

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2014**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.</b> Doing business as		<b>D</b> Employer identification number <b>56-1380249</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>330 SOUTH GREENE STREET 100</b>	<b>E</b> Telephone number <b>336-379-9100</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>GREENSBORO, NC 27401-2659</b>		<b>G</b> Gross receipts \$ <b>29,256,556.</b>
	<b>F</b> Name and address of principal officer: <b>H. WALKER SANDERS</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.CFGG.ORG</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		<b>L</b> Year of formation: <b>1983</b>	<b>M</b> State of legal domicile: <b>NC</b>

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>THE COMMUNITY FOUNDATION MANAGES OVER 600 CHARITABLE FUNDS ESTABLISHED TO STRENGTHEN ITS COMMUNITIES</b>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>31</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>31</b>
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) ..... <b>5</b> <b>21</b>
	6	Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>225</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
7b	Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>0.</b>	
Revenue	8	Contributions and grants (Part VIII, line 1h) ..... <b>41,796,827.</b> <b>13,993,189.</b>
	9	Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>0.</b>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>4,507,599.</b> <b>6,919,297.</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>117,972.</b> <b>109,286.</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>46,422,398.</b> <b>21,021,772.</b>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>13,329,456.</b> <b>20,894,509.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1,221,141.</b> <b>1,414,835.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>150,238.</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,557,150.</b> <b>1,886,630.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>16,107,747.</b> <b>24,195,974.</b>
19	Revenue less expenses. Subtract line 18 from line 12 ..... <b>30,314,651.</b> <b>-3,174,202.</b>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) ..... <b>184,122,301.</b> <b>181,232,568.</b>
	21	Total liabilities (Part X, line 26) ..... <b>30,587,977.</b> <b>32,197,647.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>153,534,324.</b> <b>149,034,921.</b>

**Part II Signature Block**

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

Sign Here	Signature of officer		Date		
	<b>H. WALKER SANDERS, PRESIDENT</b> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>JANICE A. RATICA</b>		<b>09.01.15</b>		<b>P00358837</b>
	Firm's name ▶ <b>CHERRY BEKAERT LLP</b>	Firm's EIN ▶ <b>56-0574444</b>			
	Firm's address ▶ <b>1111 METROPOLITAN AVE. STE. 1000 CHARLOTTE, NC 28204</b>			Phone no. <b>704-377-1678</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE COMMUNITY FOUNDATION OF GREATER GREENSBORO IS DEDICATED TO STRENGTHENING THE COMMUNITY FOR PRESENT AND FUTURE GENERATIONS. THE COMMUNITY FOUNDATION PROMOTES PHILANTHROPY, BUILDS AND MAINTAINS A PERMANENT COLLECTION OF ENDOWMENT FUNDS AND SERVES AS A TRUSTWORTHY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 11,309,069. including grants of \$ 10,538,700. ) (Revenue \$ ) DONOR ADVISED: THE COMMUNITY FOUNDATION MANAGES 300 DONOR-ADVISED AND SCHOLARSHIP FUNDS WHICH ENABLE RESIDENTS OF GREATER GREENSBORO TO ACHIEVE THEIR INDIVIDUAL CHARITABLE GOALS. DURING 2014, MORE THAN 1900 GRANTS WERE DISBURSED IN SUPPORT OF FAITH BASED, HEALTH & HUMAN SERVICE, EDUCATIONAL AND OTHER COMMUNITY SERVICE ORGANIZATIONS.

4b (Code: ) (Expenses \$ 11,021,469. including grants of \$ 9,889,705. ) (Revenue \$ 109,286. ) FIELD OF INTEREST: THE COMMUNITY FOUNDATION MANAGES ENDOWMENT AND UNRESTRICTED GRANT FUNDS WHICH ARE USED TO STRENGTHEN ITS COMMUNITIES FOR PRESENT AND FUTURE GENERATIONS. FOCUS AREAS FOR 2014 WERE TO PROMOTE ECONOMIC DEVELOPMENT THROUGH COMMUNITY INITIATIVES, INCLUDING THE DEVELOPMENT OF A PERFORMING ARTS CENTER, ESTABLISHING WORKFORCE INITIATIVES TO ALIGN EDUCATION AND TRAINING WITH BUSINESS NEEDS, AND, THROUGH THE GENEROUS BEQUEST FROM A LONG-TERM RESIDENT, THE CONSTRUCTION OF A PUBLIC PARK.

IN ADDITION, AREA RESIDENTS HAVE CREATED PERMANENT FUNDS TO SUPPORT SPECIFIC AREAS OF INTEREST, INCLUDING ISSUES CONCERNING OUR COMMUNITY'S WOMEN AND FAMILIES, AND SHAPING OUR COMMUNITY'S IDENTITY THROUGH THE USE OF ART IN PUBLIC AREAS. THESE FUNDS MAKE GRANTS WHILE ALSO

4c (Code: ) (Expenses \$ 500,284. including grants of \$ 466,104. ) (Revenue \$ ) ORGANIZATIONAL FUNDS: AREA RESIDENTS HAVE CREATED FUNDS TO SUPPORT SPECIFIC NONPROFIT ORGANIZATIONS. IN ADDITION, THE COMMUNITY FOUNDATION MANAGES THE ENDOWMENT FUNDS OF LOCAL NONPROFIT ORGANIZATIONS; ACCORDINGLY THE FOUNDATION RECOGNIZES A LIABILITY TO THE NONPROFIT AND ADJUSTS THIS LIABILITY FOR RELATED CONTRIBUTIONS, EARNINGS, GRANTS AND EXPENSES. IN 2014, \$2.1 MILLION WAS RETURNED TO THESE ORGANIZATIONS.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 22,830,822.

**COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>X</b>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>X</b>	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>X</b>	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**

**Part IV Checklist of Required Schedules** *(continued)*

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 117		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	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		
	<b>2a</b> 21		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <b>CAYMAN ISLANDS</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7g</b>		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
	<b>9a</b>		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	31		
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 in Schedule O.				
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	31		
<b>2</b> 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?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> 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?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>		<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
**JACQUELINE O'CONNELL - 336-379-9100**  
**330 SOUTH GREENE STREET, SUITE 100, GREENSBORO, NC 27401-2659**

**COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN BAKANE TRUSTEE, FORMER CHAIR	0.50	X						0.	0.	0.
(2) NANCY BRENNER TRUSTEE	0.50	X						0.	0.	0.
(3) FRANCES BULLOCK TRUSTEE	0.50	X						0.	0.	0.
(4) SURESH CHANDRA TRUSTEE	0.50	X						0.	0.	0.
(5) ODELL CLEVELAND TRUSTEE	0.50	X						0.	0.	0.
(6) LOWELL EASTER TRUSTEE	0.50 0.50	X						0.	0.	0.
(7) JOHN ENGLAR TRUSTEE	0.50	X						0.	0.	0.
(8) MICHELLE GETHERS-CLARK TRUSTEE	0.50	X						0.	0.	0.
(9) JON GLAZMAN TRUSTEE	0.50	X						0.	0.	0.
(10) DAVID HAGAN TRUSTEE	0.50	X						0.	0.	0.
(11) KATHY HINSHAW TRUSTEE	0.50	X						0.	0.	0.
(12) JOYCE JOHNSON TRUSTEE	0.50	X						0.	0.	0.
(13) BUSTER JOHNSON TRUSTEE	0.50	X						0.	0.	0.
(14) BARBARA LUSK TRUSTEE	0.50	X						0.	0.	0.
(15) HAROLD MARTIN TRUSTEE	0.50	X						0.	0.	0.
(16) LAWRENCE MCSWAIN TRUSTEE	0.50	X						0.	0.	0.
(17) RON MILSTEIN TRUSTEE	0.50	X						0.	0.	0.

**COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KARLA MUNDEN TRUSTEE	0.50	X					0.	0.	0.	
(19) ELAINE OSTROWSKI TRUSTEE	0.50	X					0.	0.	0.	
(20) MARTHA PEDDRICK TRUSTEE	0.50	X					0.	0.	0.	
(21) REID PHILLIPS TRUSTEE	0.50	X					0.	0.	0.	
(22) ERICA PROCTON TRUSTEE	0.50	X					0.	0.	0.	
(23) FAIRFAX REYNOLDS TRUSTEE	0.50	X					0.	0.	0.	
(24) CALVIN RILEY TRUSTEE	0.50	X					0.	0.	0.	
(25) MABLE SCOTT TRUSTEE	0.50	X					0.	0.	0.	
(26) ADRIAN SMITH TRUSTEE	0.50	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							567,608.	0.	67,834.	
<b>d Total (add lines 1b and 1c)</b>							567,608.	0.	67,834.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
THE OFFICE OF JAMES BURNETT 711 LOUISIANA, SUITE 111, HOUSTON, TX 77002	DESIGN/LANDSCAPE ARCHITECT	564,213.
BIEDERMAN REDEVELOPMENT VENTURES CORP., 110 WEST 40TH STREET, STE 2008, NEW YORK,	PROGRAMMING SERVICES	176,942.
BOULTON CREATIVE, INC. 601 WEST SMITH ST., GREENSBORO, NC 27401	GRAPHIC DESIGN/PRINTING/ADVE	115,907.
SCHELL BRAY PLLC PO BOX 21847, GREENSBORO, NC 27420-1847	LEGAL SERVICES	114,094.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

**SEE PART VII, SECTION A CONTINUATION SHEETS**



**COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANDREW SPAINHOUR TRUSTEE	0.50	X						0.	0.	0.
(28) TIM TSUJII TRUSTEE	0.50	X						0.	0.	0.
(29) KATHY MANNING CHAIR	2.00	X		X				0.	0.	0.
(30) SUSAN MCDONALD SECRETARY	1.00	X		X				0.	0.	0.
(31) TERRY SIMON TREASURER	1.00	X		X				0.	0.	0.
(32) H. WALKER SANDERS PRESIDENT	50.00 3.60			X				198,337.	0.	19,908.
(33) JACKIE O'CONNELL CHIEF FINANCIAL OFFICER	48.00 3.70			X				126,178.	0.	17,137.
(34) MONA EDWARDS CHIEF OPERATING OFFICER	50.00				X			133,651.	0.	16,824.
(35) GORDON SOENKSEN CHIEF DEVELOPMENT OFFICER	50.00				X			109,442.	0.	13,965.
Total to Part VII, Section A, line 1c								567,608.	67,834.	

