PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning J	<u>UL 1, 2022</u> and	ending J	<u>UN 30, 2023</u>	3		
	heck if pplicable	C Name of organization			D Employer identi	fication number		
	Addres	TRIANGLE FAMILY SERVICE	ES, INC.					
	Name change	5	,		56-05474	491		
	Initial return	Number and street (or P.O. box if mail is not del	E Telephone numb					
	Final return/	3937 WESTERN BLVD	,		919-821-			
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	3,967,178.		
	Ameno return	RALEIGH, NC 2/000			H(a) Is this a group	return		
	Applic tion	F Name and address of principal officer.	A LOWE-HALL		for subordinate	es? Yes X No		
	pendir	SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No		
<u>I T</u>	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions		
	Vebsit				H(c) Group exempt			
		5. ga	sociation Other	L Year	of formation: 1937	M State of legal domicile; NC		
Pa	rt I	Summary		MOLE E	AMTIN CEDIN	OR LO		
ø		Briefly describe the organization's mission or most						
and		MISSION IS TO BUILD A STRO						
Governance	l		ntinued its operations or dispos			1 4 4		
ģ		Number of voting members of the governing body (Number of independent voting members of the gov			<u>3</u>			
		Total number of individuals employed in calendar y						
Activities &		Total number of volunteers (estimate if necessary)				1.0.0		
ξ		Total unrelated business revenue from Part VIII, col				_		
ĕ		Net unrelated business taxable income from Form						
			,		Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)			5,170,221	3,340,710.		
	9	Program service revenue (Part VIII, line 2g)			639,148			
eve	10	Investment income (Part VIII, column (A), lines 3, 4,			-5,355			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		-5,682				
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		5,798,332			
	13	Grants and similar amounts paid (Part IX, column (A	A), lines 1-3)		1,182,513			
	l .	Benefits paid to or for members (Part IX, column (A			0 .			
S	15	Salaries, other compensation, employee benefits (F			3,259,004			
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0 .	0.		
ă X	b	Total fundraising expenses (Part IX, column (D), line	' '		000 013	000 100		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d,			809,813			
		Total expenses. Add lines 13-17 (must equal Part I)			5,251,330			
		Revenue less expenses. Subtract line 18 from line	12		547,002 ginning of Current Year			
ts o	200	Total assets (Dort V. line 16)			3,446,914			
Asse Bala	20 21	-			185,160			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from	line 20		3,261,754			
Pa	rt II	Signature Block	III 10 20		0,202,702	2/012/0/50		
Und	er pena	Ities of perjury, I declare that I have examined this return,	including accompanying schedule	s and stateme	ents, and to the best of n	ny knowledge and belief, it is		
	-	t, and complete. Declaration of preparer (other than office						
Sign	ı	Signature of officer			Date			
Her	е	KIM CLARK, BOARD TREASURER	₹					
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature	I	Date Check if	PTIN		
Paid		BREE-ANN WEIDNER			self-empl			
Prep		Firm's name CHERRY BEKAERT ADV			Firm's EIN	88-2730877		
Use Only Firm's address 3800 GLENWOOD AVE, SUITE 200								
_		RALEIGH, NC 27612			Phone no. 9	19-782-1040		
May	the IF	RS discuss this return with the preparer shown above	ve? See instructions			X Yes No		

