PUBLIC DISCLOSURE COPY

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Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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.

2015
Open to Public Inspection

<u>A</u> F	or th	e 2015 calendar year, or tax year beginning an	d ending						
B	Check if	COMMUNITY FOUNDATION OF GREATER		D Employer identifi	cation number				
	Addre	ge GREENSBORO, INC.		1					
	Name chan	ge Doing business as	56-1380249						
	Initial returi Final returi	Number and street (or P.O. box it mail is not delivered to street address) 330 SOUTH GREENE STREET	Room/suite 100	E Telephone numbe 336-	r 379-9100				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	40,451,926.				
	Amer returr	GREENSBORO, NC 2/401-2039		H(a) Is this a group re	eturn				
	Appli tion	F Name and address of principal officer: H. WALKER SANDERS		for subordinates	? Yes X No				
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
<u> 1 1</u>	ax-ex	empt status: X 501(c)(3) D 501(c) () D (insert no.) D 4947(a)(1)) or 527	If "No," attach a	list. (see instructions)				
		te: ► WWW.CFGG.ORG		H(c) Group exemption	n number 🕨				
K	orm o	f organization: X Corporation Trust Association Other	L Year	of formation: 1983 N	State of legal domicile: NC				
Pa	art I	Summary							
a)	1	Briefly describe the organization's mission or most significant activities: \underline{THE}							
Activities & Governance		OVER 600 CHARITABLE FUNDS ESTABLISHED TO	STRENC	THEN ITS CO	MMUNITIES				
rna	2	Check this box if the organization discontinued its operations or disp	osed of more	than 25% of its net ass					
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	31				
<u>ن</u> «×	4	Number of independent voting members of the governing body (Part VI, line 1b)			31				
es 8	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			22				
ξ	6	Total number of volunteers (estimate if necessary)			315				
₹		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)		13,993,189.	29,920,193.				
enc	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,919,297.	7,664,148.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		109,286.	288,240.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		21,021,772.	37,872,581.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,894,509.	16,565,518.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10))	1,414,835.	1,820,471.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	7 / 1	0.	0.				
X	_b	Total fundraising expenses (Part IX, column (D), line 25)		1 006 620	1 640 540				
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,886,630. 24,195,974.	1,642,548. 20,028,537.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-3,174,202.	17,844,044.				
	19	Revenue less expenses. Subtract line 18 from line 12							
Net Assets or		Total accets (Part V. line 16)	1	ginning of Current Year. 81,232,568.	End of Year 185,232,038.				
SSE	20	Total assets (Part X, line 16)		32,197,647.	29,359,632.				
let /	21	Total liabilities (Part X, line 26)		49,034,921.	155,872,406.				
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20		. 40,004,021.	133,072,400.				
		alties of perjury, I declare that I have examined this return, including accompanying schedu	les and statem	ents, and to the hest of my	knowledge and helief it is				
	-	ct, and complete. Declaration of preparer (other than officer) is based on all information of			Knowledge and boller, it is				
truo	, 00110	and complete books and of property (exists than exists) to be add on an intermediation of	mion proparor	That any information					
Sig	n	Signature of officer		Date					
Her		H. WALKER SANDERS, PRESIDENT							
	•	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid	ı	KELLIANNE F. BENSON		if self-employ	P01345659				
	arer	Firm's name CHERRY BEKAERT LLP	-	Firm's EIN ▶	56-0574444				
	Only	Firm's address 1111 METROPOLITAN AVE. STE. 100	0						
		CHARLOTTE, NC 28204		Phone no. 70	4-377-1678				
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	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 \$11,425,041. including grants of \$10,473,973.) (Revenue \$
	DONOR ADVISED: THE COMMUNITY FOUNDATION MANAGES 290 DONOR-ADVISED AND
	SCHOLARSHIP FUNDS WHICH ENABLE RESIDENTS OF GREATER GREENSBORO TO ACHIEVE THEIR INDIVIDUAL CHARITABLE GOALS. DURING 2015, MORE THAN 1800
	GRANTS WERE DISBURSED IN SUPPORT OF FAITH BASED, HEALTH & HUMAN
	SERVICE, EDUCATIONAL AND OTHER COMMUNITY SERVICE ORGANIZATIONS.
	DERVICE, EDOCHIEGHE IND CHIER COMMONTH DERVICE CHCENTERITIONS.
	6 600 32E
4b	(Code:) (Expenses \$6,608,335. including grants of \$5,507,600.) (Revenue \$108,007.] 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 2015 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, TUITION ASSISTANCE FOR ELIGIBLE HIGH SCHOOL
4c	(Code:) (Expenses \$ 636,061 • including grants of \$ 583,945 •) (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 2015, \$2.6 MILLION WAS RETURNED TO THESE ORGANIZATIONS.
	WAD RETURNED TO THESE ORGANIZATIONS:
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 18 669 437.

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complete Schedule G. Part III

Form 990 (2015) GREENSBORO, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		X
07	complete Schedule L, Part II	26		Α_
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	07		x
28	of any of these persons? If "Yes," complete Schedule L, Part III	27		122
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A summer of the second file and discrete tracks on the second sec	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee: If Yes, complete Scriedule L, Part IV	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	l

Form 990 (2015) 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					$oldsymbol{oldsymbol{\sqcup}}$
	1		= -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	70			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep					
٥-	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-	22			
	filed for the calendar year ending with or within the year covered by this return	_2a		2b	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			20	<u> </u>	
32	D. I			3a		х
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule</i> (3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at			0.5		
	financial account in a foreign country (such as a bank account, securities account, or other financial account,			4a		x
b	If "Yes," enter the name of the foreign country:		7			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count	s (FBAR).			
5a				5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices p	rovided to the payor?	7a		<u> </u>
b				7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-	ired	_	v	
	to file Form 8282?		1	7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file For		20 as required?	7g		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, and the organization file for intellectual property.			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			,,,		
Ū	sponsoring organization have excess business holdings at any time during the year?	Dy tile	•	8		х
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		Х
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
Ŋ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i>			14b		
					990	(2015)

GREENSBORO. INC. 56-1380249 Page 6 Form 990 (2015) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 31 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 31 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? Х 10a 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?	100		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
800	tion C. Displacure			

1/	List the states with which a copy of this Form 990 is required to be filed INONE
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.
	X Own website Another's website X 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:

MICATE

JACQUELINE O'CONNELL - 336-379-9100

330 SOUTH GREENE STREET, SUITE 100, GREENSBORO 27401

n 990 (2015) GREENSBOR(

56-1380249

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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.

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

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

(A)	(B)	Ji ga	IIIZA	((ірсп	isatt	(D)	(E)	(F)
Name and Title	Average	(do		Posi	ition	l than c	one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation	amount of
	week		01 41		10010	17 (1 (13)		from the	from related	other
	(list any hours for	Individual trustee or director				,		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 111100)	organization
	organizations	trust	nal tru		oyee	om pe		,		and related
	below	vidual	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Forr			
(1) NANCY BRENNER	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(2) FRANCES BULLOCK	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(3) SURESH CHANDRA	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(4) ODELL CLEVELAND	0.50									•
TRUSTEE	0.00	Х						0.	0.	0.
(5) LOWELL EASTER	0.50								•	•
TRUSTEE	0.50	Х						0.	0.	0.
(6) JOHN ENGLAR	1.00								•	•
TRUSTEE	0.00	Х						0.	0.	0.
(7) ROSALIND FUSE-HALL	0.50	.,								0
TRUSTEE	0.00	Х						0.	0.	0.
(8) MICHELLE GETHERS-CLARK	0.50	7.7							0	0
TRUSTEE	0.00	Х						0.	0.	0.
(9) JON GLAZMAN TRUSTEE	0.00	х						0.	0.	0.
(10) ARLENE GUTTERMAN	0.50	Λ						0.	0.	U •
TRUSTEE	0.00	Х						0.	0.	0.
(11) DAVID HAGAN	1.00	Λ						0.	0.	<u></u>
TRUSTEE	0.00	Х						0.	0.	0.
(12) RAMSEY HAMADI	0.50	Λ						0.	0.	0.
TRUSTEE	0.00	х						0.	0.	0.
(13) BUSTER JOHNSON	0.50	25						•	.	
TRUSTEE	0.00	х						0.	0.	0.
(14) JENNIFER KOENIG	0.50							•	•	
TRUSTEE	0.00	х						0.	0.	0.
(15) BARBARA LUSK	0.50								•	
TRUSTEE	0.00	х						0.	0.	0.
(16) HAROLD MARTIN	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(17) LAWRENCE MCSWAIN	1.00								-	_
TRUSTEE	0.00	Х						0.	0.	0.