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	137,329.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	13,855,860.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		5,493,975.				
	<b>h Total.</b> Add lines 1a-1f .....		13,993,189.				
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,622,132.			2,622,132.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		12,531,949.					
		<b>b</b> Less: cost or other basis and sales expenses .....	8,233,181.	1,603.			
		<b>c</b> Gain or (loss) .....	4,298,768.	-1,603.			
	<b>d</b> Net gain or (loss) .....			4,297,165.		4,297,165.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME .....		900099	109,286.	109,286.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			109,286.			
<b>12 Total revenue.</b> See instructions. ....			21,021,772.	109,286.	0.	6,919,297.	

**COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,888,509.	20,888,509.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,000.	6,000.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	361,560.	174,596.	165,140.	21,824.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	808,460.	424,245.	316,242.	67,973.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,282.	22,837.	16,725.	3,720.
<b>9</b> Other employee benefits	108,663.	58,472.	41,255.	8,936.
<b>10</b> Payroll taxes	92,870.	47,782.	37,891.	7,197.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	231,705.	207,580.	24,125.	
<b>c</b> Accounting	41,293.		41,293.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	400,772.		400,772.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	59,129.	37,085.	17,099.	4,945.
<b>12</b> Advertising and promotion	106,636.	51,382.	48,403.	6,851.
<b>13</b> Office expenses	53,872.	29,133.	20,519.	4,220.
<b>14</b> Information technology	37,285.	20,973.	13,516.	2,796.
<b>15</b> Royalties				
<b>16</b> Occupancy	122,816.	69,084.	44,521.	9,211.
<b>17</b> Travel	2,356.	1,325.	854.	177.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	14,549.	8,184.	5,274.	1,091.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	37,246.	20,951.	13,502.	2,793.
<b>23</b> Insurance	14,865.	1,375.	13,490.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>INCOME RIGHTS DISTRIBUT</u>	414,611.	414,611.		
<b>b</b> <u>OTHER PROGRAM EXPENSES</u>	205,279.	205,279.		
<b>c</b> <u>EVENT EXPENSES</u>	51,079.	34,708.	13,565.	2,806.
<b>d</b> <u>STAFF &amp; BOARD DEVELOPME</u>	33,975.	17,480.	13,862.	2,633.
<b>e</b> All other expenses	59,162.	89,231.	-33,134.	3,065.
<b>25</b> Total functional expenses. Add lines 1 through 24e	24,195,974.	22,830,822.	1,214,914.	150,238.
<b>26</b> 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)

**COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	10,060,581.	<b>2</b>	13,481,999.	
	<b>3</b> Pledges and grants receivable, net .....	41,192,241.	<b>3</b>	30,165,220.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	70,800.	<b>7</b>	70,000.	
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	30,133.	<b>9</b>	46,711.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 558,865.			
	<b>b</b> Less: accumulated depreciation .....	10b 325,499.	47,797.	<b>10c</b>	233,366.
	<b>11</b> Investments - publicly traded securities .....	115,630,168.	<b>11</b>	116,433,601.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	16,374,905.	<b>12</b>	19,748,535.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	715,676.	<b>15</b>	1,053,136.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	184,122,301.	<b>16</b>	181,232,568.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	56,070.	<b>17</b>	152,518.	
	<b>18</b> Grants payable .....	85,500.	<b>18</b>	589,402.	
	<b>19</b> Deferred revenue .....		<b>19</b>	69,643.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	30,446,407.	<b>25</b>	31,386,084.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	30,587,977.	<b>26</b>	32,197,647.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	67,594,659.	<b>27</b>	67,106,120.	
	<b>28</b> Temporarily restricted net assets .....	56,133,466.	<b>28</b>	50,667,724.	
	<b>29</b> Permanently restricted net assets .....	29,806,199.	<b>29</b>	31,261,077.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	153,534,324.	<b>33</b>	149,034,921.		
<b>34</b> Total liabilities and net assets/fund balances .....	184,122,301.	<b>34</b>	181,232,568.		

**COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	21,021,772.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	24,195,974.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	-3,174,202.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	153,534,324.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	-1,301,786.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	-23,415.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	149,034,921.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		<b>X</b>
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>c</b> 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? .....	<b>2c</b>	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	<b>3a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>		

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.** Employer identification number **56-1380249**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
<b>Total</b>						

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9158652.	16089572.	26120402.	41796827.	13993189.	107158642
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9158652.	16089572.	26120402.	41796827.	13993189.	107158642
<b>5</b> 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) .....						34974464.
<b>6 Public support.</b> Subtract line 5 from line 4.						72184178.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	9158652.	16089572.	26120402.	41796827.	13993189.	107158642
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	2020110.	2733959.	3349353.	3714312.	2622132.	14439866.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	67,105.	165,374.	142,846.	117,972.	109,286.	602,583.
<b>11 Total support.</b> Add lines 7 through 10						122201091
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	59.07 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	59.15 %

**16a 33 1/3% support test - 2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶

**b 33 1/3% support test - 2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶

**17a 10% -facts-and-circumstances test - 2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶

**b 10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

COMMUNITY FOUNDATION OF GREATER

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990) .

OMB No. 1545-0047

**2014**

Name of the organization

COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.

Employer identification number

56-1380249

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not 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 is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization <b>COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.</b>	Employer identification number 56-1380249
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**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		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,338,072.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 793,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	<b>Employer identification number</b> 56-1380249
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**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
7		\$ 300,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,020,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 465,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 380,680.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 286,591.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	<b>Employer identification number</b> 56-1380249
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**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
5	STOCK _____ _____ _____	\$ 2,280,409.	09/25/14
7	ART _____ _____ _____	\$ 300,000.	12/17/14
10	STOCK _____ _____ _____	\$ 295,080.	12/15/14
11	STOCK _____ _____ _____	\$ 286,591.	08/11/14
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

<b>Name of organization</b> COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	<b>Employer identification number</b> 56-1380249
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**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.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** [www.irs.gov/form990](http://www.irs.gov/form990).

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.</b>	Employer identification number <b>56-1380249</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours .....

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

COMMUNITY FOUNDATION OF GREATER

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	4,192.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	4,192.													
<b>d</b>	Other exempt purpose expenditures	24,191,782.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	24,195,974.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount			955,387.	1,000,000.	1,955,387.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,933,081.
<b>c</b> Total lobbying expenditures			7,923.	4,192.	12,115.
<b>d</b> Grassroots nontaxable amount			238,847.	250,000.	488,847.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					733,271.
<b>f</b> Grassroots lobbying expenditures					

COMMUNITY FOUNDATION OF GREATER

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2014**  
**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Name of the organization** **COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.** **Employer identification number** **56-1380249**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	309	
2 Aggregate value of contributions to (during year) .....	10,598,224.	
3 Aggregate value of grants from (during year) .....	10,538,700.	
4 Aggregate value at end of year .....	65,789,430.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):
- Preservation of land for public use (e.g., recreation or education)
  - Protection of natural habitat
  - Preservation of open space
  - Preservation of a historically important land area
  - Preservation of a certified historic structure
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....
- Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included in Form 990, Part VIII, line 1 .....
  - (ii) Assets included in Form 990, Part X .....
- |  |   |    |          |
|--|---|----|----------|
|  | ▶ | \$ | 310,000. |
|  |   |    | 310,000. |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1 .....
  - b Assets included in Form 990, Part X .....
- |  |   |    |    |
|--|---|----|----|
|  | ▶ | \$ |    |
|  |   |    | \$ |

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	38,859,975.	32,485,514.	28,693,754.	27,573,783.	22,582,202.
b Contributions	1,454,878.	1,526,228.	1,111,411.	3,626,569.	2,388,277.
c Net investment earnings, gains, and losses	2,071,952.	6,254,028.	4,197,926.	-936,969.	3,695,181.
d Grants or scholarships	822,367.	1,013,626.	1,165,155.	1,242,005.	652,688.
e Other expenditures for facilities and programs					
f Administrative expenses	706,130.	392,169.	352,422.	327,624.	439,189.
g End of year balance	40,858,308.	38,859,975.	32,485,514.	28,693,754.	27,573,783.

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

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  .00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		157,601.		157,601.
d Equipment		401,264.	325,499.	75,765.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				233,366.

**COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) <b>ALTERNATIVE ASSETS -</b>		
(B) <b>HEDGE FUNDS</b>	13,145,434.	<b>END-OF-YEAR MARKET VALUE</b>
(C) <b>CHARITABLE REMAINDER</b>		
(D) <b>TRUSTS AND GIFT ANNUITIES</b>	4,745,101.	<b>END-OF-YEAR MARKET VALUE</b>
(E) <b>INSURANCE REVENUE ASSET</b>		
(F) <b>BACKED BONDS</b>	1,858,000.	<b>COST</b>
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>19,748,535.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) <b>FUNDS HELD AS ORGANIZATIONAL FUNDS</b>	28,745,239.
(3) <b>LIABILITIES UNDER UNITRUST AND</b>	
(4) <b>ANNUITY AGREEMENTS</b>	2,640,845.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>31,386,084.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>		
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>		
<b>b</b>	Prior year adjustments .....	<b>2b</b>		
<b>c</b>	Other losses .....	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	

**Part XIII Supplemental Information.**

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

**PART III, LINE 4:**

THE FOUNDATION HAS PUBLIC ART (SCULPTURES) ON DISPLAY IN DOWNTOWN  
GREENSBORO FOR ENJOYMENT BY THE COMMUNITY.

**PART V, LINE 4:**

THE COMMUNITY FOUNDATION MANAGES ENDOWMENT AND UNRESTRICTED GRANT FUNDS  
WHICH ARE USED TO STRENGTHEN ITS COMMUNITIES FOR PRESENT AND FUTURE  
GENERATIONS. FOCUS AREAS FOR 2014 WERE TO PROMOTE ECONOMIC DEVELOPMENT  
THROUGH COMMUNITY INITIATIVES AND SUPPORT CAPACITY BUILDING OF NONPROFIT  
ORGANIZATIONS.