Га	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	THE MISSION OF TRIANGLE FAMILY SERVICES (TFS) IS TO BUILD A STRONGER
	COMMUNITY BY STRENGTHENING THE FAMILY.
	COMMONITI DI DINDNOTHUNINO IND IANIDI:
2	Did the organization undertake any significant program services during the year which were not listed on the
2	T77
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
2	
3	· · · · · · · · · · · · · · · · · · ·
	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 \$ 922,962. including grants of \$ 125.) (Revenue \$ 303,103.)
	MENTAL HEALTH: TFS PROVIDES OUTPATIENT THERAPY TO CHILDREN, ADULTS AND
	FAMILIES FOR AN ARRAY OF MENTAL HEALTH CONCERNS, WITH A FOCUS ON
	TREATING TRAUMA ACROSS THE LIFESPAN. TFS THERAPISTS ARE CREDENTIALED
	IN EVIDENCE-BASED THERAPIES FOR TRAUMA, WITH A SPECIALTY IN SERVING
	CHILDREN AND FAMILIES WHO EXPERIENCE SEXUAL ABUSE OR PROBLEM SEXUAL
	BEHAVIOR. THERAPEUTIC SERVICES ALSO INCLUDE PARENTING EDUCATION AND
	PARENT SUPPORT GROUPS.
4b	(Code:) (Expenses \$
	FINANCIAL STABILITY: TFS HUD-CERTIFIED COUNSELORS OFFER INDIVIDUAL AND
	GROUP FINANCIAL COUNSELING SERVICES COVERING TOPICS SUCH AS BUDGETING,
	CREDIT REPAIR AND SAVINGS STRATEGIES.
40	(Code:) (Expenses \$ 669,433. including grants of \$) (Revenue \$ 284,446.)
70	FAMILY SAFETY: TFS PROVIDES PSYCHOEDUCATIONAL GROUPS AND INDIVIDUAL
	CASE MANAGEMENT FOR CLIENTS WHO HAVE BEEN COURT-ORDERED OR CPS-MANDATED
	TO ATTEND A DOMESTIC VIOLENCE INTERVENTION PROGRAM OR AN ANGER
	MANAGEMENT PROGRAM. ADDITIONALLY, TFS OFFERS SUPERVISED VISITATION FOR
	CHILDREN TO SPEND TIME WITH THEIR NON-CUSTODIAL PARENT AND FAMILY
	DURING UNRESOLVED LEGAL ISSUES OR FAMILY CRISIS, AS WELL AS FACILITATED
	EXCHANGE FOR OFF-SITE VISITATION TO MINIMIZE CHILD EXPOSURE TO PARENTAL
	CONFLICTS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 1,571,938. including grants of \$ 303,037.) (Revenue \$)
4e	Total program service expenses 3,402,669.
	Form 990 (2022)

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Form 990 (2022) TRIANGLE FAMILY SERVICES, 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)?		37	
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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	_		3,7
_	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	_		, v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			 ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			_v
40	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	40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		X
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022) TRIANGLE FAMILY SERVICES, 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	Х	
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		
	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		
	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 the 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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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			l
	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 on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				
	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 57			
b		-		
С	(acceptational accidentation and a participation of the contraction of		v	
	(gambling) winnings to prize winners?	1c	X	

Form 990 (2022) TRIANGLE FAMILY SERVICES, INC.

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

			Yes	No
2 a	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 99	1	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		X
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		5a		Х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- JC		
oa	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ju		
~	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	15 m 5 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	IJa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	L	Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2022) TRIANGLE FAMILY SERVICES, INC. 56-054/491 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0		
а	The governing body?	8a	Х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This decide b requests information about policies not required by the internal hereful decide.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed 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	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's 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, and	financ	cial	
	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			
	TOM GEBBIA - 919-821-0790			
	3937 WESTERN BLVD., RALEIGH, NC 27606			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	liga		((C)		Satt	(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	hours per week	box, unless person is both a officer and a director/trustee		tee)	from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for related	Individual trustee or director	stee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	1000 (120)	and related
	below	vidual	itutior	cer	Key employee	hest co	ner			organizations
	line)	Indi	Inst	Officer	Key	Figh	Former			
(1) ALICE STAFFORD-LUTZ	40.00	-						140 400	•	•
CEO (TERM - 01/01/23)	40.00			Х				148,400.	0.	0.
(2) VERDINA M WALKER	40.00	-		,,				70 440	0	•
DIR OF FINANCE (01/01/22-10/22/22)	40.00			Х				72,448.	0.	0.
(3) SEAIRA M GREEN	40.00	1		х				67 600	0.	0
CPO (07/11/22-12/31/22) (4) CARISSA D BORAM	40.00			^				67,690.	0.	0.
COO (01/01/22-08/05/22)	40.00	1		х				44,587.	0.	0.
(5) CHRISTINA B SAILSTAD	40.00			^				44,307.	0.	<u></u>
COO (07/11/22-12/31/22)	40.00	1		х				43,215.	0.	0.
(6) RUSS JONES	1.00							13/2130		
CHAIR		Х		х				0.	0.	0.
(7) KIMBERLY BARTMAN	1.00							-	-	
VICE CHAIR		Х		х				0.	0.	0.
(8) MICHAEL SANDMAN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(9) KIM CLARK	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) NIDAL ALAWAR	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ANGELA BOYKIN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) JAMAL JONES	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(13) JON JORDAN	1.00	ļ								•
DIRECTOR	1 00	Х				_		0.	0.	0.
(14) TAMI LANGTON	1.00	.,								•
DIRECTOR	1 00	Х						0.	0.	0.
(15) FRANK LEMANSKI	1.00	. ,							0	•
DIRECTOR (16) ANTONIA DEDDOZA	1 00	Х				-		0.	0.	0.
(16) ANTONIA PEDROZA DIRECTOR	1.00	Х						0.	0.	0.
(17) ERIN SMITH	1.00	Λ			\vdash			0.	0.	U •
DIRECTOR	1.00	Х						0.	0.	0.
DIRECTOR	I	Δ	L					1 0.	ı	000