Form 990 (2015) GREENSBO									56-1380	249 Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	Hi	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	Pos heck i ss per	itior more son i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) BOBBY MENDEZ	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(19) RON MILSTEIN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(20) KARLA MUNDEN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(21) ELAINE OSTROWSKI TRUSTEE	1.00	Х						0.	0.	0.
(22) MARTHA PEDDRICK	1.00	Δ						0.	0.	· ·
TRUSTEE	0.00	х						0.	0.	0.
(23) REID PHILLIPS	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(24) ERICA PROCTON	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(25) FAIRFAX REYNOLDS	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(26) CALVIN RILEY	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part V	II, Section A							590,716.	0.	71,936.

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

Yes Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 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? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person

590,716.

Section B. Independent Contractors

d Total (add lines 1b and 1c) .

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	
JANET ECHELMAN, INC.			
64-R COOLIDGE STREET, BROOKLINE, MA 02446	SCULPTURE DESIGN	280,628.	
BIEDERMAN REDEVELOPMENT VENTURES CORP.,			
110 WEST 40TH STREET, STE 2008, NEW YORK,	PROGRAMMING SERVICES	164,700.	

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

71,936.

Form 990 GREENSBU	110 / 1110								20-130	
Part VII Section A. Officers, Directors, To	rustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all :	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ctor				oldu		organization	(W-2/1099-MISC)	from the
	hours for	rdire				ed er		(W-2/1099-MISC)		organization
	related	tee o	ustee			ensat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	idua	tutio	ie.	empl	esto	ıer			
	line)	lndi	Insti	Officer	Key	High	Former			
(27) ADRIAN SMITH	0.50									
TRUSTEE	0.00	Х						0.	0.	0
(28) TIM TSUJII	1.00							-	-	-
TRUSTEE	0.00	Х						0.	0.	0
(29) KATHY MANNING	2.00							0.1		
CHAIR	0.25	x		Х				0.	0.	0
(30) SUSAN MCDONALD	1.00	22						0.	0.	
SECRETARY	0.00	Х		х				0.	0.	0
(31) TERRY SIMON	1.00	Δ		^				0.	0.	U
TREASURER	0.00	х		х				0.	0.	0
		Α		^				0.	0.	U
(32) H. WALKER SANDERS	40.00	1		٦,				210 726	_	22 024
PRESIDENT	10.25			Х				210,736.	0.	22,034
(33) JACQUELINE O'CONNELL	40.00	4		l				100 450	•	16 005
CHIEF FINANCIAL OFFICER	10.25	<u> </u>		Х				128,470.	0.	16,885
(34) MONA EDWARDS	40.00	1								
CHIEF OPERATING OFFICER	0.00					Х		139,563.	0.	17,399
(35) GORDON SOENKSEN	40.00	1							_	
CHIEF DEVELOPMENT OFFICER	0.00					X		111,947.	0.	15,618
		1								
		1								
		1								
		1								
		-								
		<u> </u>								
		-								
		4								
		<u> </u>				_				
]								
		<u> </u>								
								590,716.		

Page 9

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Form 990 (2015) GREENSB
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ठ ठ	1 a	Federated campaigns	1a					
ran		Membership dues						
<u>2</u> 8		Fundraising events						
ifts,		Related organizations		66,162.				
s, mik		Government grants (contributi						
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, gran						
		similar amounts not included above		29,854,031.				
Ę Ā	g	Noncash contributions included in lines		4,499,724.				
a S	_	Total. Add lines 1a-1f			29,920,193.			
				Business Code				
ø	2 a							
Program Service Revenue	b							
am Ser evenue	С							
am	d							
ogr B	е							
Ā	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			2,753,608.			2,753,608.
	4	Income from investment of tax	k-exempt bond p	oroceeds >				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7,489,885.					
	b	Less: cost or other basis						
		and sales expenses	2,575,547.					
	С	Gain or (loss)	4,914,338.	-3,798.				
		Net gain or (loss)			4,910,540.			4,910,540.
a	8 a	Gross income from fundraising	g events (not					
ž		including \$	of					
Other Reven		contributions reported on line	1c). See					
<u>بر</u> ۳		Part IV, line 18	a					
푩	b	Less: direct expenses	b					
J		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	· <u>······</u>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ŀ	С	Net income or (loss) from sale		>				
-		Miscellaneous Revenue	e	Business Code				400
		LEGAL SETTLEMENT		900099	180,233.	100 00=		180,233.
	b	OTHER INCOME		900099	108,007.	108,007.		
	С							
		All other revenue			000 010			
		Total. Add lines 11a-11d			288,240.	100.00=	-	E 044 225
	12	Total revenue. See instructions.			37,872,581.	108,007.	0.	7,844,381.

Form 990 (2015) GREENSBORO, INC. Part IX | Statement of Functional Expenses

<u>Secti</u>	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						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	16,545,518.	16,545,518.				
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16	20,000.	20,000.				
4	Benefits paid to or for members						
5	Compensation of current officers, directors,	050 405	405.045	4.50.500			
	trustees, and key employees	378,125.	186,216.	168,632.	23,277.		
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)	1 110 404	T00 C00	220 126	F0 (F0		
7	Other salaries and wages	1,118,404.	708,609.	330,136.	79,659.		
8	Pension plan accruals and contributions (include	70 040	42 420	21 400	E 212		
_	section 401(k) and 403(b) employer contributions)	70,240. 151,954.	43,429. 90,636.	21,498. 49,844.	5,313. 11,474.		
9	Other employee benefits	101,748.	62,139.	32,735.	6,874.		
10	Payroll taxes	101,/40.	04,139.	34,133.	0,0/4.		
11	Fees for services (non-employees):						
a	Management	79,363.	65,444.	13,919.			
b	Legal	50,977.	16,175.	34,802.			
4	Accounting	30,377.	10,175.	34,002.			
u	Lobbying Professional fundraising services. See Part IV, line 17						
f	Investment management fees	308,695.		308,695.			
g g	Other. (If line 11g amount exceeds 10% of line 25,	000,0201		000,000			
9	column (A) amount, list line 11g expenses on Sch 0.)	98,907.	87,044.	9,968.	1,895.		
12	Advertising and promotion	77,256.	45,127.	28,076.	1,895. 4,053.		
13	Office expenses	79,502.	43,731.	30,036.	5,735.		
14	Information technology	38,730.	20,893.	14,988.	2,849.		
15	Royalties						
16	Occupancy	156,349.		56,304.	10,702.		
17	Travel	5,432.	4,306.	946.	180.		
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	42,998.	35,316.	6,455.	1,227.		
20	Interest						
21	Payments to affiliates	F1 DF1	07 710	20 100	2 040		
22	Depreciation, depletion, and amortization	51,751.	27,712. -50.	20,199.	3,840.		
23	Insurance	15,886.	-50.	15,936.			
24	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 0.)						
а	INCOME RIGHTS DISTRIBUT	361,488.	361,488.				
b	PROVISION FOR UNCOLLECT	102,056.	102,056.				
c	EVENT EXPENSES	85,539.	76,861.	7,292.	1,386.		
d	STAFF & BOARD DEVELOPME	44,410.	25,932.	15,271.	3,207.		
	All other expenses	43,209.	11,512.	31,627.	70.		
25	Total functional expenses. Add lines 1 through 24e	20,028,537.		1,197,359.	161,741.		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)				5 990 (2015)		