IN ADDITION, AREA RESIDENTS HAVE CREATED PERMANENT FUNDS TO SUPPORT

SPECIFIC AREAS OF INTEREST, INCLUDING ISSUES CONCERNING OUR COMMUNITY'S

**Part XIII** Supplemental Information (continued)

WOMEN AND FAMILIES, AND SHAPING OUR COMMUNITY'S IDENTITY THROUGH THE USE OF ART IN PUBLIC AREAS. THESE FUNDS MAKE GRANTS WHILE ALSO CONDUCTING ACTIVE ENDOWMENT BUILDING ACTIVITIES.

PART X, LINE 2:

IT IS THE COMMUNITY FOUNDATION'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY ANY THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A "MORE-LIKELY-THAN-NOT" THRESHOLD TO DETERMINE IF THE TAX POSITION IS UNCERTAIN AND THE IMPACT, IF ANY, THE EFFECT OF THE UNCERTAIN TAX POSITION MAY HAVE ON THE COMBINED FINANCIAL STATEMENTS.

NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED DURING 2014 AND 2013. CURRENTLY, THE STATUTE OF LIMITATIONS REMAINS OPEN SUBSEQUENT TO AND INCLUDING 2010; HOWEVER, NO EXAMINATIONS ARE IN PROGRESS OR ANTICIPATED.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization  
**COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.**

Employer identification number  
**56-1380249**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		9,402,182.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	GRANTS	6,000.
<b>3 a</b> Sub-total .....	0	0			9,408,182.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			9,408,182.

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

Schedule F (Form 990) 2014

**COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.

56-1380249

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

**PART I, LINE 2:**

THE FOUNDATION ISSUES A GRANT AGREEMENT THAT STATES THE STIPULATIONS FOR USE OF FUNDS, WHEN THE REPORT ON USE OF FUNDS IS DUE, AND HOW TO REQUEST ANY REVISIONS IN THE TERMS OF THE GRANT SHOULD THE NEED ARISE. A RECIPIENT COMPLETES AND SIGNS THE GRANT AGREEMENT AND THE DOCUMENT IS RETURNED TO THE FOUNDATION BEFORE FUNDS ARE DISBURSED. WHEN THE CHECK IS SENT, A GRANT REPORT FORM, WHICH REQUESTS INFORMATION ON DETAILED EXPENDITURES, PROGRAMMATIC BENEFITS, AND COMMUNITY IMPACT, IS INCLUDED. REPORT FORMS ARE SENT TO THE FOUNDATION BY THE DUE DATE AND ARE REVIEWED BY STAFF TO ASSESS COMPLIANCE WITH THE TERMS OF THE GRANTS. AS APPROPRIATE, STAFF CLOSSES THE GRANT OR REQUESTS REIMBURSEMENT OF FUNDS (IN THE CASE OF INELIGIBLE USES) AND PROVIDES SUMMARY INFORMATION TO THE GRANTS COMMITTEE. FOR DONOR ADVISED GRANTS, THE FOUNDATION ISSUES A LETTER TO THE GRANT RECIPIENT ORGANIZATION THAT CONTAINS STIPULATIONS FOR USE OF THE FUNDS. THIS LETTER ACCOMPANIES THE CHECK.

**PART IV, LINE 3:**

ALTHOUGH THE ORGANIZATION HAD OWNERSHIP IN CERTAIN FOREIGN CORPORATIONS (INVESTMENTS) DURING THE YEAR, THE INVESTMENT AMOUNTS WERE NOT HIGH ENOUGH TO RENDER THE FILING OF FORM 5471.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**

**Employer identification number  
56-1380249**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACTION GREENSBORO, INC. 203 SOUTH CHURCH STREET GREENSBORO, NC 27401	56-2251250	501(C)(3)	43,550.	0.			GENERAL SUPPORT
ADULT CENTER FOR ENRICHMENT, INC. P.O. BOX 13048 GREENSBORO, NC 27415	56-1599072	501(C)(3)	23,250.	0.			GENERAL SUPPORT
AFFORDABLE HOUSING MANAGEMENT, INC. - 330 S. GREENE STREET, SUITE B-11 - GREENSBORO, NC 27401	23-7078343	501(C)(3)	25,813.	0.			GENERAL SUPPORT
ALAMANCE BURLINGTON SCHOOL SYSTEM 1712 VAUGHN RD BURLINGTON, NC 27217	56-6000271	501(C)(3)	7,161.	0.			GENERAL SUPPORT
ALAMANCE COMMUNITY COLLEGE FOUNDATION - PO BOX 8000 - GRAHAM, NC 27253-8000	58-1511004	501(C)(3)	67,475.	0.			GENERAL SUPPORT
ALAMANCE COUNTY COMMUNITY YMCA 1346 S MAIN ST BURLINGTON, NC 27215	56-0611575	501(C)(3)	46,391.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **237.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

**Schedule I (Form 990) (2014)**



COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.

Schedule I (Form 990)

56-1380249

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALAMANCE COUNTY HISTORICAL MUSEUM 477 S NC 62 BURLINGTON, NC 27215	51-0163093	501(C)(3)	8,242.	0.			GENERAL SUPPORT
ALAMANCE ELDERCARE, INC. PO BOX 202 BURLINGTON, NC 27216-0202	56-1836540	501(C)(3)	12,129.	0.			GENERAL SUPPORT
ALAMANCE PUBLIC LIBRARY 342 S. SPRING ST. BURLINGTON, NC 27215	56-6000271	501(C)(3)	31,066.	0.			GENERAL SUPPORT
ALAMANCE REGIONAL MEDICAL CENTER FOUNDATION, INC. - PO BOX 202 - BURLINGTON, NC 27216	58-1681560	501(C)(3)	15,700.	0.			GENERAL SUPPORT
ALIGHT, INC. 501 N. ELAM AVE, SUITE 2-006 GREENSBORO, NC 27403	20-3694806	501(C)(3)	14,250.	0.			GENERAL SUPPORT
ALLIED CHURCHES OF ALAMANCE COUNTY PO BOX 2581 BURLINGTON, NC 27216-2581	56-1553388	501(C)(3)	16,500.	0.			GENERAL SUPPORT
ALL-STAR ORCHESTRA SUMMIT SYMPHONY OF THE STARS - 27 EDGEWOOD AVENUE - LARCHMONT, NY 10538	26-4546279	501(C)(3)	25,000.	0.			GENERAL SUPPORT
AMERICAN HORSE TRIALS FOUNDATION, INC. - 7913 COLONIAL LN - CLINTON, MD 20735	52-1495923	501(C)(3)	52,210.	0.			GENERAL SUPPORT
AMERICAN RED CROSS - MOUNTAIN EMPIRE CHAPTER - 14298 LEE HIGHWAY - BRISTOL, VA 24202	53-0196605	501(C)(3)	9,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.

Schedule I (Form 990)

56-1380249

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - GREATER PALM BEACH AREA CHAPTER - 825 FERN ST - WEST PALM BEACH, FL 33401	53-0196605	501(C)(3)	25,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS - GREENSBORO CHAPTER - PO BOX 14710 - GREENSBORO, NC 27415-4710	53-0196605	501(C)(3)	31,400.	0.			GENERAL SUPPORT
AMERICAN RED CROSS INTERNATIONAL 430 17TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ANIMAL RESCUE & FOSTER PROGRAM P.O. BOX 77393 GREENSBORO, NC 27417-7393	56-1797019	501(C)(3)	5,600.	0.			GENERAL SUPPORT
APPALACHIAN STATE UNIVERSITY P.O. BOX 32014 BOONE, NC 28608	56-1176030	GOVERNMENT	13,250.	0.			SCHOLARSHIPS
ARC OF GREENSBORO 14-B OAK BRANCH DR. GREENSBORO, NC 27407	56-0745766	501(C)(3)	8,000.	0.			GENERAL SUPPORT
ARTSGREENSBORO PO BOX 877 GREENSBORO, NC 27402	56-0746180	501(C)(3)	47,638.	0.			GENERAL SUPPORT
BAPTIST CHILDREN'S HOMES OF NORTH CAROLINA - PO BOX 338 - THOMASVILLE, NC 27361-0338	56-0547499	501(C)(3)	100,000.	0.			GENERAL SUPPORT
BENNETT COLLEGE FOR WOMEN 900 E WASHINGTON ST GREENSBORO, NC 27401-3298	56-0532296	501(C)(3)	10,250.	0.			GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETH DAVID SYNAGOGUE 804 WINVIEW DR GREENSBORO, NC 27410	56-0731131	501(C)(3)	18,442.	0.			GENERAL SUPPORT
BLACK CHILD DEVELOPMENT INSTITUTE OF GREENSBORO INC. - 1200 E. MARKET ST. - GREENSBORO, NC 27401	56-1524964	501(C)(3)	6,256.	0.			GENERAL SUPPORT
BLAIR HOUSE RESTORATION FUND PO BOX 27208 WASHINGTON, DC 20038-7208	52-1401505	501(C)(3)	25,000.	0.			GENERAL SUPPORT
BLOWING ROCK METHODIST CHURCH P.O. BOX 352 BLOWING ROCK, NC 28605	02-0653104	501(C)(3)	8,700.	0.			GENERAL SUPPORT
B'NAI SHALOM DAY SCHOOL 804 WINVIEW DR GREENSBORO, NC 27410	56-0952340	501(C)(3)	42,345.	0.			GENERAL SUPPORT
BOYS AND GIRLS HOME OF NC, INC. PO BOX 127 LAKE WACCAMAW, NC 28450	58-1387871	501(C)(3)	10,200.	0.			GENERAL SUPPORT
BROTHER WOLF ANIMAL RESCUE PO BOX 8195 ASHEVILLE, NC 28814	20-8787719	501(C)(3)	7,200.	0.			GENERAL SUPPORT
CALDWELL ACADEMY 2900 HORSE PEN CREEK ROAD GREENSBORO, NC 27410	56-1898871	501(C)(3)	21,234.	0.			GENERAL SUPPORT
CAMP CAREFREE 275 CAREFREE LN STOKESDALE, NC 27357	56-1479260	501(C)(3)	93,817.	0.			GENERAL SUPPORT