Form **990** (2022)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghe	st C	ompensated Employee	s (continued)				
(A)	(B)			•	C)			(D)	(E)		1	(F)	
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable	l l		d	
	hours per week	box	, unle: cer ar	ss per	rson i	is bot	h an	compensation	compensation		l .	nount c	of .
	(list any		T			T	100,	from the	from related organization		l .	other	tion
	hours for	direct				Ļ		organization	(W-2/1099-MIS		l	pensat om the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		l	anizatio	
	organizations	trust	al tru		oyee	om pe		1099-NEC)	ĺ		_	d relate	
	below	ndividual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				orga	anizatio	ากร
	line)	Indi	Inst	Officer	Key	E High	윤				<u> </u>		
(18) BILL SPRUILL	1.00												_
DIRECTOR	1 00	Х						0.		0.	<u> </u>		0.
(19) WILLY STEWART	1.00												_
DIRECTOR	1 00	Х				_	_	0.		0.	<u> </u>		0.
(20) JOLIA STOY	1.00									_	1		^
DIRECTOR	1 00	Х				_	_	0.		0.	<u> </u>		0.
(21) CAROLINE SULLIVAN	1.00									_	1		^
DIRECTOR	1 00	Х	_			┝	_	0.		0.			0.
(22) ROD WEBB	1.00	.,								_	1		^
DIRECTOR	1 00	Х				├	_	0.		0.			0.
(23) EMILY ZIEGLER DIRECTOR	1.00	Х						0.		0.			۸
(24) LISA LOWE-HALL	40.00	Λ				\vdash		0.		<u> </u>	$\vdash \vdash$		0.
CEO (02/2023 - CURRENT)	40.00	1		Х				0.		0.			0.
CHO (02/2023 CORRENT)						\vdash		0.		•			<u> </u>
		1											
1b Subtotal	•							376,340.		0.			0.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								376,340.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	,000 of reportable	Э			
compensation from the organization													1
										ſ		Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	loye	e, o	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		<u>X</u>
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	•				•			•					37
rendered to the organization? f "Yes," con	nplete Schedul	e J fo	or sı	ıch <u>ı</u>	oers	on					5		X
Section B. Independent Contractors							41	1 1 1 1	2400 000 - 1				
1 Complete this table for your five highest co										bensa	tion ire)III	
the organization. Report compensation for	trie caleridar y	ear e	riair	ig w	illi C	or wi	unin	(B)	ear.		((
(A) Name and business	address	NO	ONE	7				Description of s	services	С		رر nsation	1
		-110	7111				\dashv	1					
										l			
										l			
													
							\perp						
2 Total number of independent contractors (i	ncluding but n	ot lin	nited	to t	thos	se lis	sted	above) who received me	ore than				