Form 990 (2015)
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
1	Cash - non-interest-bearing				1	
2	Savings and temporary cash investments		2	18,857,973		
3	Pledges and grants receivable, net			30,165,220.	3	36,641,460
4					4	
5						
	trustees, key employees, and highest compensa-	ted em	oloyees. Complete			
					5	
6						
	section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
			· ·		6	
7				70,000.	7	70,000
8					8	
9				46,711.	9	50,391
10a						
		10a	597,604.			
b	Less: accumulated depreciation	10b	370,467.	233,366.	10c	227,137
				116,433,601.		103,886,128
						24,352,880
				, ,		, ,
				1,053,136.		1,146,069
						185,232,038
						147,66
				591,81		
						58,929
				,		,
			(O - le de de D			

			·		22	
23						
		-	•	31,386,084.	25	28,561,219
26						29,359,632
	Organizations that follow SFAS 117 (ASC 958)	, check	here 🕨 🗓 and			
27	Unrestricted net assets			67,106,120.	27	74,118,254
28				50,667,724.	28	48,989,278
29				31,261,077.	29	32,764,874
	and complete lines 30 through 34.		· — -			
30					30	
31					31	
32					32	
33				149,034,921.	33	155,872,400
		181,232,568.	34	185,232,038		
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 21 22 22 23 24 25 25 26 27 28 29 30 31 31 32 32 32 32 32 32 32 32 32 32 32 32 32	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L 6 Loans and other receivables from other disqualification section 4958(f)(1)), persons described in section employers and sponsoring organizations of section employees' beneficiary organizations (see instr). (Investments of sale or use) 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1 Less: accumulated depreciation 1 Investments - publicly traded securities 1 Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal transpayable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Faccounted Part II of Schedule L 23 Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and complete lines 27 through 34. 30 Capital stock or trust principal, or current funds and complete lines 30 through 34. 31 Paid-in or capital surplus, or land, building, or equal capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equal Retained earnings, endowment, accumulated incomplete lines 27 through 34.	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former off trustees, key employees, and highest compensated emp Part II of Schedule L 6 Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958(c) employers and sponsoring organizations of section 501(employees' beneficiary organizations (see instr). Complete Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 3-4) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule L 23 Secured mortgages and notes payable to unrelated third pother liabilities (including federal income tax, payables to parties, and other payables to parties, and other liabilities not included on lines 17-24). Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958) and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipmen 22 Retained earnings, endowment, accumulated income, o	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 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)(g) voluntary employers and sponsoring organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 597,604. b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 Organizations that foliow SFAS 117 (ASC 958), check here Total liabilities. Add lines 17 through 25 Organizations that do not follow SFAS 117 (ASC 958), check here Tamporarily restricted net assets Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 26 Retained ea	Cash - non-interest-bearing 13 , 481 , 999 .	1

Form 990 (2015)

Page 12 GREENSBORO, INC. 56-1380249 Part XI | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 37,872,581. Total revenue (must equal Part VIII, column (A), line 12) 1 20,028,537. Total expenses (must equal Part IX, column (A), line 25) 2 2 17,844,044. 3 Revenue less expenses. Subtract line 2 from line 1 3 149,034,921. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 -11,006,559. Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 155,872,406. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII.

	Check if Schedule O contains a response of note to any line in this Part All			
	·		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	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?	За		X
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	3b		
		Form	990	(2015)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

 $Employer\ identification\ number \\ 56-1380249$

Pa	rt I	Reason for Public (Charity Status (All organizations must c	omplete th	is part.) Se	e instructions.	
he o	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)							
1	Ŏ.	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	一	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3	一	A hospital or a cooperative		•			i).	
4	一	A medical research organiza					-	the hospital's name.
		city, and state:	,	,				i
5		An organization operated for	or the benefit of a col	llege or university owner	d or operate	ed by a go	vernmental unit describe	ed in
Ŭ		section 170(b)(1)(A)(iv). (C			. o. opo.a.	-		
6		A federal, state, or local gov		nental unit described in	section 17	70/h)/1)/A)/	(v)	
	X	An organization that normal	-				· ·	oublic described in
•		section 170(b)(1)(A)(vi). (Co	-	intial part of its support i	ioni a gove	Jiminontai t	anit or norm the general p	dablic described in
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \			
9		An organization that normal			•	contribution	ne mambarehin faas an	d aross receipts from
9		activities related to its exem	•	•	•		· ·	•
		income and unrelated busin		· ·			* *	-
		See section 509(a)(2). (Cor		(less section 511 tax) in	JIII busii les	sses acquii	ed by the organization a	inter durie 30, 1973.
10		An organization organized a		valy to tost for public sa	foty Soo	saction FC	00(a)(4)	
11		An organization organized a	•	•	•			nurnoses of one or
• •		more publicly supported or	=	•	•		•	
		lines 11a through 11d that						DIRECK THE DOX III
_		Type I. A supporting orga	* *					aivin a
а		the supported organization	•	•		•		•
			• • • • • • • • • • • • • • • • • • • •		a majority C	n trie direc	tors or trustees or the st	ipporting
L		organization. You must o	•		tion with its		d arganization(a) by bay	vin a
b		Type II. A supporting orga	· ·					-
		control or management of			ame perso	ns mai cor	itroi or manage the supp	oortea
_		organization(s). You mus	-		in connect	ion with a	and franctionally intograte	طائن او
C		Type III functionally inte	=				• •	ed with,
		its supported organization		·				ti(-)
d		Type III non-functionally						* *
		that is not functionally into	-	* *	-			/eness
_		requirement (see instructi	•	-				
е		Check this box if the orga					Type I, Type II, Type III	
_		functionally integrated, or	* *	nany integrated support	ng organiz	ation.		
		r the number of supported or ide the following information	•	d avanization(a)				
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		organization		(described on lines 1-9	listed i	n your	support (see	other support (see
				above (see instructions))	Yes	No	instructions)	instructions)
					1.00	110		
-ota								

Schedule A (Form 990 or 990-EZ) 2015 GREENSBORO, INC.

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) (c) 2013 (d) 2014 (a) 2011 (b) 2012 (e) 2015 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 16089572.26120402.41796827.13993189.29920193.127920183 include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 16089572.26120402.41796827.13993189.29920193.127920183 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 40329310. 87590873. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2013 **(b)** 2012 (d) 2014 Calendar year (or fiscal year beginning in) (a) 2011 (e) 2015 (f) Total 26120402.41796827.13993189.29920193.127920183 .6089572. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 3349353. 3714312. 2622132. 2753608.15173364. 2733959. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 288,240. 142,846. 117,972. 109,286. assets (Explain in Part VI.) 165,374. 823,718 143917265 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 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 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 60.86 14 % 15 Public support percentage from 2014 Schedule A, Part II, line 14 59.07 15 % 16a 33 1/3% support test - 2015. 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 $\triangleright X$ b 33 1/3% support test - 2014. 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 - 2015. 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 - 2014. 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.)