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CANTERBURY SCHOOL 5400 OLD LAKE JEANETTE RD GREENSBORO, NC 27455-1322	56-1781579	501(C)(3)	87,091.	0.			GENERAL SUPPORT
CARNEGIE HALL CORPORATION 881 SEVENTH AVE NEW YORK, NY 10019	13-1923626	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CARNEGIE MELLON UNIVERSITY PO BOX 37152 PITTSBURGH, PA 15251-7525	25-0969449	501(C)(3)	7,500.	0.			GENERAL SUPPORT
CAROLINA THEATRE OF GREENSBORO, INC. - 310 S. GREENE ST - GREENSBORO, NC 27401-2616	04-3781645	501(C)(3)	8,140.	0.			GENERAL SUPPORT
CARTERS KIDS ORG FOR THE ADVANCEMENT OF RESEARCH & TREATMENT - PO BOX 1327 - FAYETTEVILLE, AR 72702	27-4718243	501(C)(3)	150,244.	0.			GENERAL SUPPORT
CENTER FOR CREATIVE LEADERSHIP ONE LEADERSHIP PLACE GREENSBORO, NC 27438-6300	23-7079591	501(C)(3)	80,000.	0.			GENERAL SUPPORT
CENTER FOR VISUAL ARTISTS GREENSBORO, INC. - 200 N. DAVIE ST., SUITE 328 - GREENSBORO, NC 27401-2865	56-6083717	501(C)(3)	9,275.	0.			GENERAL SUPPORT
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA - P.O. BOX 14608 - GREENSBORO, NC 27415-4608	56-0529946	501(C)(3)	218,700.	0.			GENERAL SUPPORT
CHILDREN'S MUSEUM OF ALAMANCE COUNTY - 217 S. MAIN STREET - GRAHAM, NC 27253	42-1740709	501(C)(3)	11,206.	0.			GENERAL SUPPORT

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CHRIST UNITED METHODIST CHURCH 410 N HOLDEN RD GREENSBORO, NC 27410	56-0689239	501(C)(3)	16,798.	0.			GENERAL SUPPORT
CHURCH WORLD SERVICE 620 S ELM ST, STE 315 GREENSBORO, NC 27406-1317	13-4080201	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CITIZENS RESTORING CONGAMOND, INC. PO BOX 117 WEST SUFFIELD, CT 06093	22-3042322	501(C)(3)	6,000.	0.			GENERAL SUPPORT
CITY OF BURLINGTON - DEPT. OF PARKS AND RECREATION - P.O. BOX 1358 - BURLINGTON, NC 27215	56-6001189	501(C)(3)	22,558.	0.			GENERAL SUPPORT
COMMUNITY THEATRE OF GREENSBORO 520 S. ELM STREET GREENSBORO, NC 27406	56-6085349	501(C)(3)	14,092.	0.			GENERAL SUPPORT
COMMUNITY YMCA OF ALAMANCE COUNTY 1346 S MAIN ST BURLINGTON, NC 27215	56-0611575	501(C)(3)	15,483.	0.			GENERAL SUPPORT
CONE HEALTH OFFICE OF FUND DEVELOPMENT - 1200 N. ELM ST. - GREENSBORO, NC 27401	58-1588823	501(C)(3)	104,326.	0.			GENERAL SUPPORT
CONE HEALTH FOUNDATION 1200 N. ELM ST. GREENSBORO, NC 27401	56-2001399	501(C)(3)	11,800.	0.			GENERAL SUPPORT
COURT WATCH OF NC, INC. PO BOX 10971 GREENSBORO, NC 27404	58-1685122	501(C)(3)	17,250.	0.			GENERAL SUPPORT

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COURTNEY BAPTIST CHURCH 3341 COURTNEY CHURCH RD YADKINVILLE, NC 27055	56-6064493	501(C)(3)	8,551.	0.			GENERAL SUPPORT
COVE CREEK GARDENS, INC. 4505 SUMMIT AVE. GREENSBORO, NC 27405	16-1692142	501(C)(3)	5,502.	0.			GENERAL SUPPORT
DARK HORSE RESCUE, INC. 1055 W. OAK GROVE RD. HERNANDO, MS 38632	27-3639233	501(C)(3)	15,000.	0.			GENERAL SUPPORT
DAVID D JONES PTA 502 SOUTH ST GREENSBORO, NC 27406	56-1684303	501(C)(3)	6,000.	0.			GENERAL SUPPORT
DAVIDSON COLLEGE BOX 7174 DAVIDSON, NC 28035-7174	56-0529961	501(C)(3)	32,350.	0.			GENERAL SUPPORT
DAVIDSON COUNTY COUGARS 900 EVANS RD. THOMASVILLE, NC 27360	23-1582287	501(C)(3)	6,000.	0.			GENERAL SUPPORT
DAVIS HILL FOUNDATION 150 E. 69TH ST. APT. 27G NEW YORK, NY 10021	20-5927078	501(C)(3)	18,000.	0.			GENERAL SUPPORT
DIOCESE OF CHARLOTTE 1123 S. CHURCH STREET CHARLOTTE, NC 28203	56-1000633	501(C)(3)	50,136.	0.			GENERAL SUPPORT
DIPLOMACY CENTER FOUNDATION 2401 CALVERT ST NW, STE. 902 WASHINGTON, DC 20008-2678	51-0398806	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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DOC ARTS, INC. 320 BLACKWELL ST, STE 101 DURHAM, NC 27701	02-0548261	501(C)(3)	7,500.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA 2ND FL 33 SEVENTH AVE - NEW YORK, NY 10001-5004	13-3433452	501(C)(3)	12,500.	0.			GENERAL SUPPORT
DUKE UNIVERSITY PO BOX 90600 DURHAM, NC 27708-0600	56-0532129	501(C)(3)	162,192.	0.			GENERAL SUPPORT
DUKE UNIVERSITY SCHOOL OF LAW BOX 90360 DURHAM, NC 27708-0360	56-0532129	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EASTERN CABARRUS HISTORICAL SOCIETY - PO BOX 1299 - MT PLEASANT, NC 28124-1299	23-7361913	501(C)(3)	11,314.	0.			GENERAL SUPPORT
EASTERN MUSIC FESTIVAL PO BOX 22026 GREENSBORO, NC 27420	56-0771005	501(C)(3)	20,500.	0.			GENERAL SUPPORT
ELIADA FOUNDATION PO BOX 16708 ASHEVILLE, NC 28816	81-0620535	501(C)(3)	7,200.	0.			GENERAL SUPPORT
ELON SCHOOL OF LAW 201 N. GREENE STREET GREENSBORO, NC 27401	56-0532303	501(C)(3)	76,000.	0.			GENERAL SUPPORT
ELON UNIVERSITY - ELON ACADEMY CAMPUS BOX 2108 ELON, NC 27244	56-0532303	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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ELON UNIVERSITY - OFFICE OF INSTITUTIONAL ADVANCEMENT - P.O. BOX 398 - ELON, NC 27244	56-0532303	501(C)(3)	104,287.	0.			GENERAL SUPPORT
ELSEWHERE, INC. 606 S. ELM ST. GREENSBORO, NC 27406	20-1026041	501(C)(3)	102,000.	0.			GENERAL SUPPORT
EMMANUEL UNITED METHODIST CHURCH 2331 LA VISTA DRIVE BURLINGTON, NC 27215	56-6022659	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ENRICHMENT FUND FOR GUILFORD COUNTY SCHOOLS - 6052 INGOLD RD - WHITSETT, NC 27377	56-6000522	501(C)(3)	24,872.	0.			GENERAL SUPPORT
ENVIRONMENTAL LAW ALLIANCE WORLDWIDE - 1877 GARDEN AVE - EUGENE, OR 97403	94-3116602	501(C)(3)	60,000.	0.			GENERAL SUPPORT
EYES, EARS, NOSE AND PAWS PO BOX 3443 CHAPEL HILL, NC 27515	61-1436221	501(C)(3)	7,500.	0.			GENERAL SUPPORT
FAITHACTION INTERNATIONAL HOUSE 705 N. GREENE STREET GREENSBORO, NC 27401	56-1993490	501(C)(3)	17,000.	0.			GENERAL SUPPORT
FAMILY SERVICE OF THE PIEDMONT 902 BONNER DRIVE JAMESTOWN, NC 27282	56-0547459	501(C)(3)	24,950.	0.			GENERAL SUPPORT
FAMILY SERVICE OF THE PIEDMONT FOUNDATION - 902 BONNER DR - JAMESTOWN, NC 27282	56-2061741	501(C)(3)	5,275.	0.			GENERAL SUPPORT

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FIRST BAPTIST CHURCH 1000 W. FRIENDLY AVENUE GREENSBORO, NC 27401	56-0591300	501(C)(3)	31,300.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 617 NORTH ELM STREET GREENSBORO, NC 27401-2095	23-6393377	501(C)(3)	633,800.	0.			GENERAL SUPPORT
GEORGE W. BUSH FOUNDATION PO BOX 60610 DALLAS, TX 75360	20-4119317	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GEORGETOWN UNIVERSITY C/O SORELLE GROUP 701 29TH PLACE, NW - WASHINGTON, DC 20008	53-0196603	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GOLF FORE FUN, INC. PO BOX 236 CLEMMONS, NC 27012	20-8114680	501(C)(3)	11,263.	0.			GENERAL SUPPORT
GOLFERS AGAINST CANCER PO BOX 4924 GREENSBORO, NC 27404	76-0574871	501(C)(3)	5,100.	0.			GENERAL SUPPORT
GRACE UNITED METHODIST CHURCH 438 W. FRIENDLY AVENUE GREENSBORO, NC 27401	20-8813387	501(C)(3)	7,000.	0.			GENERAL SUPPORT
GREATER GREENSBORO BUILDERS ASSN. 115 SOUTH WESTGATE DRIVE GREENSBORO, NC 27407	56-0729447	501(C)(3)	12,430.	0.			GENERAL SUPPORT
GREATER GREENSBORO SOCIETY OF MEDICINE ALLIANCE - PO BOX 4451 - GREENSBORO, NC 27404	56-1139933	501(C)(3)	13,021.	0.			GENERAL SUPPORT