0

\$100,000 of compensation from the organization

Page 9

		Check if Schedule O co	ontains a respo	nse or note to any lin	ne in this Part VIII			🔲
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
						lunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns	1a	50,000.				
an			1b	•	-			
تِ ق		Fundraising events		79,100.				
řts,		Related organizations		,				
nia G		Government grants (contrib	outions) 1e	2,084,109.				
Sir		All other contributions, gifts, g			-			
e Ei	•	similar amounts not included a		1,127,501.				
흥류	g				-			
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	iles iα-ii [Ig]ψ		3,340,710.			
0 0		Total: Add lines 1a-11		Business Code	3731077100			
	2 a	IND/FAMILY COU	INSELTING	624100	303,103.	303,103.		
ļ ķ	Za	FAMILY SAFETY		624100	284,446.	284,446.		
er ue	D			_ 024100	201,110.	204,440.		
m S	C			_				
gra Re	d			_				
Program Service Revenue	e	A II - 41		_				
-	T	All other program service re			587,549.			
$\overline{}$	<u>g</u>	Total. Add lines 2a-2f			307,349.			
	3	Investment income (includi		•	12,049.			12,049.
					12,049.			12,049.
	4	Income from investment of	•	na proceeas				
	5	Royalties	(i) Real	(ii) Dorognol				
				(ii) Personal	-			
	6 a		6a		-			
	b		6b		-			
	С		6c					
		Net rental income or (loss)		(:) OH				
	7 a	Gross amount from sales of	(i) Securiti	es (ii) Other	-			
		,	<u>7a </u>		-			
_	b	Less: cost or other basis		70 005				
Jue			7b	72,935. -72,935.	-			
ther Revenue		ν , ι	7c		72.025			70.025
~		Net gain or (loss)			-72,935.			-72,935.
iper	8 a	Gross income from fundraising						
ō		including \$79						
		contributions reported on li	•					
		Part IV, line 18		8a 0.	-			
		Less: direct expenses		8b 14,727.	14 505			14 505
		Net income or (loss) from for		ts	-14,727.			-14,727.
	9 a	Gross income from gaming						
		Part IV, line 19		9a	-			
		Less: direct expenses		9b				
		Net income or (loss) from g						
	10 a	Gross sales of inventory, le						
		and allowances		10a	-			
	b	Less: cost of goods sold		10b				
\rightarrow	С	Net income or (loss) from s	ales of inventor					
<u>0</u>		VT 6687 T	T1100	Business Code	06 050			06 070
30 n	11 a	MISCELLANEOUS	TNCOME	900099	26,870.			26,870.
Miscellaneous Revenue	b							
Sev Sev	С							
Mis		All other revenue			06.050			
\perp	е	Total. Add lines 11a-11d			26,870.	505 546		40 = 40
	12	Total revenue. See instruction	ns		3,879,516.	587,549.	0.	-48,743.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 424,554. 424,554. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 399,870. 70,698. 235,177. 93,995. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,333,622. 1,890,118. 378,841. 64,663. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 285,326. 233,239. 41,479. 10,608. Other employee benefits 9 232,129. 148,378. 74,204. 9,547. 10 Payroll taxes 11 Fees for services (nonemployees): Management 959. 959. Legal 42,799. 37,869. 4,930. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 311,900. 223,331. 43,412. 45,157. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 81,851. 59,012. 12,902. 9,937. 13 Office expenses 136,431. 117,792. 9,435. 9,204. Information technology 14 Royalties 15 73,731. 56,524. 17,207. 16 Occupancy 31,618. 29,506. 412. 1,700. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 21,670. 20,435. 907. 328. Conferences, conventions, and meetings 19 34. 29. 5. 20 Payments to affiliates 21 62,640. 36,240. 26,400. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 56,782. 54,944. 1,728. 110. MEMBERSHIP DUES d 2,775. 2,775. All other expenses 4,498,691. 3,402,669. 850,773. 245,249. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