Se	quality under the tests listed be ction A. Public Support	now, please comp	Diete Fart II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
Se	Public support. (Subtract line 7c from line 6.)						l
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
<u>Se</u>	ction C. Computation of Public	Support Per	rcentage				
15	Public support percentage for 2015 (lin	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2014					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	a 33 1/3% support tests - 2015. If the						. —
Ł	more than 33 1/3%, check this box and 33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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

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

		Yes	No
	1		
	2		
	3a		
	3b		
	OD		
	3с		
	4a		
	AL.		
	4b		
	4c		
	F-		
	5a		
	5b		
	5c		
	_		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401		
n O	10b 90 or 99	∩-E7\	2015
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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
	regula	rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
	descri	be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
Sact		pported organization(s). D. All Type III Supporting Organizations	1		
566	iioii L	7. All Type III Supporting Organizations		Vaa	Na
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ison of the relationship described in (2), did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	rted organizations played in this regard.	3		
Sect	tion E	. Type III Functionally-Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ıctions).		
2		ies Test. Answer (a) and (b) below.		Yes	No
а		ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
h		ese activities constituted substantially all of its activities. e activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u>_a</u>		
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of ite o	Supported organizations? If "Vas " describe in Part III the released by the experiencies in this record	3h		

COMMUNITY FOUNDATION OF GREATER

Schedule A (Form 990 or 990-EZ) 2015 GREENSBORO, INC.

56-1380249 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations			
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 co					
Section A - Adjusted Net Income (A) Prior Year (B) Current (options)						
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
с	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ted Type III supporting orga	nization (see		
	instructions).	-				

Schedule A (Form 990 or 990-EZ) 2015

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
.	in F. Diskilla Allegation (100 bester 100)	Excess Distributions	Underdistributions	Distributable
secti	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

COMMUNITY FOUNDATION OF GREATER

56-138<u>0249 Page 8</u> Schedule A (Form 990 or 990-EZ) 2015 GREENSBORO, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule 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 .

2015

OMB No. 1545-0047

Name of the organization

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Employer identification number

56-1380249

Organization type (cneck one):						
Filers of: Section:						
Form 990	or 990-EZ	$\overline{\mathbf{X}}$ 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				
<u> </u>						
	-	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	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),						

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) (2015)

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).

Name of organization COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$678,164.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>1,002,799</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,030,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No5_	Name, address, and ZIP + 4	\$1,030,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Munic, audi 655, and Zif T T	\$5,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$1,014,995.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and Zir + +	\$ <u>4,005,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	\$ 700,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 11	Name, address, and ZIP + 4	\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	Name, address, and ZIP + 4	\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$1,277,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		_ \$ <u>1,022,175.</u> _	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

COMMUNITY FOUNDATION OF GREATER
GREENSBORO, INC.

Employer identification number

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
	STOCK		
2			
			03/20/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	STOCK		
7_			
			10/27/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
	-	<u> </u>	
		_ *	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	-		
		_	
		\ \\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(see instructions)	Date received
	-	_	
		_	
500450 40.00		\$	00 000 E7 or 000 BE\ /2015\

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Name of organization Employer identification number COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC. 56-1380249 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(b) Purpose of gift (c) Use of gift (d) Description of how gift is held

(e) Transfer of gift

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

(a) No. from

Part I

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

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

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

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

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

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

) (see separate instructions), then Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Van		TY FOUNDATION OF ORO, INC.	GREATER	Empl	loyer identification number 56-1380249
Pa	art I-A Complete if the org	anization is exempt unde	r section 501(c) o	r is a section 527 or	ganization.
2	Provide a description of the organiz Political expenditures Volunteer hours			> \$	
Pa	art I-B Complete if the org	anization is exempt unde	r section 501(c)(3)).	
1	Enter the amount of any excise tax	incurred by the organization unde	r section 4955	> \$	
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				Yes No
_	o If "Yes," describe in Part IV. art I-C Complete if the org	anization is exempt unde	r section 501(c), e	except section 501(c)(3)
	Enter the amount directly expended	•			
	Enter the amount of the filing organ				
	exempt function activities		· ·		
3	Total exempt function expenditures				
	line 17b			> \$	
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	• •	•	•	• •
	made payments. For each organiza		• •		•
	contributions received that were propolitical action committee (PAC). If				e segregated fund or a
	. ,	, , , , , , , , , , , , , , , , , , , ,	T	T	(a) Amount of political
	(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

Schedule C (Form 990 or 990-EZ) 2015 GREENSBORO, INC. 56-1380249 Page 2 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. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) 0. c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures 20,028,537. 20,028,537. e Total exempt purpose expenditures (add lines 1c and 1d) 1,000,000. Lobbying nontaxable amount. Enter the amount from the following table in both columns. 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 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 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. 250,000. g Grassroots nontaxable amount (enter 25% of line 1f) 0. h Subtract line 1g from line 1a. If zero or less, enter -0-0. i Subtract line 1f from line 1c. If zero or less, enter -0i 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? Yes 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 (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) Total (or fiscal year beginning in) 955,387. 1,000,000. 1,000,000. 2,955,387. 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) 4,433,081. 7,923. 4,192. 12,115. c Total lobbying expenditures 250,000. 250,000. 238,847. 738,847. d Grassroots nontaxable amount

Schedule C (Form 990 or 990-EZ) 2015

1,108,271.

e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

(election under section 501(h)).

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b) No Amount	
	lobbying activity. Yes		No		
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
C	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
ç					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(5), or sec	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section				٠.
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," UK	(b) Part	III-A, IINE	9 3, IS
_					
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cai			
_	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
b	b Carryover from last year				
- 0	Total				
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical	_		
_	expenditure next year?		4		
5 D a	Taxable amount of lobbying and political expenditures (see instructions) 't IV Supplemental Information		5		
	ide 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 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
SC.	HEDULE C, PART II-A, LINE 1C				
TH	E ORGANIZATION DID NOT INCUR ANY LOBBYING EXPENSES I	NIID TNIC	тиг 2	015	
111.	ORGANIZATION DID NOT INCOR ANT LOBBITING EXPENSES L	DULING	IRE Z	013	
CA:	LENDAR YEAR.				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Employer identification number 56-1380249

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		ACCOUNTS. Complete if the	
	organization answered ties on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year	318		
2	Aggregate value of contributions to (during year)	11,353,141.		
3	Aggregate value of grants from (during year)	10,473,973.		
4	Aggregate value at end of year	64 000 000		
5	Did the organization inform all donors and donor advisors in		funds	
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a	-		
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	······	X Yes No	
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histori	cally important land area	
	Protection of natural habitat	Preservation of a certific	ed historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied 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	
а	Total number of conservation easements		2 a	
b				
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the or	ganization during the tax	
	year ►			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	vation easements during the year	
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year	
•			4)/D)/()	
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati include, if applicable, the text of the footnote to the organiza	-		
	conservation easements.	tion's illiancial statements that describes the	organization's accounting for	
Pai	rt III Organizations Maintaining Collections of	f Art. Historical Treasures. or Othe	er Similar Assets.	
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art	
	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art, historical	
	treasures, or other similar assets held for public exhibition, e	*** *** *** *** *** *** *** *** *** **		
	relating to these items:	,	,,	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
			242 222	
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under SFAS 1		••	
а	Revenue included on Form 990, Part VIII, line 1		> \$	
	Assets included in Form 990, Part X			

Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Simil	ar Assets	(continue	d)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that are a	significan	t use of its c	ollection ite	ms
	(check all that apply):							
а	X Public exhibition	d	Loan or exch	nange programs				
b	Scholarly research	е	Other					
С	X Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purp	ose in Part	XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?] Yes	X No
Par	rt IV Escrow and Custodial Arrang				on Form 9	90, Part IV, I		<u>_</u>
	reported an amount on Form 990, Par						·	
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets no	t included	d		
	on Form 990, Part X?] Yes	No
b	If "Yes," explain the arrangement in Part XIII a							
		·	· ·				Amount	
С	Beginning balance				10	;		
	Additions during the year							
	Distributions during the year							
f	Ending balance				1f			
	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.				•] 	=
Par								
	SS/Mp1838	(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four ye	ars hack
12	Beginning of year balance	40,858,308.	38,859,975.	32,485,514		,693,754.		73,783.
	Contributions	1,503,797.	1,454,878.	1,526,228		,111,411.		26,569.
	Net investment earnings, gains, and losses	-1,355,248.	2,071,952.	6,254,028		,197,926.		36,969.
	" " " " " " " " " " " " " " " " " " "	2,007,163.	822,367.	1,013,626		,165,155.		12,005.
		2,007,200	022,007.	2,010,020	' -	, 200 , 200 .		,
е	Other expenditures for facilities							
	and programs	702,879.	706,130.	392,169		352,422.	3.2	27,624.
	Administrative expenses	38,296,815.	•	•	+			
	End of year balance		40,858,308.	38,859,975	. 32	,485,514.	20,03	3,754.
2	Provide the estimated percentage of the curre			neid as:				
	Board designated or quasi-endowment	.00	_%					
		%						
С	Temporarily restricted endowment	.00 %						
_	The percentages on lines 2a, 2b, and 2c shou	•						
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the organ	ization	[Т
	by:							s No
	(i) unrelated organizations						3a(i)	X
	· · · · · · · · · · · · · · · · · · ·						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizate						3b	
<u>4</u>	Describe in Part XIII the intended uses of the		wment funds.					
Par	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered				X, line 10.			
	Description of property	(a) Cost or of basis (investment)		1 '	Accumula depreciation		(d) Book v	alue
1a	Land							
	Buildings							
			15	7,601.			157,	601.
				0,003.	370,	467.		536.
	Other							
	I. Add lines 1a through 1e. (Column (d) must ed		X. column (B). line 10)c.)		▶	227,	137.

Schedule D (Form 990) 2015 GREENSBORO,	INC.		56-1380249 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11b. See Form 990, Part	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	ion: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) ALTERNATIVE ASSETS -			
(B) HEDGE FUNDS	18,230,517.	END-OF-YEAF	R MARKET VALUE
(C) CHARITABLE REMAINDER			
(D) TRUSTS AND GIFT ANNUITIES	4,264,363.	END-OF-YEAF	R MARKET VALUE
(E) INSURANCE REVENUE ASSET			
(F) BACKED BONDS	1,858,000.	COST	
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	24,352,880.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11c. See Form 990, Part 2	K, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuat	ion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11d. See Form 990, Part	X, line 15.
(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	ne 15.)		>
Part X Other Liabilities.	•		
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990	, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) FUNDS HELD AS ORGANIZATIO	NAL FUNDS 2	5,822,330.	
(3) LIABILITIES UNDER UNITRUS	T AND		
(4) ANNUITY AGREEMENTS		2,738,889.	
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

ightharpoons

28,561,219.

(7) (8) (9)

Pai	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenเ	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	• • • • • • • • • • • • • • • • • • • •			
b	***************************************			
С	. , , , , , , , , , , , , , , , , , , ,			
d	,	2d		
е	9			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a b				
c			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			
	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	, , , , , , , , , , , , , , , , , , , ,			
е	9			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	, , , , , , , , , , , , , , , , , , , ,			
b		,	4.5	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			
	rt XIII Supplemental Information.		3	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV. lines 1b and 2b: F	Part V. line 4: Part X. line 2: I	Part XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			
	, , , , , , , , , , , , , , , , , , , ,			
PAI	RT III, LINE 4:			
THI	E FOUNDATION HAS PUBLIC ART (SCULPTURES)	ON DISPLAY I	N DOWNTOWN	
ani	HENGRORO HOR HUTOWARM BY MUH COMMINITMY			
GRI	EENSBORO FOR ENJOYMENT BY THE COMMUNITY.			
PAI	RT V, LINE 4:			
	, ==			
THI	E COMMUNITY FOUNDATION MANAGES ENDOWMENT	AND UNRESTRI	CTED GRANT FUN	DS
WH.	ICH ARE USED TO STRENGTHEN ITS COMMUNITIE	ES FOR PRESEN	T AND FUTURE	
GE1	NERATIONS. FOCUS AREAS FOR 2015 WERE TO	PROMOTE ECON	OMIC DEVELOPME	NT
		01 D 1 0 T T 1 T T T T T T T T T T T T T T T		0.0.7.00
T.HF	ROUGH COMMUNITY INITIATIVES, AND SUPPORT	CAPACITY BUI	TUTNG OF NONPR	OFIT
OD/	CANIT A DIONG			
OK	GANIZATIONS.			
IN	ADDITION, AREA RESIDENTS HAVE CREATED PR	RMANENT FIIND	S TO SUPPORT	
SPI	ECIFIC AREAS OF INTEREST, INCLUDING ISSUE	S 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
2015 AND 2014.

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.

OMB No. 1545-0047 Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER

Employer identification number

3R]		BORO,					56-138024	
Pa	rt I	General	Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
		Form 990,	Part IV	, line 14b.				
1	_			-		ds to substantiate the amount of its gra		. —
	the gra	ntees' eligil	bility fo	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2	_		. Descr	ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and other assistance out	side the
		States.						
3			on. (Th			ın be duplicated if additional space is n I		
	(a)	Region		(b) Number of	(c) Number of employees,	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total expenditures
				offices in the region	l agents and	(by type) (e.g., fundraising, program services, investments, grants to	is a program service, describe specific type	for and
				iii tile region	independent contractors	recipients located in the region)	of service(s) in region	investments
			_		in region	Toolpionic located in the region,	31 231 1133(c) 11 12g.c.1	in region
		ERICA AN	D					
	CARIBE							
		BARBUDA,				L		1.0.000 500
	BA, BAH			0	0	INVESTMENTS		12,993,508.
		CLUDING	_ 、					
		GREENLAN						
	,	ANDORRA	,	•				00.000
US	IRIA, E	ELGIUM		0	0	PROGRAM SERVICES	GRANTS	20,000.
								+
								+
<u> </u>	C L L	La I		0	0			13,013,508.
		tal		0				13,013,308.
b		om continu		0	0			
_		to Part I		0				0.
С	and 3b	(add lines 3	oa	0	0			13,013,508.
	and 3D	1		U	1			1 - 5 , 5 - 5 , 5 0 0 .

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)		(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)
		EUROPE (INCLUDING ICELAND &	NATURAL DISASTER					
		GREENLAND)	VICTIMS RELIEF	20,000.	WIRE TRANSFER	0.		FMV
	he grantee or counse	el has provided a section	recognized as charities by the for 501(c)(3) equivalency letter		recognized as tax-ex			1 0

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

COMMUNITY FOUNDATION OF GREATER

Schedule F (Form 990) 2015 GREENSBORO, INC.

56-1380249

Page 4

Part IV	Foreign	Forms
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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)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X 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)	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X 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 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.

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. THE ORGANIZATION DOES NOT

HAVE ANY REPORTABLE ACCOUNTS FOR PURPOSES OF THE REPORTING REQUIREMENTS

FOR FOREIGN BANK AND FINANCIAL ACCOUNTS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

COMMUNITY FOUNDATION OF GREATER

2015

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GREENSBOR	O, INC.						56-13802	49
Part I General Information on Grants ar	nd Assistance							
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection		_
criteria used to award the grants or assis							X Yes	No
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to I	=				anization answered "\	Yes" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$,	T '	1 '		(f) Method of			
(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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ABD PRODUCTIONS								
3574 22ND ST								
SAN FRANCISCO, CA 94114	94-3031662	501(C)(3)	5,000.	0.			GENERAL SUPPORT	
ACTION GREENSBORO, INC. 203 SOUTH CHURCH STREET GREENSBORO, NC 27401	56-2251250	501(C)(3)	140,255.	0.			GENERAL SUPPORT	
ADULT CENTER FOR ENRICHMENT, INC. 4100 WELL SPRING DR GREENSBORO, NC 27410	56-1599072	501(C)(3)	5,500.	0.			GENERAL SUPPORT	
AFFORDABLE HOUSING MANAGEMENT, INC 330 S. GREENE STREET, SUITE B-11 - GREENSBORO, NC 27401	23-7078343	501(C)(3)	5,564.	0.			GENERAL SUPPORT	
ALAMANCE BURLINGTON SCHOOL SYSTEM 1712 VAUGHN RD BURLINGTON, NC 27217	56-6000271	501(C)(3)	20,238.	0.			GENERAL SUPPORT	
ALAMANCE COMMUNITY COLLEGE FOUNDATION - PO BOX 8000 - GRAHAM, NC 27253-8000	58-1511004		61,966.	0.			GENERAL SUPPORT	
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table					89.

