITS NATURAL RESOURCES AND IS OFTEN

AVAILABLE FOR SCIENTIFIC AND EDUCATIONAL PURPOSES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STEWARDSHIP, CATALYZING COMMUNITY ACTION, AND COLLABORATION. SINCE

1983, TLC HAS PROTECTED OVER 20,000 ACRES, INCLUDING 147 MILES OF

THROUGH PURCHASE AND CONSERVATION EASEMENTS IN CHATHAM, STREAMS,

DURHAM, JOHNSTON, LEE, ORANGE, AND WAKE COUNTIES IN NORTH CAROLINA. TLC

OWNS AND MANAGES 7 PRESERVES ACROSS THE REGION: 6 ARE OPEN TO THE

PUBLIC DAILY AND IRVIN FARM IS USED BY HUNDREDS OF CHILDREN AND REFUGEE

FARMERS EACH YEAR. SUBSEQUENT TO JUNE 30, 2020, TLC OPENED ITS 8TH

PRESERVE, THE BAILEY AND SARAH WILLIAMSON PRESERVE, IN WAKE COUNTY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LAND PROTECTION: IN FY 2021, TLC PROTECTED 1,265 ACRES OF PRIORITY CONSERVATION LAND, COMPRISED OF 272 ACRES PURCHASED OUTRIGHT AND 993 ACRES PROTECTED BY CONSERVATION EASEMENTS. EACH OF THESE CONSERVATION PROPERTIES SUPPORTED AT LEAST TWO OF THE BENEFITS OF CONSERVATION THAT TLC PRIORITIZES: SAFEGUARDING CLEAN WATER, LOCAL FARMS AND FOODS, NATURAL HABITAT, AND CONNECTING PEOPLE WITH NATURE. CONSERVATION

Schedule O (Form 990 or 990-EZ) 2020	Page 2		
Name of the organization TRIANGLE LAND CONSERVANCY, INC.	Employer identification number $58-1514406$		
EASEMENTS ARE LEGAL AGREEMENTS BETWEEN A LANDOWNER AND A LAND TRUST			
THAT LIMIT USES OF THE LAND IN ORDER TO PROTECT ITS CONSERVATION VALUES			
IN PERPETUITY. SPECIFIC TERMS OF INDIVIDUAL EASEMENTS VARY, BUT IN			
GENERAL THEY LIMIT FUTURE DEVELOPMENT. OF THE 1,265 ACRES PROTECTED			
THIS YEAR, 471 WERE FARMLAND.			

THESE ACRES ENCOMPASS MORE THAN 17 MILES OF STREAM, FOR A TOTAL OF 164 MILES OF STREAM TLC HAS CONSERVED SINCE 1983. ANOTHER STEP IN PROTECTING CLEAN WATER OUTLINED IN THE STRATEGIC ACTION PLAN (SAP) WAS TO WORK TO IMPLEMENT THE WATERSHED CONSERVATION STRATEGY TLC HELPED TO DEVELOP FOR JORDAN LAKE. WORKING CLOSELY WITH LOCAL GOVERNMENTS TLC CONTINUES TO INCREASE FUNDING FOR SOURCE WATER PROTECTION AND CONSERVED 400 ACRES IN THE UPPER CAPE FEAR BASIN. WE ALSO CONTINUED OUR LONG-TERM WATERSHED PROTECTION EFFORTS IN THE UPPER NEUSE WATERSHED. TOGETHER WITH PARTNERS, TLC HAS HELPED PROTECT OVER 10,000 ACRES AND 100 MILES OF STREAM IN THIS DRINKING WATER SUPPLY WATERSHED, INCLUDING 860 ACRES TLC PROTECTED IN FY 2021.

TLC HAS ALSO REDOUBLED OUR EFFORTS TO ENSURE OUTDOOR SPACES ARE ACCESSIBLE TO EVERYONE IN THE TRIANGLE. THIS GOAL CANNOT BECOME REALITY WITHOUT ACTIVELY WORKING TO END SYSTEMIC RACISM, WHICH FOR CENTURIES HAS LED TO INEQUITIES IN OWNERSHIP OF, ACCESS TO, AND ENJOYMENT OF THE OUTDOORS. AS PART OF THIS WORK, WE HIRED CONSULTANTS TO DO A FEASIBILITY STUDY FOR A CONSERVATION PROGRAM THAT WILL BOTH PROTECT LOCAL FARMS AND INCREASE LAND OWNERSHIP BY BLACK AND OTHER PEOPLE OF COLOR; THE GOOD GROUND INITIATIVE WILL LAUNCH IN FY 2022. TRIANGLE LAND CONSERVANCY, INC.

HUNDREDS OF PEOPLE ENJOY TLC PROPERTIES EVERY DAY. IN FY 2021, BRUMLEY PRESERVE CONTINUED TO SEE INCREASED USAGE WITH OVER 40,000 VISITORS ENJOYING THE PRESERVE.