Pai	τx	Balance Sneet					
		Check if Schedule O contains a response or note	e to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			43,986. 461,863.	1	337,188.
	2		porary cash investments				592,488.
	3	Pledges and grants receivable, net			1,329,332.	3	388,790.
	4	Accounts receivable, net			72,304.	4	25,394.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	5			104,507.	9	41,629.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,817,898.			
	b	Less: accumulated depreciation		387,289.	1,398,103.	10c	1,430,609.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1		36,819.	12	36,997.
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	3,446,914.	16	2,853,095.
	17	Accounts payable and accrued expenses			170,510.	17	152,319.
	18	Grants payable			18		
	19	Deferred revenue			14,650.	19	58,197.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
ia de		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X			
		of Schedule D		·····	105 160	25	010 F16
	26	Total liabilities. Add lines 17 through 25		7	185,160.	26	210,516.
S		Organizations that follow FASB ASC 958, che	ck here	e X			
JCe	0=	and complete lines 27, 28, 32, and 33.		3,261,754.		2,642,579.	
<u>a</u>	27	Net assets without donor restrictions	3,201,734.	27	2,042,379.		
e B	28	Net assets with donor restrictions			28		
ڃَ		Organizations that do not follow FASB ASC 95	os, cne	ck nere			
è	00	and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
λtΑ	31	Retained earnings, endowment, accumulated inc			3,261,754.	31	2,642,579.
ž	32	Total lightilities and not exects found belonges			3,446,914.	32	
	33	Total liabilities and net assets/fund balances			J,440,J14.	33	2,853,095.

Pai	T 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	3,87		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,49		
3	Revenue less expenses. Subtract line 2 from line 1	3	-61		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,26	1,7	<u>54.</u>
5	Net unrealized gains (losses) on investments	5			
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	2,64	2,5	79.
Pai	t 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 on Schedule	0.			
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	X	
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	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	X	
	-		Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

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

		TRIA	NGLE FAMIL	Y SERVICES,	INC.			5	6-0547491
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found							
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ılly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general į	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	Ш	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9	Ш	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	p fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Co							
11	\mathbb{H}	An organization organized a							_
12	Ш	An organization organized a	•	•	-			-	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that	• •					-	
а			· · · · · · · · · · · · · · · · · · ·	·	•	-			
		the supported organization			majority o	or the aired	tors or trustee	es of the su	apporting
		organization. You must o	= :		.:			-(-\ ll	atan an
b	L	☐ Type II. A supporting org							
		control or management o organization(s). You mus			arrie persor	iis iiiai co	TILIOI OI IIIAIIAŲ	je trie supp	oorted
С		Type III functionally inte			in connect	tion with	and functional	v integrate	ad with
·		its supported organization						y integrate	a with,
d		Type III non-functionally		•				ted organi:	zation(s)
-		that is not functionally int						-	
		requirement (see instructi	-		•		-		
е		Check this box if the orga	•	•	•			I. Type III	
		functionally integrated, or					J1 - 7 J1 -	, ,,	
f	Ente	er the number of supported o	araanizations						
g	Prov	vide the following information	n about the supporte	ed organization(s).					•
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	•	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
_ -									
Tota	li .						L		I

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2632794.	3153268.	5428349.	5170221.	3340710.	19725342.
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						
4	Total. Add lines 1 through 3	2632794.	3153268.	5428349.	5170221.	3340710.	19725342.
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)						
6	Public support. Subtract line 5 from line 4.						19725342.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2632794.	3153268.	5428349.	5170221.	3340710.	19725342.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	330.	4,786.	174.	316.	12,049.	17,655.
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.)				715.	26,870.	27,585.
11	Total support. Add lines 7 through 10						19770582.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12 2	,984,395.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	99.77 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	99 . 97 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact				•	VI how the organiz	ation
	meets the facts-and-circumstances te	•					
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				· ·		
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·

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		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		1	T	T
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
108	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 on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					(01/2)/(0)	
14	First 5 years. If the Form 990 is for the	-			•		
Se	check this box and stop herection C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	/ 6
	ction D. Computation of Inves					101	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
4		
1		
2		
3a		
3b		
- OD		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
40.		
10b		

Par	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction 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 or	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	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		
Sect	ction 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		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
Seci				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а				
b				
C	5 The gradual of the state of the stat	tity (see instructior	l ' l	NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
.	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	32		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2022 TRIANGLE FAMILY SERVIC			06-054/491 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

emergency temporary reduction (see instructions).

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(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	S	3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pri	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	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	•	(i)	(ii)	.	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule of Contributors

Schedule B

(Form 990)

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Name of the organization

Employer identification number

TRIANGLE FAMILY SERVICES, INC. 56-0547491					
Organization type (check	Organization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note: Only a section 501(n is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.			
General Rule					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules					
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, durir literary, or educa	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
year, contribution is checked, enter purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$				
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization Employer identification number

TRIANGLE FAMILY SERVICES, INC.