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

(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 ARTS COUNCIL							
213 SOUTH MAIN ST							
GRAHAM, NC 27253	56-0751151	501(C)(3)	7,000.	0.			GENERAL SUPPORT
ALAMANCE COUNTY ECONOMIC							
DEVELOPMENT FOUNDATION - 610 s.							
LEXINGTON AVE BURLINGTON, NC							
27215	20-2384314	501(C)(3)	14,000.	0.			GENERAL SUPPORT
ALAMANCE COUNTY HISTORICAL MUSEUM							
477 S NC 62	54 0462002	504 (5) (0)					
BURLINGTON, NC 27215	51-0163093	501(C)(3)	7,733.	0.			GENERAL SUPPORT
ALAMANGE GOIDIMY VOUNG LIEE							
ALAMANCE COUNTY YOUNG LIFE							
PO BOX 2612	84-0385934	E01/G\/2\	17 600	0			GENEDAL GUDDODE
BURLINGTON, NC 27216	84-0385934	501(C)(3)	17,600.	0.			GENERAL SUPPORT
ALAMANCE ELDERCARE, INC.							
PO BOX 202							
BURLINGTON, NC 27216-0202	56-1836540	501(C)(3)	65,750.	0.			GENERAL SUPPORT
BURLINGTON, NC 2/210-0202	30-1030340	501(0)(3)	03,730.	0.			GENERAL SUFFORT
ALAMANCE PUBLIC LIBRARY							
342 S. SPRING ST.							
BURLINGTON, NC 27215	56-6000271	501(C)(3)	33,316.	0.			GENERAL SUPPORT
Donation, No Billion	33 3000271	551(5)(5)	33,310.	٠.			DOLLOW!
ALIGHT, INC.							
501 N. ELAM AVE, SUITE 2-006							
GREENSBORO, NC 27403	20-3694806	501(C)(3)	13,600.	0.			GENERAL SUPPORT
			25,500.	•			
ALLIED CHURCHES OF ALAMANCE COUNTY							
PO BOX 2581							
BURLINGTON, NC 27216-2581	56-1553388	501(C)(3)	20,800.	0.			GENERAL SUPPORT
			23,330.	•			
ALL-STAR ORCHESTRA SUMMIT SYMPHONY							
OF THE STARS - 27 EDGEWOOD AVENUE							
- LARCHMONT, NY 10538	26-4546279	501(C)(3)	25,000.	0.			GENERAL SUPPORT

-						0-1380249 Pa
Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	Г
(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
23-2913381	501(C)(3)	5,500.	0.			GENERAL SUPPORT
34-1747398	501(C)(3)	270 427	0			GENERAL SUPPORT
34 1747330	301(0)(3)	270,427.	•••			DENERNIE BOTTORT
52-1495923	501(C)(3)	56,452.	0.			GENERAL SUPPORT
58-1433914	501(C)(3)	8,600.	0.			GENERAL SUPPORT
53_0196605	501 (C) (3)	9 100	0			GENERAL SUPPORT
33 0130003	301(0/(3/	7,100.	0.			GENERAL BULLORI
53-0196605	501(C)(3)	31 000.	0.			GENERAL SUPPORT
20-4625618	501(C)(3)	25,000.	0.			GENERAL SUPPORT
56-1176030	GOVERNMENT	6,000.	0.			GENERAL SUPPORT
	GOVERNMENT	8,000.	0.			SCHOLARSHIPS
	Assistance to Gov (b) EIN 23-2913381 34-1747398 52-1495923 58-1433914 53-0196605 20-4625618 56-1176030	(b) EIN (c) IRC section if applicable (c) IRC section if applicabl	Assistance to Governments and Organizations in the United States (a) IRC section if applicable (b) EIN (c) IRC section if applicable (d) Amount of cash grant (23-2913381 501(C)(3) 5,500. 34-1747398 501(C)(3) 270,427. 52-1495923 501(C)(3) 56,452. 58-1433914 501(C)(3) 8,600. 53-0196605 501(C)(3) 9,100. 53-0196605 501(C)(3) 31,000.	Assistance to Governments and Organizations in the United States (Schauber (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (a) Amount of cash grant (b) EIN (c) (3) 5,500. 0. 0. 34–1747398 501(c) (3) 270,427. 0. 52–1495923 501(c) (3) 56,452. 0. 58–1433914 501(c) (3) 8,600. 0. 53–0196605 501(c) (3) 9,100. 0. 53–0196605 501(c) (3) 31,000. 0. 0. 53–0196605 501(c) (3) 25,000. 0. 55–1176030 GOVERNMENT 6,000. 0.	Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Pa (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) 23-2913381 501(C)(3) 5,500. 0. 34-1747398 501(C)(3) 270,427. 0. 52-1495923 501(C)(3) 56,452. 0. 53-0196605 501(C)(3) 9,100. 0. 53-0196605 501(C)(3) 31,000. 0. 20-4625618 501(C)(3) 25,000. 0. 56-1176030 30VERNMENT 6,000. 0.	Content Cont

(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
APPALACHIAN STATE UNIVERSITY FOUNDATION, INC BOX 32014 - BOONE, NC 28608-2014	23-7099379	501(C)(3)	27,550.	0.			GENERAL SUPPORT
ARC OF GREENSBORO 14 OAK BRANCH DRIVE, SUITE B GREENSBORO, NC 27407	56-0745766	501(C)(3)	41,964.	0.			GENERAL SUPPORT
ARTSGREENSBORO PO BOX 877 GREENSBORO, NC 27402	56-0746180	501(C)(3)	66,485.	0.			general support
ASPCA GIFT PROCESSING CENTER, PO BOX 9692 WASHINGTON, DC 20077-7127	13-1623829	501(C)(3)	5,000.	0.			general support
AUTISM SPEAKS, INC. 1060 STATE RD, 2ND FLOOR PRINCETON, NJ 08540	20-2329938	501(C)(3)	6,000.	0.			GENERAL SUPPORT
BALTIMORE SYMPHONY ORCHESTRA 1212 CATHEDRAL ST BALTIMORE, MD 21201	52-0629696	501(C)(3)	30,000.	0.			GENERAL SUPPORT
BARNABAS NETWORK PO BOX 2666 BREENSBORO, NC 27402	20-4533345	501(C)(3)	7,200.	0.			general support
BENNETT COLLEGE FOR WOMEN 000 E WASHINGTON ST GREENSBORO, NC 27401-3298	56-0532296	501(C)(3)	24,000.	0.			scholarships
BETH DAVID SYNAGOGUE 804 WINVIEW DR GREENSBORO, NC 27410	56-0731131	501(C)(3)	8,745.	0.			GENERAL SUPPORT