TLC CONTINUED IMPLEMENTATION OF THE FARM PLAN AT WILLIAMSON PRESERVE AT

WALNUT HILL AND NOW HOSTS 5 FARM PARTNERS, WHO USE REGENERATIVE

AGRICULTURE TECHNIQUES TO SUPPORT AN APIARY, PERENNIAL AND ANNUAL

CROPS, LIVESTOCK, AND A NATIVE TREE NURSERY.

TLC ALSO CONDUCTED A PRESCRIBED BURN AND PLANTED A WILDFLOWER MEADOW AT WILLIAMSON PRESERVE AS PART OF RESTORATION EFFORTS TO PROMOTE EARLY SUCCESSIONAL HABITAT AND INCREASE THE NUMBER OF POLLINATORS, WHICH WILL SUPPORT OUR FARM PARTNERS. THE WILDFLOWER MEADOW ALSO PROVIDED A STUNNING VISTA FOR VISITORS TO THE PRESERVE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ADDITIONALLY, VOLUNTEERS PARTICIPATED IN SEVERAL VIRTUAL AND AT-HOME ACTIVITIES - WHICH ALLOWED THEM TO MAKE A LARGE IMPACT WITHOUT RISKING COMMUNITY HEALTH.

TLC HAS A GOAL TO EXPAND OUR AUDIENCE AND CELEBRATE CONSERVATION FOR EVERYONE - SOMETHING THAT WOULD NOT BE POSSIBLE WITHOUT OUR PARTNERS. WE COLLABORATED WITH SEVERAL PARTNERS IN FY 2021 TO BROADEN OUR AUDIENCE. NOTABLY, WE HOSTED AN IN-PERSON TOUR OF THE STAGVILLE STATE HISTORIC SITE WITH OVER 30 MEMBERS OF THE RALEIGH-DURHAM CHAPTER OF OUTDOOR AFRO. STAGVILLE WAS ONE OF THE LARGEST PLANTATIONS IN NORTH CAROLINA AND IS ADJACENT TO TLC'S HORTON GROVE NATURE PRESERVE, WHERE

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THE GROUP HIKED AFTERWARDS. TLC STAFF ALSO GAVE PRESENTATI	IONS ABOUT
CAREERS IN CONSERVATION TO THE BOOST PROGRAM AT DUKE UNIVE	ERSITY, AND
THE NEIGHBORHOOD ECOLOGY CORPS - TWO GROUPS THAT CONNECT	
UNDERREPRESENTED CHILDREN TO SCIENCE, TECHNOLOGY, ENGINEER	RING, AND
MATH. IN TOTAL, WE CONNECTED WITH 21 PARTNERS.	
WHEN LOOKING FOR SAFE WAYS TO ENGAGE WITH OUR COMMUNITY, 7	THE TLC HIKING
CHALLENGE AND TRIANGLE EXPLORERS PROGRAM PROVIDED A BOUNTY	Y OF RESOURCES
TO THE PUBLIC. THE HIKING CHALLENGE SAW A HUGE GROWTH IN H	PARTICIPATION:
529 PEOPLE LOGGED A TOTAL OF 1,086 DIFFERENT HIKES ON TLC	NATURE
PRESERVES, MORE THAN DOUBLE THE NUMBER OF LOGGED HIKES IN	FY 2020. THE
TRIANGLE EXPLORER PROGRAM WAS AN INNOVATIVE WAY TO GET KII	DS INVOLVED
WITH LOCAL CONSERVATION. THIS PROGRAM REACHED 192 PARTICIP	PANTS,
PROVIDING HANDS-ON ACTIVITIES TO CHILDREN THAT COULD BE CO	OMPLETED IN
THEIR LIVING ROOMS, BACKYARDS, AND TLC NATURE PRESERVES.	

COMMUNICATIONS: TLC CONTINUES TO INCREASE PUBLIC AWARENESS ABOUT CONSERVATION AND TLC'S WORK IN OUR REGION IN A NUMBER OF WAYS. TLC'S SOCIAL MEDIA CHANNELS HAVE MAINTAINED A ROBUST AUDIENCE, WITH JUST OVER 17,000 TOTAL FOLLOWERS. TAKEN TOGETHER, OUR SOCIAL MEDIA CHANNELS ATTRACT ROUGHLY 240 NEW FOLLOWERS EACH MONTH. THESE INCREASES MAY BE IN PART DUE TO EFFORTS TO CONNECT WITH AND SHARE MORE CONTENT FROM PARTNER ORGANIZATIONS AND INDIVIDUALS, ESPECIALLY ORGANIZATIONS THAT HAVE NOT BEEN PART OF OUR CORE DEMOGRAPHICS IN THE PAST--YOUNG PEOPLE AND PEOPLE OF COLOR.

TLC'S WEBSITE HAS SEEN A SIMILAR INCREASE IN USAGE, WITH AVERAGE

MONTHLY USERS WELL OVER 8,000 AND PAGE VIEWS AT ROUGHLY 23,000 PER

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MONTH, INCREASES OF ROUGHLY 7,000 NEW USERS AND 17,000 MOR	E PAGE VIEWS
PER MONTH OVER FY20. MORE THAN 3,450 HOUSEHOLDS RECEIVE TH	E CONFLUENCE
(PRINTED NEWSLETTER) AND THERE ARE OVER 7,000 SUBSCRIBERS	TO THE
MEANDER E-NEWSLETTER.	