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GREEN HILL CENTER FOR NORTH CAROLINA ART - 200 N DAVIE ST - GREENSBORO, NC 27401	51-0190827	501(C)(3)	38,581.	0.			GENERAL SUPPORT
GREENSBORO CEREBRAL PALSY ASSOCIATION - 3205 EAST WENDOVER AVENUE - GREENSBORO, NC 27405	56-0591312	501(C)(3)	37,664.	0.			GENERAL SUPPORT
GREENSBORO CHAMBER OF COMMERCE PO BOX 3246 GREENSBORO, NC 27402	56-0245040	501(C)(3)	8,066.	0.			GENERAL SUPPORT
GREENSBORO CHILDREN'S MUSEUM 220 N. CHURCH ST. GREENSBORO, NC 27401-2918	56-1959695	501(C)(3)	22,264.	0.			GENERAL SUPPORT
GREENSBORO COLLEGE 815 W. MARKET ST. GREENSBORO, NC 27401-1875	56-0532144	501(C)(3)	784,005.	0.			GENERAL SUPPORT
GREENSBORO DAY SCHOOL 5401 LAWDALE DR GREENSBORO, NC 27455-2100	56-0949932	501(C)(3)	169,240.	0.			GENERAL SUPPORT
GREENSBORO GRASSHOPPERS CHARITIES 408 BELLEMEADE ST GREENSBORO, NC 27401	26-4231884	501(C)(3)	6,000.	0.			GENERAL SUPPORT
GREENSBORO HOUSING COALITION, INC. 122 NORTH ELM STREET, SUITE M4 GREENSBORO, NC 27401	56-1727193	501(C)(3)	24,000.	0.			GENERAL SUPPORT
GREENSBORO JEWISH FEDERATION 5509-C WEST FRIENDLY AVENUE GREENSBORO, NC 27410-4211	23-7107693	501(C)(3)	57,315.	0.			GENERAL SUPPORT

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GREENSBORO OPERA COMPANY 200 N. DAVIE, #17, SUITE 315 GREENSBORO, NC 27401-2819	58-1379465	501(C)(3)	120,025.	0.			GENERAL SUPPORT
GREENSBORO SCIENCE CENTER 4301 LAWDALE DR GREENSBORO, NC 27455	56-0885727	501(C)(3)	25,650.	0.			GENERAL SUPPORT
GREENSBORO SYMPHONY ENDOWMENT FUND 200 N DAVIE ST, STE 301 GREENSBORO, NC 27401	56-1542010	501(C)(3)	16,000.	0.			GENERAL SUPPORT
GREENSBORO SYMPHONY ORCHESTRA 200 N. DAVIE ST., SUITE 328 GREENSBORO, NC 27401-2819	56-6063111	501(C)(3)	19,210.	0.			GENERAL SUPPORT
GREENSBORO URBAN MINISTRY 305 WEST GATE CITY BLVD. GREENSBORO, NC 27406	56-0890545	501(C)(3)	1,373,063.	0.			GENERAL SUPPORT
GUILFORD CHILD DEVELOPMENT 1200 ARLINGTON STREET GREENSBORO, NC 27406	56-0863474	501(C)(3)	70,000.	0.			GENERAL SUPPORT
GUILFORD COLLEGE 5800 W. FRIENDLY AVENUE GREENSBORO, NC 27410	56-0529982	501(C)(3)	223,500.	0.			SCHOLARSHIPS
GUILFORD COUNTY COUNCIL OF PTAS 712 N. EUGENE ST. GREENSBORO, NC 27401	56-1824327	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GUILFORD COUNTY SCHOOLS FINANCIAL SERVICES DEPARTMENT - 712 N. EUGENE ST. - GREENSBORO, NC 27401	56-6000522	501(C)(3)	294,851.	0.			GENERAL SUPPORT

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GUILFORD EDUCATION ALLIANCE 902 BONNER DRIVE JAMESTOWN, NC 27282	20-0328746	501(C)(3)	48,808.	0.			GENERAL SUPPORT
GUILFORD GREEN FOUNDATION 301 S. ELM ST, STE 312 GREENSBORO, NC 27401	56-2091293	501(C)(3)	100,500.	0.			GENERAL SUPPORT
GUILFORD TECHNICAL COMMUNITY COLLEGE - PO BOX 309 - JAMESTOWN, NC 27282	56-6085391	501(C)(3)	11,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF GREATER GREENSBORO - PO BOX 3402 - GREENSBORO, NC 27402	56-1586870	501(C)(3)	74,820.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF NORTH CAROLINA - PO BOX 20968 - WINSTON-SALEM, NC 27120	27-1296717	501(C)(3)	7,000.	0.			GENERAL SUPPORT
HANDYCAPABLE NETWORK, INC. 7339-H W FRIENDLY AVE GREENSBORO, NC 27410	20-3793171	501(C)(3)	6,250.	0.			GENERAL SUPPORT
HARVARD BUSINESS SCHOOL 429 SOLDIERS FIELD BOSTON, MA 02163	04-6054794	501(C)(3)	100,000.	0.			GENERAL SUPPORT
HIGH POINT COMMUNITY FOUNDATION PO BOX 5166 HIGH POINT, NC 27262	56-1695787	501(C)(3)	23,098.	0.			GENERAL SUPPORT
HIGH POINT UNIVERSITY 833 MONTLIEU AVE. HIGH POINT, NC 27262	56-0529999	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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HISPANICS IN PHILANTHROPY 414 13TH STREET, SUITE 200 OAKLAND, CA 94612	94-3040607	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HOLY TRINITY EPISCOPAL CHURCH 607 N. GREENE ST. GREENSBORO, NC 27401	56-0530002	501(C)(3)	70,573.	0.			GENERAL SUPPORT
HORSEPOWER, INC. 8001 LEABOURNE RD COLFAX, NC 27235	56-1907424	501(C)(3)	12,000.	0.			GENERAL SUPPORT
HOSPICE AND PALLIATIVE CARE OF GREENSBORO, INC. - 2500 SUMMIT AVENUE - GREENSBORO, NC 27405-4522	56-1249146	501(C)(3)	230,937.	0.			GENERAL SUPPORT
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVE., NW WASHINGTON, DC 20036	52-1481896	501(C)(3)	14,400.	0.			GENERAL SUPPORT
HUMAN RIGHTS EDUCATION INSTITUTE PO BOX 3281 COEUR D'ALENE, ID 83816	82-0506112	501(C)(3)	100,000.	0.			GENERAL SUPPORT
INLAND NORTHWEST LAND TRUST 35 WEST MAIN AVE., STE. 210 SPOKANE, WA 99201	91-1510539	501(C)(3)	40,000.	0.			GENERAL SUPPORT
INSTITUTE OF POLITICAL LEADERSHIP 2 NEW BERN SQUARE GREENSBORO, NC 27408	56-1553715	501(C)(3)	8,750.	0.			GENERAL SUPPORT
INTERACTIVE RESOURCE CENTER PO BOX 20568 GREENSBORO, NC 27420	80-0315285	501(C)(3)	15,950.	0.			GENERAL SUPPORT

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INTERMOUNTAIN HEALTHCARE FOUNDATION - 900 ROUND VALLEY DR. - PARK CITY, UT 84060	80-0225150	501(C)(3)	9,000.	0.			GENERAL SUPPORT
JAMES MADISON UNIVERSITY UNIVERSITY BUSINESS OFFICE: 70 BLUESTONE DR., MSC 3516 - HARRISONBURG, VA 2	54-6001756	GOVERNMENT	9,000.	0.			SCHOLARSHIPS
JUDEA REFORM CONGREGATION 1933 CORNWALLIS RD DURHAM, NC 27705	56-1337018	501(C)(3)	15,445.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF CENTRAL NORTH CAROLINA - 3220 NORTHLINE AVENUE - GREENSBORO, NC 27408	56-0844838	501(C)(3)	11,732.	0.			GENERAL SUPPORT
JUNIOR LEAGUE OF GREENSBORO 3101 W FRIENDLY AVE GREENSBORO, NC 27408	56-0685368	501(C)(3)	6,821.	0.			GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION - 216 W MARKET ST, STE B - GREENSBORO, NC 27401	23-1907729	501(C)(3)	40,800.	0.			GENERAL SUPPORT
KENAN-FLAGLER BUSINESS SCHOOL UNC CHAPEL HILL - CAMPUS BOX 3440 - CHAPEL HILL, NC 27599-3440	56-6001393	501(C)(3)	10,000.	0.			GENERAL SUPPORT
KIMBALL ART CENTER PO BOX 1478 PARK CITY, UT 84060	87-0321132	501(C)(3)	11,300.	0.			GENERAL SUPPORT
KOOTENAI ENVIRONMENTAL ALLIANCE PO BOX 1598 COEUR D'ALENE, ID 83816	82-0342101	501(C)(3)	26,000.	0.			GENERAL SUPPORT

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LAWNDALE BAPTIST CHURCH 3505 LAWNDALE DRIVE GREENSBORO, NC 27408	58-0732040	501(C)(3)	7,250.	0.			GENERAL SUPPORT
LINEBERGER CANCER CENTER EXTERNAL AFFAIRS OFFICE NC -CH CB #7295 - CHAPEL HILL, NC 27599-7295	56-6001393	501(C)(3)	12,600.	0.			GENERAL SUPPORT
MACEDONIAN MINISTRY FOUNDATION, INC. - 3445 PEACHTREE RD NE - ATLANTA, GA 30326	45-5069917	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MAKE A WISH FOUNDATION GIFT PROCESSING CENTER - 4742 N 24TH ST, STE 400 - PHOENIX, AZ 85016-4862	86-0481941	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MDC, INC. 307 WEST MAIN STREET DURHAM, NC 27701	56-0894222	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MOREHEAD PLANETARIUM AND SCIENCE CENTER UNC CHAPEL HILL - CAMPUS BOX 3480 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MOREHEAD SCHOLARSHIP FOUNDATION PO BOX 690 CHAPEL HILL, NC 27514	56-2462593	501(C)(3)	117,000.	0.			GENERAL SUPPORT
MOSES CONE HOSPITAL OPERATING CORPORATION - 1200 N. ELM ST. - GREENSBORO, NC 27401	58-1588823	501(C)(3)	15,000.	0.			GENERAL SUPPORT
MUSIC ACADEMY OF NORTH CAROLINA, INC. - 1327 BEAMAN PLACE STE 100 - GREENSBORO, NC 27408-8723	58-1583883	501(C)(3)	18,267.	0.			GENERAL SUPPORT