(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
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)	7,100.	0.			GENERAL SUPPORT
B'NAI SHALOM DAY SCHOOL							
304 WINVIEW DR							
GREENSBORO, NC 27410	56-0952340	501(C)(3)	13,375.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUBS OF GREATER							
FORT WORTH - 3218 E. BELNAP ST -							
ORT WORTH, TX 76111	75-0808785	501(C)(3)	31,000.	0.			GENERAL SUPPORT
OKI WOKIII, IX /OIII	73 0000703	301(0)(3)	31,000.	•			CHARLE BOTTORT
BOYS AND GIRLS HOME OF NC, INC.							
PO BOX 127							
LAKE WACCAMAW, NC 28450	58-1387871	501(C)(3)	5,200.	0.			GENERAL SUPPORT
CALDWELL ACADEMY							
2900 HORSE PEN CREEK ROAD							
GREENSBORO, NC 27410	56-1898871	501(C)(3)	37,844.	0.			GENERAL SUPPORT
CAMP CAREFREE							
275 CAREFREE LN		504 (5) (0)		_			
TOKESDALE, NC 27357	56-1479260	501(C)(3)	52,078.	0.			GENERAL SUPPORT
ANTERBURY SCHOOL							
400 OLD LAKE JEANETTE RD							
REENSBORO, NC 27455-1322	56-1781579	501(C)(3)	74,166.	0.			GENERAL SUPPORT
CARNEGIE MELLON UNIVERSITY							
PO BOX 37152							
PITTSBURGH, PA 15251-7525	25-0969449	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) GREENSBORG	O, INC.					5	06-1380249 Page 1
Part II Continuation of Grants and Other A	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt 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
CAROLINA THEATRE OF GREENSBORO,							
INC 310 S. GREENE ST - GREENSBORO, NC 27401-2616	04-3781645	501(C)(3)	30,319.	0.			GENERAL SUPPORT
CARSON SCHOLARS FUND 305 W. CHESAPEAKE AVE., STE. 310 TOWSON, MD 21204	52-1851346	501(C)(3)	80,000.	0.			GENERAL SUPPORT
CENTENARY UNITED METHODIST CHURCH 2300 W. FRIENDLY AVENUE	FC 0002000	E01 (G) (2)	12.000				ATIVEDAY GUDDODE
GREENSBORO, NC 27403-1194	56-0603896	501(C)(3)	12,000.	0.			GENERAL SUPPORT
CENTER FOR CREATIVE LEADERSHIP ONE LEADERSHIP PLACE, P.O. BOX 2630 GREENSBORO, NC 27438-6300	23-7079591	501(C)(3)	65,000.	0.			GENERAL SUPPORT
CHABAD LUBAVITCH OF GREENSBORO 1102 BEAR HOLLOW RD							
GREENSBORO, NC 27410	26-3642700	501(C)(3)	17,300.	0.			GENERAL SUPPORT
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA - P.O. BOX 14608 - GREENSBORO, NC 27415-4608	56-0529946	501(C)(3)	244,089.	0.			GENERAL SUPPORT
CHILDREN'S MUSEUM OF ALAMANCE COUNTY - 217 S. MAIN STREET -							
GRAHAM, NC 27253	42-1740709	501(C)(3)	8,833.	0.			GENERAL SUPPORT
CHORDOMA FOUNDATION, INC. PO BOX 2127							
DURHAM, NC 27702	20-8423943	501(C)(3)	28,000.	0.			GENERAL SUPPORT
CHRIST COVENANT CHURCH 811 JEFFERSON RD							
GREENSBORO, NC 27410	56-1397074	501(C)(3)	26,231.	0.			GENERAL SUPPORT

(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
CHRIST UNITED METHODIST CHURCH							
410 N HOLDEN RD							
GREENSBORO, NC 27410	56-0689239	501(C)(3)	21,895.	0.			GENERAL SUPPORT
CITIZENS RESTORING CONGAMOND, INC.							
PO BOX 117							
WEST SUFFIELD, CT 06093	22-3042322	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CITIZENS UNITED FOR RESEARCH IN							
EPILEPSY - 430 W ERIE, STE. 210 -							
CHICAGO, IL 60654	36-4253176	501(C)(3)	12,000.	0.			GENERAL SUPPORT
CITY OF BURLINGTON							
RECREATION AND PARKS DEPT., 1333							
OVERBROOK RD BURLINGTON, NC							
27215	56-6001189	GOVERNMENT	19,350.	0.			GENERAL SUPPORT
CITY OF GREENSBORO							
PO BOX 3136							
GREENSBORO, NC 27402	56-6000230	GOVERNMENT	595,659.	0.			PERFORMING ARTS CENTER
CITY OF GREENSBORO COLISEUM							
1921 W GATE CITY BLVD.							
	56-6000230	COMEDNIMENT	22 500	0.			GENERAL SUPPORT
GREENSBORO, NC 27403	36-6000230	GOVERNMENT	22,500.	٥.			GENERAL SUPPORT
COMMUNITY FOUNDATION REAL ESTATE							
MANAGEMENT FUND, INC 330 S.							
GREENE STREET, SUITE 100 -	E6 2025757	E01/G)/3\	2 760 726	0			DIDITO DADE COMORDICATO
GREENSBORO, NC 27401	56-2035757	501(0)(3)	2,760,726.	0.			PUBLIC PARK CONSTRUCTIO
COMMUNITY HOUSING SOLUTIONS OF							
GUILFORD, INC 823 N. ELM, STE.							
102 - GREENSBORO, NC 27401	20-0458814	501(C)(3)	54,845.	0.			GENERAL SUPPORT
102 GREENBOOKO, NC 2/401	20 0430014	551(0)(5)	34,043.	0.			DENERGE BOTTON
COMMUNITY THEATRE OF GREENSBORO							
520 S. ELM STREET							
GREENSBORO, NC 27406	56-6085349	501(C)(3)	6,250.	0.			GENERAL SUPPORT