AT LEAST ONE NEW KIOSK PANEL DESIGN HAS BEEN CREATED AND INSTALLED AT EACH OF TLC'S PUBLIC NATURE PRESERVES, WITH AN ADDITIONAL SIGNAGE PROJECT ONGOING AT IRVIN FARM, WHICH WILL HELP LIMIT OUTSIDE TRAFFIC AND AID WAYFINDING.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP IN TLC IS OPEN TO ALL INDIVIDUALS WHO, OR ENTITIES THAT, MEET

THE CRITERIA FOR MEMBERSHIP ESTABLISHED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OF TLC SHALL ELECT THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS SHALL NOMINATE A SLATE OF CANDIDATES AND SUBMIT IT TO THE MEMBERSHIP WITH AT LEAST TWENTY (20) DAYS' NOTICE. MEMBERS SHALL VOTE FOR INDIVIDUAL CANDIDATES ON THIS SLATE. MEMBERS MAY PROPOSE CANDIDATES BY A PETITION OF TEN (10) OR MORE MEMBERS ADDRESSED TO THE BOARD OF DIRECTORS AT ANY TIME. IF RECEIVED MORE THAN TWENTY (20) DAYS BEFORE A SCHEDULED VOTE, THE NAMES OF THE PROPOSED CANDIDATES SHALL BE INCLUDED ON THE BALLOT. IF A PETITION IS RECEIVED LESS THAN TWENTY (20) DAYS OF A SCHEDULED VOTE, THE BOARD OF DIRECTORS MAY, AT ITS SOLE DISCRETION, SEND A REVISED BALLOT TO THE MEMBERS THAT INCLUDES THE NAMES ON THE PETITION, OR HOLD THE NAMES TO BE INCLUDED ON THE BALLOT FOR THE IMMEDIATELY FOLLOWING ELECTION CYCLE, OR IGNORE THE LATE SUBMISSION.

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FORM 990, PART VI, SECTION B, LINE 11B:					
PRIOR TO FILING FORM 990, THE ORGANIZATION'S FINANCE AND INVESTMENT					
COMMITTEE REVIEW A COPY OF THE RETURN AND THEN FORWARD IT	TO THE BOARD OF				
DIRECTORS FOR THEIR APPROVAL.					

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS AND DIRECTORS REVIEW THE CONFLICT OF INTEREST POLICY AT EACH BOARD

AND COMMITTEE MEETING. THE ORGANIZATION'S POLICIES ARE MADE KNOWN TO

INCOMING OFFICERS AND DIRECTORS DURING BOARD MEMBER ORIENTATION.

ADDITIONALLY, OFFICERS, DIRECTORS, AND EMPLOYEES ARE PROVIDED WITH A COPY

OF THE POLICY EACH YEAR AND MUST SIGN AN ACKNOWLEDGEMENT THAT THEY HAVE

READ AND AGREE TO ABIDE BY THE POLICY. CONFLICTS OF INTEREST RELATED TO

BOARD DECISIONS, IF ANY, ARE DULY NOTED IN THE WRITTEN BOARD MEETING

MINUTES.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S PROCESS FOR DETERMINING EXECUTIVE COMPENSATION INCLUDES THE FOLLOWING:

(1) OBTAINS COMPENSATION DATA FROM THREE SIMILAR POSITIONS IN SIMILAR COMMUNITIES, (2) COMPENSATION MUST BE APPROVED BY THE EXECUTIVE COMMITTEE, EXCLUSIVE OF VOTING PARTICIPATION BY THE EXECUTIVE, AND (3) THE EXECUTIVE COMMITTEE MUST DOCUMENT THE BASIS FOR ITS DETERMINATION OF COMPENSATION, INCLUDING THE TERMS AND DATE OF THE APPROVED COMPENSATION, THE COMMITTEE MEMBERS PRESENT DURING THE DISCUSSION AND THOSE WHO APPROVED THE TERMS, THE COMPARABILITY DATA THAT WAS RELIED UPON BY THE COMMITTEE AND HOW THE DATA WAS OBTAINED, AND ANY ACTIONS BY A MEMBER OF THE COMMITTEE HAVING A CONFLICT OF INTEREST.

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FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PUTS ITS GOVERNING DOCUMENTS AND FORM 990	ON ITS WEBSITE.
IN ADDITION, THE ORGANIZATION PRODUCES AN ANNUAL REPORT TH	AT INCLUDES
FINANCIAL INFORMATION, WHICH IS MAILED TO ITS CONTRIBUTORS	. THE CONFLICT OF
INTEREST POLICY IS SHARED WITH THE BOARD OF DIRECTORS AND	ORGANIZATION
STAFF IN THE APPROPRIATE MANUALS, AT ORIENTATION, AND ANNU	ALLY. THE
ORGANIZATION'S FORM 1023 IS AVAILABLE UPON REQUEST.	