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NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE PIEDMONT TRIAD - 713 NORTH GREENE STREET - GREENSBORO, NC 27401	06-1753756	501(C)(3)	28,625.	0.			GENERAL SUPPORT
NATIONAL GALLERY OF ART 6TH ST AND CONSTITUTION AVE NW WASHINGTON, DC 20565	53-6001666	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 2211 W MEADOWVIEW RD. STE. 30 - GREENSBORO, NC 27407-3400	56-0903569	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NC CHILDREN'S HOSPITAL/NC CHILDREN'S PROMISE - UNC CHAPEL HILL CAMPUS BOX 7237 - CHAPEL HILL, NC 27599	56-6057494	501(C)(3)	23,000.	0.			GENERAL SUPPORT
NC STATE UNIVERSITY OFFICE OF SCHOLARSHIPS AND FINANCIAL AID, PO BOX 7302 - RALEIGH, NC 27695	56-6001393	GOVERNMENT	6,650.	0.			SCHOLARSHIPS
NC STATE UNIVERSITY 2005 HARRIS HALL RALEIGH, NC 27695-7213	56-6001393	GOVERNMENT	15,250.	0.			SCHOLARSHIPS
NC TEXTILE FOUNDATION, INC. PO BOX 8301 RALEIGH, NC 27695	56-6045324	501(C)(3)	7,000.	0.			GENERAL SUPPORT
NEW GARDEN FRIENDS MEETING 801 NEW GARDEN RD. GREENSBORO, NC 27410	56-0860298	501(C)(3)	5,500.	0.			GENERAL SUPPORT
NEW GARDEN FRIENDS SCHOOL 1128 NEW GARDEN ROAD GREENSBORO, NC 27410	56-1002236	501(C)(3)	5,725.	0.			GENERAL SUPPORT

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NEW LEAF SOCIETY PO BOX 4083 BURLINGTON, NC 27215-0901	26-1560297	501(C)(3)	11,400.	0.			GENERAL SUPPORT
NEW RIVER CONSERVANCY P.O. BOX 1480 WEST JEFFERSON, NC 28694-1480	58-1949660	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NOBLE ACADEMY 3310 HORSE PEN CREEK ROAD GREENSBORO, NC 27410	56-1676066	501(C)(3)	14,543.	0.			GENERAL SUPPORT
NORTH NAPLES UNITED METHODIST CHURCH - 6000 GOODLETTE ROAD - NAPLES, FL 34109	59-1383829	501(C)(3)	100,000.	0.			GENERAL SUPPORT
NUSSBAUM CENTER FOR ENTREPRENEURSHIP, INC. - 1451 S ELM-EUGENE ST - GREENSBORO, NC 27406	56-1577495	501(C)(3)	18,500.	0.			GENERAL SUPPORT
OAK RIDGE UNITED METHODIST CHURCH 2424 OAK RIDGE ROAD OAK RIDGE, NC 27310	56-1293108	501(C)(3)	17,000.	0.			GENERAL SUPPORT
OLD NORTH STATE COUNCIL OF BOY SCOUTS OF AMERICA - PO BOX 29046 - GREENSBORO, NC 27429	56-1762001	501(C)(3)	123,582.	0.			GENERAL SUPPORT
OUTREACH FOUNDATION OF THE PRESBYTERIAN CHURCH, INC. - 381 RIVERSIDE DR., STE 110 - FRANKLIN, TN 37064	58-1375506	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PARTNERS ENDING HOMELESSNESS 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	20-1798198	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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PAUL J. CIENER BOTANICAL GARDEN 215 S. MAIN ST. KERNERSVILLE, NC 27284	56-2105544	501(C)(3)	8,000.	0.			GENERAL SUPPORT
PIEDMONT LAND CONSERVANCY P.O. BOX 4025 GREENSBORO, NC 27404-4025	56-1704433	501(C)(3)	72,880.	0.			GENERAL SUPPORT
PIEDMONT TRIAD CHARITABLE FDN. D.B.A. WYNDHAM CHAMPIONSHIP - 416 GALLIMORE DAIRY ROAD, STE M - GREENSBORO, NC 27409	56-6085407	501(C)(3)	307,500.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD HEALTH SYSTEMS, INC. - 1704 BATTLEGROUND AVE. - GREENSBORO, NC 27408	56-1282557	501(C)(3)	9,590.	0.			GENERAL SUPPORT
POSITIVE ATTITUDE YOUTH, INC. 229 N GRAHAM HOPEDALE RD BURLINGTON, NC 27215	56-1913994	501(C)(3)	8,000.	0.			GENERAL SUPPORT
PRESERVATION GREENSBORO INC. PO BOX 13136 GREENSBORO, NC 27415	56-6086217	501(C)(3)	22,546.	0.			GENERAL SUPPORT
PRESERVATION NORTH CAROLINA, INC. P.O. BOX 27644 RALEIGH, NC 27611-7644	56-1145386	501(C)(3)	5,189.	0.			GENERAL SUPPORT
QUEENS UNIVERSITY OF CHARLOTTE 1900 SELWYN AVENUE CHARLOTTE, NC 28274	56-0530003	501(C)(3)	20,000.	0.			GENERAL SUPPORT
RADFORD UNIVERSITY PO BOX 6922 RADFORD, VA 24142	23-7219782	GOVERNMENT	9,000.	0.			SCHOLARSHIPS

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RANDOLPH COUNTY PARTNERSHIP FOR CHILDREN - 349 SUNSET AVE. - ASHEBORO, NC 27203	31-1612024	501(C)(3)	5,426.	0.			GENERAL SUPPORT
RANDOLPH-MACON COLLEGE PO BOX 5005 ASHLAND, VA 23005	54-0505940	501(C)(3)	14,400.	0.			GENERAL SUPPORT
RESTORATION PLACE COUNSELING PO BOX 35932 GREENSBORO, NC 27425	25-1915667	501(C)(3)	22,576.	0.			GENERAL SUPPORT
SAINT MARK'S EVANGELICAL AND REFORMED CHURCH, INC. - 1230 ST. MARK'S CHURCH RD - BURLINGTON, NC 27215	56-6054730	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SALEM ACADEMY AND COLLEGE 601 S CHURCH ST WINSTON-SALEM, NC 27101	56-0530005	501(C)(3)	29,013.	0.			SCHOLARSHIPS
SALVATION ARMY 1311 S. EUGENE STREET GREENSBORO, NC 27406	58-0660607	501(C)(3)	687,208.	0.			GENERAL SUPPORT
SALVATION ARMY BOYS AND GIRLS CLUB PO BOX 1238 BURLINGTON, NC 27216	58-0660607	501(C)(3)	21,995.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607-3000	58-1437002	501(C)(3)	109,652.	0.			GENERAL SUPPORT
SANCTUARY HOUSE 518 N. ELM ST. GREENSBORO, NC 27401	56-2257832	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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SENIOR RESOURCES OF GUILFORD PO BOX 21993 GREENSBORO, NC 27420	56-1181577	501(C)(3)	8,408.	0.			GENERAL SUPPORT
SHALOM COMMUNITY CHRISTIAN CHURCH 2227 PINECROFT ROAD GREENSBORO, NC 27407	22-3678336	501(C)(3)	7,000.	0.			GENERAL SUPPORT
SIT-IN MOVEMENT, INC. 134 S ELM ST. GREENSBORO, NC 27401	56-1856093	501(C)(3)	7,000.	0.			GENERAL SUPPORT
SMITHSONIAN INSTITUTION PO BOX 37012 WASHINGTON, DC 20073-7012	53-0206027	501(C)(3)	25,350.	0.			GENERAL SUPPORT
ST. FRANCIS EPISCOPAL CHURCH 3506 LAWNSDALE DRIVE GREENSBORO, NC 27408	56-0642864	501(C)(3)	21,000.	0.			GENERAL SUPPORT
ST. MARY'S SCHOOL 900 HILLSBOROUGH STREET RALEIGH, NC 27603	56-0532314	501(C)(3)	5,900.	0.			GENERAL SUPPORT
STEPUP MINISTRY 707 N GREENE ST GREENSBORO, NC 27401	56-1655255	501(C)(3)	16,650.	0.			GENERAL SUPPORT
TEMPLE EMANUEL 1129 JEFFERSON ROAD GREENSBORO, NC 27410	56-0543235	501(C)(3)	98,339.	0.			GENERAL SUPPORT
THE ARC OF GREENSBORO, INC. 14 OAK BRANCH DRIVE, STE. B GREENSBORO, NC 27407	56-0745766	501(C)(3)	40,472.	0.			GENERAL SUPPORT

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THE ASPEN INSTITUTE, INC. 1000 N THIRD ST ASPEN, CO 81611	84-1305687	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE EDUCATIONAL FOUNDATION, INC. P.O. BOX 2446 CHAPEL HILL, NC 27515	59-1711424	501(C)(3)	56,500.	0.			GENERAL SUPPORT
THE EPISCOPAL CHURCH OF THE HOLY COMFORTER - PO BOX 1336 - BURLINGTON, NC 27216	56-6001643	501(C)(3)	11,386.	0.			GENERAL SUPPORT
THE FOUNDATION FOR EVANGELISM PO BOX 985 LAKE JUNALUSKA, NC 28745	62-6040109	501(C)(3)	100,000.	0.			GENERAL SUPPORT
THE HORATIO ALGER ASSOCIATION OF DISTINGUISHED AMERICANS - 99 CANAL CENTER PLAZA, STE 320 - ALEXANDRIA, VA 22314	13-1669975	501(C)(3)	50,000.	0.			GENERAL SUPPORT
THE HUNGER PROJECT 5 UNION SQUARE WEST NEW YORK, NY 10003	94-2443282	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS - PO BOX 101510 - ARLINGTON, VA 22210	53-0245017	501(C)(3)	200,000.	0.			GENERAL SUPPORT
THE NATIONAL MUSEUM OF WOMEN IN THE ARTS - 1250 NEW YORK AVENUE, NW - WASHINGTON, DC 20005-3920	52-1238810	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE SERVANT CENTER, INC. 1312 LEXINGTON AVE GREENSBORO, NC 27403-3705	56-1834197	501(C)(3)	5,100.	0.			GENERAL SUPPORT