56-0547491

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$130,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
	Name, address, and ZIP + 4	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

TRIANGLE FAMILY SERVICES, INC.

56-0547491

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** TRIANGLE FAMILY SERVICES, INC. 56-0547491 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
•	-

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

TRIANGLE FAMILY SERVICES, INC.

Employer identification number 56-0547491

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		imilar Funds o	or Accoun	ts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor advise	d funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		ld in donor advise	d funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	y other purpose c	onferring	
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	_		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribu	ition in the form o	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included in (c) acquired a				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		ion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	a enforcing conse	ervation ease	ments during the year
7	Amount of avances incurred in manitaring increasing hand	lling of violations, and ant	iavaina aanaamiati		to duving the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and em	ording conservati	on easemen	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirement	s of soction 170/h	\(\(\(\D\)\(i\)	
0					Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organization's	ililailciai stateillei	ilis illai desc	indes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	asures, or Oth	ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	enue statement an	nd balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue	statement and ba	alance sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furthe	erance of put	olic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea			gain, provide)
	the following amounts required to be reported under FASB A			- • •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar	Assets	(contin	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant us	se of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ellections and explain	how thev further th	e organization's ex	empt purpos	e in Part	XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma		•	•			Yes	No
Par	rt IV Escrow and Custodial Arrang					Part IV. I		
	reported an amount on Form 990, Par				···· -··· -·· ,	, .	,	
1a	Is the organization an agent, trustee, custodia	an or other intermedi	arv for contributions	s or other assets no	t included			
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII							
-			erring talerer				Amount	
С	Beginning balance				1c			
q	Additions during the year							
e	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.				•		J 103	
	rt V Endowment Funds. Complete i							
	Complete	(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance	52,119.	44,469.	35,148		36,705.	(-,	36,577.
b	Contributions	,	,			-,		,
0	Net investment earnings, gains, and losses	-178.	7,650.	9,321	_	1,557.		128.
4	Grants or scholarships	270.	,,,,,,,,,	,,,,,	•	2,0071		
d								
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	51,941.	52,119.	44,469	 	35,148.		36,705.
g	End of year balance				•	3,140.		30,703.
2	Provide the estimated percentage of the curr	ent year end balance 100) neid as:				
a	Board designated or quasi-endowment Permanent endowment • 0 0 0 0		_%					
b		%						
С								
_	The percentages on lines 2a, 2b, and 2c should be a sh	•						
за	Are there endowment funds not in the posses	ssion of the organiza	tion that are neid ar	id administered for	tne		Г	Yes No
	organization by:							
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
	If "Yes" on line 3a(ii), are the related organiza						3b	
Do:	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment funds.					
Pai			Doubly line 11 a C	Faura 000 Dart)	/ line 10			
	Complete if the organization answered		<u> </u>					
	Description of property	(a) Cost or o	()	1 , ,	Accumulated	t l	(d) Book	value
		basis (investr	· · · · · · · · · · · · · · · · · · ·	` '	lepreciation	\dashv		- 050
	Land	I		5,272.	246.00			5,272.
	9		1,39	0,650.	346,88	6.	<u>1,043</u>	3,764.
С	Leasehold improvements				00 1 :			
d			9	2,776.	23,14			9,634.
	Other			9,200.	17,26			L,939.
Total	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X column (R) line 1	Oc.)			1,430	0,609.

Fait VIII IIIVestilielits - Other Securities	Part VII Investments - Other Securities
--	---

Part VIII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	F 000 D-+ N/ E	44 - O Farm 000 Park V Fra 40	
Complete if the organization answered "Yes"			d =6=
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-01-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
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)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide		the organization's financial statements the	nat reports the

Joi loadio D	(1 01111 000	,			,		
Part XI	Recond	ciliation	of Revenue p	er Audited F	inancial Stater	nents With	Revenue per Return.