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THE SHEPHERD'S CENTER OF GREENSBORO - 302 W. MARKET ST., ROOM 103 - GREENSBORO, NC 27401	56-1591924	501(C)(3)	9,731.	0.			GENERAL SUPPORT
THE SOCIETY OF THE FOUR ARTS 2 FOUR ARTS PLAZA PALM BEACH, FL 33480	59-0454318	501(C)(3)	17,500.	0.			GENERAL SUPPORT
TRIAD HEALTH PROJECT PO BOX 5716 GREENSBORO, NC 27435	58-1705502	501(C)(3)	13,539.	0.			GENERAL SUPPORT
TRIAD STAGE, INC. 232 S ELM ST GREENSBORO, NC 27401-2605	62-1743981	501(C)(3)	161,381.	0.			GENERAL SUPPORT
TRIANGLE DAY SCHOOL, INC. 4911 NEAL RD DURHAM, NC 27705	56-1736992	501(C)(3)	5,400.	0.			GENERAL SUPPORT
UNC CHAPEL HILL CB #1400 STE. 2215 SASB NORTH CHAPEL HILL, NC 27599-1400	56-6001393	GOVERNMENT	32,051.	0.			SCHOLARSHIPS
UNC-CHAPEL HILL CB #1400 STE. 2215 SASB NORTH CHAPEL HILL, NC 27599	56-6001393	GOVERNMENT	5,449.	0.			SCHOLARSHIPS
UNC-CHARLOTTE 9201 UNIVERSITY CITY BLVD. CHARLOTTE, NC 28223	56-0791228	GOVERNMENT	24,075.	0.			SCHOLARSHIPS
UNCG OFFICE OF ADVANCEMENT SERVICES - PO BOX 26170 - GREENSBORO, NC 27402-6170	56-6086393	GOVERNMENT	11,750.	0.			SCHOLARSHIPS

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UNCG SCHOOL OF NURSING PO BOX 26170 GREENSBORO, NC 27402-6170	56-6001468	GOVERNMENT	54,216.	0.			SCHOLARSHIPS
UNCG WEATHERSPOON ART MUSEUM PO BOX 26170 GREENSBORO, NC 27402-6170	58-1852178	GOVERNMENT	11,898.	0.			GENERAL SUPPORT
UNITED METHODIST FOUNDATION OF WESTERN NORTH CAROLINA 3816 PROFESSIONAL CENTER DR - HUNTERSVILLE, NC 28	56-0727845	501(C)(3)	1,000,000.	0.			GENERAL SUPPORT
UNITED WAY OF ALAMANCE COUNTY 803 HERMITAGE RD. BURLINGTON, NC 27215	56-0599239	501(C)(3)	31,300.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER GREENSBORO P.O. BOX 14998 GREENSBORO, NC 27415-4998	56-0668555	501(C)(3)	339,535.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER HIGH POINT 201 CHURCH AVENUE HIGH POINT, NC 27262-4805	56-0547486	501(C)(3)	21,000.	0.			GENERAL SUPPORT
UNIVERSITY OF NC AT CHAPEL HILL SCHOOL OF GOVERNMENT - CB 3330 KNAPP BLDG - CHAPEL HILL, NC 27599-3330	56-6001393	GOVERNMENT	5,349.	0.			GENERAL SUPPORT
UNIVERSITY OF ROCHESTER PO BOX 270042 ROCHESTER, NY 14627-0044	16-0743209	501(C)(3)	25,000.	0.			GENERAL SUPPORT
VICTORY JUNCTION GANG CAMP 4500 ADAM'S WAY RANDLEMAN, NC 27317	56-2215292	501(C)(3)	27,000.	0.			GENERAL SUPPORT

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VIRGINIA EPISCOPAL SCHOOL 400 VES RD LYNCHBURG, VA 24505	54-0506431	501(C)(3)	6,250.	0.			GENERAL SUPPORT
WAKE FOREST ATHLETICS 499 DEACON BOULEVARD WINSTON-SALEM, NC 27105-4216	56-0532138	501(C)(3)	5,125.	0.			GENERAL SUPPORT
WAKE FOREST UNIVERSITY PO BOX 7227 WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	19,100.	0.			GENERAL SUPPORT
WALTER HINES PAGE HIGH SCHOOL 201 ALMA PINNIX DRIVE GREENSBORO, NC 27405	56-6000522	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WASHINGTON & LEE UNIVERSITY 204 W. WASHINGTON ST. LEXINGTON, VA 24450-0303	54-0505977	501(C)(3)	17,000.	0.			SCHOLARSHIPS
WAYNE UPLIFT RESOURCE ASSOCIATION, INC. - 1906 E. EDGERTON ST. - GOLDSBORO, NC 27530	56-1904996	501(C)(3)	6,000.	0.			GENERAL SUPPORT
WEATHERSPOON MUSEUM ASSOCIATION PO BOX 26170 GREENSBORO, NC 27402	23-7111684	501(C)(3)	9,500.	0.			GENERAL SUPPORT
WELFARE REFORM LIAISON PROJECT, INC. - 2601 GREENGATE DRIVE - GREENSBORO, NC 27406	56-2046446	501(C)(3)	8,910.	0.			GENERAL SUPPORT
WEST MARKET STREET UNITED METHODIST CHURCH - 302 W. MARKET STREET - GREENSBORO, NC 27401	56-0543248	501(C)(3)	333,000.	0.			GENERAL SUPPORT

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WESTERN ENVIRONMENTAL LAW CENTER 208 PASEO DEL PUEBLO SUR, #602 TAOS, NM 87571	93-1010269	501(C)(3)	40,000.	0.			GENERAL SUPPORT
WESTMINSTER PRESBYTERIAN CHURCH 3906 W. FRIENDLY AVENUE GREENSBORO, NC 27410	56-0547525	501(C)(3)	34,200.	0.			GENERAL SUPPORT
WESTOVER CHURCH, INC. 505 MUIRS CHAPEL ROAD GREENSBORO, NC 27410	56-0629347	501(C)(3)	8,600.	0.			GENERAL SUPPORT
WESTTOWN SCHOOL 975 WESTOWN RD WEST CHESTER, PA 19382-5700	20-5073581	501(C)(3)	5,300.	0.			GENERAL SUPPORT
WHEELS4HOPE 4006 BURLINGTON RD GREENSBORO, NC 27405	56-2196676	501(C)(3)	8,500.	0.			GENERAL SUPPORT
WHITE OAK CEMETERY, INC. C/O TUGGLE DUGGINS PA PO BOX 2888 GREENSBORO, NC 27402	56-6040796	501(C)(3)	33,700.	0.			GENERAL SUPPORT
WITTENBERG UNIVERSITY P.O. BOX 720 SPRINGFIELD, OH 45501-0720	31-0537177	501(C)(3)	25,000.	0.			GENERAL SUPPORT
WOMEN'S RESOURCE CENTER OF GREENSBORO, INC. - 628 SUMMIT AVE - GREENSBORO, NC 27405-7742	56-1891618	501(C)(3)	28,246.	0.			GENERAL SUPPORT
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	45,049.	0.			GENERAL SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORKFORCE DEVELOPMENT BOARD 303 NORTH RALEIGH ST. GREENSBORO, NC 27401	56-6000230	501(C)(3)	11,800.	0.			GENERAL SUPPORT
WORLD METHODIST EVANGELISM PO BOX 8388 HERMITAGE, TN 37076	56-0603907	501(C)(3)	135,000.	0.			GENERAL SUPPORT
YMCA - MARY PERRY RAGSDALE FAMILY YMCA - 900 BONNER DR. - JAMESTOWN, NC 27282	56-0543243	501(C)(3)	10,000.	0.			GENERAL SUPPORT
YOUNG LIFE GREENSBORO PO BOX 4222 GREENSBORO, NC 27404	84-0385934	501(C)(3)	8,800.	0.			GENERAL SUPPORT
YWCA OF GREENSBORO 1807 E. WENDOVER AVE. GREENSBORO, NC 27405	56-0529936	501(C)(3)	490,294.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION REAL ESTATE MANAGEMENT FUND - 330 SOUTH GREENE STREET, SUITE 100 - GREENSBORO, NC 27401-2659	56-2035757	501(C)(3)	7,214,556.	0.			LEBAUER PARK PROJECT

COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.

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

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

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

**PART I, LINE 2:**

THE FOUNDATION ISSUES A GRANT AGREEMENT THAT STATES THE STIPULATIONS FOR USE OF FUNDS, WHEN THE REPORT ON USE OF FUNDS IS DUE, AND HOW TO REQUEST ANY REVISIONS IN THE TERMS OF THE GRANT SHOULD THE NEED ARISE. A RECIPIENT COMPLETES AND SIGNS THE GRANT AGREEMENT AND THE DOCUMENT IS RETURNED TO THE FOUNDATION BEFORE FUNDS ARE DISBURSED. WHEN THE CHECK IS SENT, A GRANT REPORT FORM, WHICH REQUESTS INFORMATION ON DETAILED EXPENDITURES, PROGRAMMATIC BENEFITS, AND COMMUNITY IMPACT, IS INCLUDED. REPORT FORMS ARE SENT TO THE FOUNDATION BY THE DUE DATE AND ARE REVIEWED BY STAFF TO ASSESS

**Part IV Supplemental Information**

COMPLIANCE WITH THE TERMS OF THE GRANTS. AS APPROPRIATE, STAFF CLOSES THE GRANT OR REQUESTS REIMBURSEMENT OF FUNDS (IN THE CASE OF INELIGIBLE USES) AND PROVIDES SUMMARY INFORMATION TO THE GRANTS COMMITTEE. FOR DONOR ADVISED GRANTS, THE FOUNDATION ISSUES A LETTER TO THE GRANT RECIPIENT ORGANIZATION THAT CONTAINS STIPULATIONS FOR USE OF THE FUNDS. THIS LETTER ACCOMPANIES THE CHECK.

Multiple horizontal lines for supplemental information input.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization **COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.**

Employer identification number  
**56-1380249**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2014

**COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**

Schedule J (Form 990) 2014

56-1380249

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) H. WALKER SANDERS PRESIDENT	(i)	194,601.	0.	3,736.	13,650.	6,258.	218,245.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MONA EDWARDS CHIEF OPERATING OFFICER	(i)	133,550.	101.	0.	7,565.	9,259.	150,475.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization **COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.** Employer identification number **56-1380249**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	<input checked="" type="checkbox"/>	2	310,000.	APPRAISAL
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	<input checked="" type="checkbox"/>	128	5,145,225.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....	<input checked="" type="checkbox"/>	1	38,750.	FMV
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	<input checked="" type="checkbox"/>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	<input checked="" type="checkbox"/>	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES VARIOUS BROKERS TO SELL MARKETABLE SECURITIES THAT ARE CONTRIBUTED TO THE ORGANIZATION. IN ADDITION, DURING 2014 THE ORGANIZATION USED AN INDEPENDENT REAL ESTATE BROKER TO SELL A CONDO THAT WAS DONATED TO THE ORGANIZATION.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.</b>	Employer identification number <b>56-1380249</b>
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY PROVIDING SUPPORT TO A BROAD RANGE OF COMMUNITY NEEDS, NONPROFIT  
ORGANIZATIONS, AND EDUCATIONAL OPPORTUNITIES.

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

PARTNER AND LEADER IN SHAPING EFFECTIVE RESPONSES TO COMMUNITY ISSUES  
AND OPPORTUNITIES.

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

CONDUCTING ACTIVE ENDOWMENT BUILDING ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 11:

THE ORGANIZATION'S FINANCE COMMITTEE, COMPRISED OF ACCOUNTING AND FINANCIAL  
PROFESSIONALS, WILL REVIEW A DRAFT FORM 990, INCLUDING SCHEDULE (B) OF  
CONTRIBUTORS, AND WILL REPORT ANY CONCERNS TO THE ORGANIZATION'S BOARD OF  
DIRECTORS. ALL BOARD MEMBERS WILL BE PROVIDED WITH A DRAFT FORM 990 BEFORE  
FILING; HOWEVER, TO MAINTAIN DONOR PRIVACY, SCHEDULE (B) OF CONTRIBUTORS,  
IS ONLY AVAILABLE FOR REVIEW IN FOUNDATION OFFICES.

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

ANNUALLY, FOUNDATION STAFF AND BOARD MEMBERS ACKNOWLEDGE, IN WRITING, THEIR  
ADHERENCE TO THE CONFLICT OF INTEREST POLICY. EACH INDIVIDUAL LISTS  
SIGNIFICANT CIVIC, FINANCIAL, AND BUSINESS RELATIONSHIPS FOR THEMSELVES AND  
THEIR SPOUSES. THIS LIST IS SUMMARIZED AND PROVIDED TO THE GOVERNANCE  
COMMITTEE, WHICH REVIEWS AND DISCLOSES RELATIONSHIPS TO THE FULL BOARD AS  
DISCUSSIONS WARRANT. ANY DUALITY OR POSSIBLE CONFLICT OF INTEREST ON THE

Name of the organization **COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.**

Employer identification number  
**56-1380249**

PART OF ANY MEMBER OF THE BOARD OF DIRECTORS OR THE STAFF SHALL BE DISCLOSED TO THE OTHER MEMBERS OF THE BOARD AND MADE A MATTER OF RECORD AS SOON AS THE ISSUES IN QUESTION ARE RAISED AND A POSSIBLE CONFLICT IS KNOWN. THAT PERSON SHALL NOT VOTE ON SUCH MATTER AND SHALL NOT ATTEMPT TO EXERT PERSONAL INFLUENCE IN CONNECTION THEREWITH.

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

THE PROCESS FOR REVIEWING SALARIES IS REVIEWED ANNUALLY BY THE PERSONNEL COMMITTEE, WHICH CONSISTS OF THE BOARD CHAIR, CHAIR-ELECT, IMMEDIATE PAST CHAIR, AND TREASURER.

THE PRESIDENT'S COMPENSATION PACKAGE IS BASED ON THE DATA PROVIDED BY THE COUNCIL ON FOUNDATIONS AND A LOCAL MARKET SURVEY OF OTHER FOUNDATIONS (COMMUNITY AND PRIVATE). THE PRESIDENT'S COMPENSATION PACKAGE IS DISCUSSED SEPARATELY IN AN EXECUTIVE SESSION OF THE BOARD ON AN ANNUAL BASIS.

AS FOR THE COMPENSATION FOR THE OTHER KEY EMPLOYEES, THE PRESIDENT REVIEWS COMPARABLE DATA FOR STAFFING STRUCTURE AND SALARIES FROM THE COUNCIL ON FOUNDATIONS AND MAKES ADJUSTMENTS BASED ON AN INFORMAL LOCAL MARKET SURVEY. THIS INFORMAL SURVEY IS BASED ON CONVERSATIONS WITH OTHER EXECUTIVE DIRECTORS OF LARGE NON-PROFITS AND COMMUNITY FOUNDATIONS WITHIN THE PIEDMONT TRIAD REGION, AS WELL AS REVIEW OF THE FORM 990S FOR THOSE ORGANIZATIONS. THE PRESIDENT DEVELOPS A SALARY RANGE FOR EACH POSITION AND RECOMMENDS THIS TO THE PERSONNEL COMMITTEE. THE PRESIDENT SETS SPECIFIC SALARIES WITHIN THE APPROVED SALARY RANGE, WHICH IS NOTED IN THE ANNUAL OPERATING BUDGET UNDER "STAFF SALARIES." THE FINANCE COMMITTEE (CONSISTING OF BOARD AND NON-BOARD COMMUNITY MEMBERS) APPROVES THE SALARY RANGES WITHIN THE ANNUAL OPERATING BUDGET. THE FINANCE COMMITTEE RECOMMENDS AN ANNUAL OPERATING BUDGET TO THE BOARD FOR APPROVAL. THIS REVIEW PROCESS IS DOCUMENTED IN THE BOARD MEETING MINUTES.

Name of the organization <b>COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.</b>	Employer identification number <b>56-1380249</b>
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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNANCE DOCUMENTS, INCLUDING ITS AUDITED FINANCIAL STATEMENTS, FORM 990, AND CONFLICT OF INTEREST POLICY, ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. OTHER GOVERNANCE DOCUMENTS ARE AVAILABLE ON REQUEST.

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

FMV ADJUSTMENT ON REAL ESTATE	-23,415.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Name of the organization **COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.** Employer identification number **56-1380249**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TPAC, LLC - 56-1380249 330 SOUTH GREENE STREET, SUITE 100 GREENSBORO, NC 27401-2659	ADMINISTER PLEDGES AND COORDINATE GRANTS TO BUILD PERFORMING ARTS CENTER	NORTH CAROLINA	1,721,934.	31,051,080.	COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
STANLEY & DOROTHY FRANK FAMILY FOUNDATION - 56-6513308, 330 SOUTH GREENE STREET, SUITE 100, GREENSBORO, NC 27401-2659	GRANTS	NORTH CAROLINA	501(C)(3)	LINE 11A, I	COMMUNITY FOUNDATION OF GREATER		X
COMMUNITY FOUNDATION REAL ESTATE MANAGEMENT FUND - 56-2035757, 330 SOUTH GREENE STREET, SUITE 100, GREENSBORO, NC 27401-2659	TO ADMINISTER CHARITABLE FUNDS RELATING TO REAL PROPERTY	NORTH CAROLINA	501(C)(3)	LINE 11A, I	COMMUNITY FOUNDATION OF GREATER		X
GATE CITY COMPANY - 26-0706165 330 SOUTH GREENE STREET, SUITE 100 GREENSBORO, NC 27401-2659	HOUSING	NORTH CAROLINA	501(C)(3)	LINE 11A, I	COMMUNITY FOUNDATION OF GREATER		X

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

Schedule R (Form 990) 2014

SEE PART VII FOR CONTINUATIONS



**COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY FOUNDATION REAL ESTATE MANAGEMENT FUND	B	7,214,556.	FMV
(2) GATE CITY COMPANY COMMUNITY FOUNDATION REAL ESTATE	C	78,538.	FMV
(3) COMMUNITY FOUNDATION REAL ESTATE MANAGEMENT FUND	C	58,791.	FMV
(4)			
(5)			
(6)			





**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

STANLEY & DOROTHY FRANK FAMILY FOUNDATION

DIRECT CONTROLLING ENTITY: COMMUNITY FOUNDATION OF GREATER GREENSBORO

NAME OF RELATED ORGANIZATION:

COMMUNITY FOUNDATION REAL ESTATE MANAGEMENT FUND

DIRECT CONTROLLING ENTITY: COMMUNITY FOUNDATION OF GREATER GREENSBORO

NAME OF RELATED ORGANIZATION:

GATE CITY COMPANY

DIRECT CONTROLLING ENTITY: COMMUNITY FOUNDATION OF GREATER GREENSBORO

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.</b>	Employer identification number (EIN) or <b>56-1380249</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>330 SOUTH GREENE STREET, NO. 100</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GREENSBORO, NC 27401-2659</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JACQUELINE O'CONNELL - 330 SOUTH GREENE STREET, SUITE**

- The books are in the care of ▶ **100 - GREENSBORO, NC 27401-2659**  
Telephone No. ▶ **336-379-9100** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2015**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

▶  calendar year **2014** or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.