ı aı	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,984,678.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	17,500.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	17,500.
3	Subtract line 2e from line 1			3	3,967,178.
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			
b	Other (Describe in Part XIII.)	4b	-87,662.		
_	Add lines 4a and 4b			4c	-87,662.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	<u></u>	5	3,879,516.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	teturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	20 120			
		1E 12a.			4 600 050
1	Total expenses and losses per audited financial statements	ie 12a.		1	4,603,853.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	4,603,853.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	17,500.	1	4,603,853.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2b		1	4,603,853.
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	17,500.	1	4,603,853.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	17,500. 87,662.		
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	17,500. 87,662.	2e	105,162.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	17,500. 87,662.		
a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	17,500. 87,662.	2e	105,162.
2 a b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	17,500. 87,662.	2e	105,162.
2 b c d e 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	17,500. 87,662.	2e	105,162. 4,498,691.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	17,500. 87,662.	2e 3	105,162. 4,498,691. 0.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	17,500. 87,662.	2e 3	105,162. 4,498,691.

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 V, LINE 4:

TRIANGLE FAMILY SERVICES, INC. HAS FUNDS ON DEPOSIT WITH THE TRIANGLE COMMUNITY FOUNDATION WHICH SERVE AS BOARD-DESIGNATED ENDOWMENT FUNDS TO BE USED FOR OPERATING EXPENSES.

PART X, LINE 2:

THE AGENCY IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE (IRC) AND THE APPLICABLE STATE TAX STATUTES. IN ADDITION, THE AGENCY QUALIFIES FOR THE CHARITABLE CONTRIBUTIONS DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN QUALIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) OF THE IRC. MANAGEMENT HAS EVALUATED THE EFFECT OF THE GUIDANCE

Part XIII Supplemental Information (continued)	rage 3
PROVIDED BY U.S. GAAP. MANAGEMENT BELIEVES THE AGENCY CONTINUES TO SA	ATISFY
THE REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION AS OF JUNE 30, 2023.	
MANAGEMENT HAS EVALUATED ALL OTHER TAX POSITIONS THAT COULD HAVE A	
SIGNIFICANT EFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THE AGE	ENCY
HAD NO SIGNIFICANT UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30, 2023	3.
MANAGEMENT HAS ALSO NOT IDENTIFIED ANY UNRELATED BUSINESS INCOME REQU	JIRING
THE AGENCY TO FILE A FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME	TAX
RETURN.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EVENT EXPENSES -1	L4,727.
LOSS ON DISPOSAL OF ASSETS -7	72,935.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EVENT EXPENSES	L4,727.
LOSS ON DISPOSAL OF ASSETS	72,935.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	37,662.

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						Employer ide	ntification number
TRIANGL	E FAMILY SERVICES,	INC				56-0547	491
Part I Fundraising Activities. required to complete this par	Complete if the organization answett.	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization rais a	e Solicita	tion of	non-g gover	overnment grants			
d In-person solicitations 2 a Did the organization have a written of					taas	or	
key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments of the compensated at least \$5,000 by the	art VII) or entity in connection with prividuals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		or iditid assing event contributions and give	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			 WAKEUP		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue			, ,,,	, ,,	,	
Revenue	1	Gross receipts	79,100.			79,100.
Œ	2	Less: Contributions	79,100.			79,100.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
sesued	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	1 1 1 - 6 -			14,727.
	10					14,727.
Da	11	Net income summary. Subtract line 10 from li				-14,727.
Pa	rt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-E2, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ηne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7				
		The garming moonie commany: custicaet mio r	Trent into 1, column (a)			
9	En	ter the state(s) in which the organization condu	cts gaming activities: _			
		the organization licensed to conduct gaming act No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re			year?	Yes No
	_					

Sch	ledule G (Form 990) 2022 TRIANGLE FAMILY SERVICES, INC. 56-C)5474	<u> 191</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\	′ es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	\	′ es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	The first the first activities of the potential from the properties and regardless of garming, opening of the potential resources.			
	Name			
	Name			
	Address			
	Address			
45-			⁄es	□ No
158	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	— '	res	NO
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	es (∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	rt III, line	es 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				

Schedule G	(Form 990)	TRIANGLE	FAMILY	SERVICES,	INC.	56-0547491	Page 4
Part IV	(Form 990) Supplemental Inform	mation _{(continue}	ed)				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

TRIANGLE I	56-0547491						
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to							
criteria used to award the grants or assis							X Yes No
2 Describe in Part IV the organization's pro						/ F 000 D+ II	// Page Od. for some
Part II Grants and Other Assistance to E recipient that received more than \$					anization answered "	res" on Form 990, Part I	7, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
0 Fortunated assertion 504/5/00 and			line 4 telele				
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations							

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING	231	424,554.	0.		HOUSING ASSISTANCE
		,			
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	1
PART I, LINE 2:					
EMERGENCY HOUSING ASSISTANCE AND	TRANSPORTA	TION PAYME	ENTS, FOOD,	AND	
CLOTHING ARE MADE DIRECTLY TO HOU	SING PROVI	DERS AFTER	R ELIGIBILI	TY	
VERIFICATION HAS BEEN CONDUCTED.	NO ADDITIC	NAL MONITO	ORING IS CO	NSIDERED	
NECESSARY.					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

TRIANGLE FAMILY SERVICES, INC.

Employer identification number 56-0547491

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: CITY OF RALEIGH PREVENTION AND DIVERSION BEGAN MARCH 2023. WAKE COUNTY BRIDGE TO HOME BEGAN JANUARY 2023. BOTH PROGRAMS ARE TO ASSIST THE HOMELESS AND TO PREVENT HOMELESSNES. PART III, LINE 3, CHANGES IN PROGRAM SERVICES: FORM 990, ALLIANCE BEHAVIORAL SATP WAS DISCONTINUED JUNE 2023. CITY OF RALEIGH BLDG RENOVATION WAS COMPLETED FEBRUARY 2023. CITY OF RALEIGH ESG-CV2 WAS COMPLETED MARCH 2023. GCC WAS COMPLETED JUNE 2023. WAKE COUNTY BLDG RENOVATION WAS COMPLETED MARCH 2023. WAKE COUNTY RRH/SO PROGRAM WAS COMPLETED JUNE 2023. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: HOMELESS & STREET OUTREACH: TFS PROVIDES A COMPREHENSIVE RANGE OF INTERVENTIONS IN THE LOCAL HOMELESS ENGAGEMENT SERVICE SYSTEM, TO INCLUDE STREET OUTREACH, EMERGENCY SHELTER SERVICES, RAPID REHOUSING, PERMANENT SUPPORTIVE HOUSING, AND EVICTION PREVENTION -- ALL INVOLVING A COMBINATION OF COMPREHENSIVE CASE MANAGEMENT AND FINANCIAL ASSISTANCE. EXPENSES \$ 1,571,938. INCLUDING GRANTS OF \$ 303,037. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WILL BE PRESENTED TO THE FINANCE COMMITTEE UPON COMPLETION FOR REVIEW. THE TREASURER WILL THEN PRESENT THE FORM 990 TO THE BOARD OF DIRECTORS AT THE NEXT BOARD MEETING FOR INFORMATION PURPOSES ONLY.

Schedule O (Form 990) 2022 Page **2**

Name of the organization TRIANGLE FAMILY SERVICES, INC.	Employer identification number 56-0547491
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL NEW BOARD MEMBERS ARE REQUIRED TO REVIEW THE CONFLICT	OF INTEREST
POLICY WHEN THEY ARE APPOINTED. WHEN EACH NEW OUTSIDE CON	TRACT IS AWARDED,
THEY ARE REVIEWED TO VERIFY THAT THERE ARE NO POTENTIAL CO	NFLICTS OF
INTEREST. IN THE EVENT OF A POTENTIAL CONFLICT OF INTERES	T DURING THE
YEAR, THE BOARD MEMBER WITH THE POTENTIAL CONFLICT WILL RE	CUSE
HIMSELF/HERSELF FROM THE DISCUSSION AND VOTE.	
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FORM 990, PART VI, SECTION B, LINE 15:	
AN ANNUAL SALARY REVIEW IS DONE AND COMPARED TO INDUSTRY D	ATA INCLUDING THE
NC CENTER FOR NON-PROFITS SALARY REPORT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY, AND
FINANCIAL STATEMENTS ARE REVIEWED ANNUALLY AND AVAILABLE T	O THE PUBLIC UPON
REQUEST.	