Schedule I (Form 990) GREENSBORG							0-1300249 P
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Orgai	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.) T	T
(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
COMMUNITY YMCA OF ALAMANCE COUNTY							
BURLINGTON, NC 27215	56-0611575	501(C)(3)	55,512.	0.			GENERAL SUPPORT
CONE HEALTH							
OFFICE OF FUND DEVELOPMENT, 1200 N GREENSBORO, NC 27401-1020	58-1588823	501(C)(3)	92,950.	0.			GENERAL SUPPORT
CONSERVATION TRUST FOR NORTH CAROLINA - PO BOX 33333 - RALEIGH,							
NC 27636-3333	58-1552188	501(C)(3)	11,000.	0.			GENERAL SUPPORT
COURT WATCH OF NC, INC. PO BOX 10971							
GREENSBORO, NC 27404	58-1685122	501(C)(3)	14,416.	0.			GENERAL SUPPORT
CROHN'S & COLITIS FOUNDATION OF AMERICA, INC PO BOX 1245 -							
ALBERT LEA, MN 56007-9976	13-6193105	501(C)(3)	7,525.	0.			GENERAL SUPPORT
DAVIDSON COLLEGE DONOR RELATIONS OFFICE, BOX 7174							
DAVIDSON, NC 28035-7174	56-0529961	501(C)(3)	193,950.	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
DOCTORS WITHOUT BORDERS - MEDECINS SANS FRONTIERES - P.O. BOX 5030 -							
HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	7,650.	0.			GENERAL SUPPORT
DUDLEY ALUMNI ASSOCIATION P.O. BOX 21971							
GREENSBORO, NC 27420	30-0151072	501(C)(3)	5,000.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Orgai	lizations in the Un	ited States (Sche	edule i (Form 990), Pa	rt II.)	I
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DUKE MEDICINE DEVELOPMENT & ALUMNI							
AFFAIRS - 710 W. MAIN ST., STE.							
200 - DURHAM, NC 27701	56-2070036	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DUKE UNIVERSITY							
THE DIVINITY SCHOOL, OFFICE OF							
DEVELOPMENT, BOX 90966 - DURHAM,							
NC 27708	56-0532129	501(C)(3)	1,543,744.	0.			GENERAL SUPPORT
EASTERN CABARRUS HISTORICAL							
SOCIETY - PO BOX 1299 - MT	22 7261012	E01/Q\/2\	12.054	0			GENERAL GURRORE
PLEASANT, NC 28124-1299	23-7361913	501(C)(3)	12,054.	0.			GENERAL SUPPORT
EASTERN MUSIC FESTIVAL							
PO BOX 22026							
GREENSBORO, NC 27420	56-0771005	501(C)(3)	76,244.	0.			GENERAL SUPPORT
,			<u> </u>				
EASTSIDE PARK COMMUNITY CENTER							
PO BOX 2415							
GREENSBORO, NC 27402	04-3598468	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ELIADA FOUNDATION							
PO BOX 16708	81-0620535	501/C\/3\	8,475.	0.			GENERAL SUPPORT
ASHEVILLE, NC 28816	81-0620535	501(C)(3)	8,475.	0.			GENERAL SUPPORT
ELON ACADEMY AT ELON UNIVERSITY							
CAMPUS BOX 2108							
ELON, NC 27244	56-0532303	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ELON SCHOOL OF LAW							
201 N. GREENE STREET							
GREENSBORO, NC 27401	56-0532303	501(C)(3)	25,100.	0.			GENERAL SUPPORT
FLON INTURDSTITY _ OFFICE OF							
ELON UNIVERSITY - OFFICE OF INSTITUTIONAL ADVANCEMENT - 2600							
CAMPUS BOX - ELON, NC 27244	56-0532303	501(C)(3)	73,741.	0.			GENERAL SUPPORT
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Schedule I (Form 990) GREENSBOR	O, INC.						6-1360249 Pag
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	T
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ELSEWHERE, INC.							
606 S. ELM ST.							
GREENSBORO, NC 27406	20-1026041	501(C)(3)	11,250.	0.			GENERAL SUPPORT
GREENBOOKO, NC 27400	20 1020041	501(0/(3/	11,250.	٠.			GENERAL BOTTORT
EMMANUEL UNITED METHODIST CHURCH 2331 LA VISTA DRIVE BURLINGTON, NC 27215	56-6022659	501(C)(3)	12,000.	0.			GENERAL SUPPORT
,			<u> </u>				
ENRICHMENT FUND FOR GUILFORD COUNTY SCHOOLS - 6052 INGOLD RD - WHITSETT, NC 27377	56-6000522	501(C)(3)	25,691.	0.			GENERAL SUPPORT
FAMILY AND CHILDREN'S SERVICE -							
PIEDMONT FOUNDATION, INC 902 E							
BONNER DR - JAMESTOWN, NC 27282	56-2061741	501(C)(3)	31,000.	0.			GENERAL SUPPORT
FAMILY SERVICE OF THE PIEDMONT 902 BONNER DRIVE							
JAMESTOWN, NC 27282	56-2061741	501(C)(3)	22,450.	0.			GENERAL SUPPORT
FAMILY SERVICE OF THE PIEDMONT FOUNDATION - 902 BONNER DR - JAMESTOWN, NC 27282	56-2061741	501(C)(3)	10,775.	0.			GENERAL SUPPORT
,			,				
FEED THE HUNGER							
PO BOX 2347							
BURLINGTON, NC 27216	56-0953324	501(C)(3)	7,720.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH							
P.O. BOX 2686	56 0615400	501 (7) (2)	06.65				
BURLINGTON, NC 27216-2686	56-0615192	DOT(C)(3)	26,057.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 508 W DAVIS ST							
BURLINGTON, NC 27215	56-0529969	501(C)(3)	408,671.	0.			GENERAL SUPPORT

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FOOD ASSISTANCE INC.							
102 KIRK ROAD							
GREENSBORO, NC 27455	20-0063969	501(C)(3)	7,000.	0.			GENERAL SUPPORT
GENESIS HOME							
300 N QUEEN ST							
DURHAM, NC 27701	56-1633998	501(C)(3)	6,000.	0.			GENERAL SUPPORT
GEORGE W. BUSH FOUNDATION							
PO BOX 60610							
DALLAS, TX 75360	20-4119317	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GGBA BENEFIT TRUST							
PO BOX 41135							
GREENSBORO, NC 27404	56-1745010	501(C)(3)	13,126.	0.			GENERAL SUPPORT
SALINDDONG, Ne 17101	30 1713010	301(0)(3)	13,120.	•			DENEMED BOTTON
GLEN HIGHLAND FARMS, INC.							
217 PEGG RD							
MORRIS, NY 13808	16-1609670	501(C)(3)	100,000.	0.			GENERAL SUPPORT
GRACE UNITED METHODIST CHURCH							
438 W. FRIENDLY AVENUE		504 (5) (0)	6 - 4 -				
GREENSBORO, NC 27401	20-8813387	501(C)(3)	6,745.	0.			GENERAL SUPPORT
GREEN HILL CENTER FOR NORTH							
CAROLINA ART - 200 N DAVIE ST -							
GREENSBORO, NC 27401	51-0190827	501(C)(3)	52,909.	0.			GENERAL SUPPORT
GREENSBORO BEAUTIFUL, INC.							
PO BOX 3136							
GREENSBORO, NC 27402-3136	23-7099248	501(C)(3)	5,150.	0.			GENERAL SUPPORT
GREENSBORO CEREBRAL PALSY							
ASSOCIATION - 3205 EAST WENDOVER							
AVENUE - GREENSBORO, NC 27405	56-0591312	501(C)(3)	39,526.	0.			GENERAL SUPPORT

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GREENSBORO CHILDREN'S MUSEUM							
220 N. CHURCH ST.							
REENSBORO, NC 27401-2918	56-1959695	501(C)(3)	44,754.	0.			GENERAL SUPPORT
REENSBORO COLLEGE							
15 W. MARKET ST.							
REENSBORO, NC 27401-1875	56-0532144	501(C)(3)	335,790.	0.			GENERAL SUPPORT
REENSBORO DAY SCHOOL							
401 LAWNDALE DR							
GREENSBORO, NC 27455-2100	56-0949932	501(C)(3)	255,343.	0.			GENERAL SUPPORT
·							
REENSBORO HISTORICAL MUSEUM, INC.							
30 SUMMIT AVE							
GREENSBORO, NC 27401-3016	56-0629340	501(C)(3)	66,118.	0.			GENERAL SUPPORT
GREENSBORO HOUSING COALITION, INC.							
22 NORTH ELM STREET, SUITE M4							
GREENSBORO, NC 27401	56-1727193	501(C)(3)	102,750.	0.			GENERAL SUPPORT
GREENSBORO JEWISH FEDERATION							
5509-C WEST FRIENDLY AVENUE							
REENSBORO, NC 27410-4211	23-7107693	501(C)(3)	69,829.	0.			GENERAL SUPPORT
REENSBORO OPERA COMPANY							
200 N. DAVIE STREET #17							
REENSBORO, NC 27401-2819	58-1379465	501(C)(3)	56,113.	0.			GENERAL SUPPORT
,			,				
REENSBORO SCIENCE CENTER							
301 LAWNDALE DR							
REENSBORO, NC 27455	56-0885727	501(C)(3)	51,021.	0.			GENERAL SUPPORT
GREENSBORO SYMPHONY ENDOWMENT FUND							
200 N DAVIE ST, STE 301							
REENSBORO, NC 27401	56-1542010	501(C)(3)	8,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgai	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	Т
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GREENSBORO SYMPHONY ORCHESTRA 200 N. DAVIE ST., STE. 301							
GREENSBORO, NC 27401	56-6063111	501(C)(3)	20,338.	0.			GENERAL SUPPORT
GREENSBORO URBAN MINISTRY							
305 WEST GATE CITY BLVD.							
GREENSBORO, NC 27406	56-0890545	501(C)(3)	1,602,812.	0.			GENERAL SUPPORT
GRIMSLEY HIGH SCHOOL							
801 WESTOVER TERRACE							
GREENSBORO, NC 27408	56-6000522	GOVERNMENT	16,907.	0.			GENERAL SUPPORT
GUILFORD ADULT HEALTH, INC.							
1002 S EUGENE ST							
GREENSBORO, NC 27406	04-3726317	501(C)(3)	5,775.	0.			GENERAL SUPPORT
GUILFORD BATTLEGROUND COMPANY							
PO BOX 39508							
GREENSBORO, NC 27438-9508	56-1397310	501(C)(3)	30,436.	0.			GENERAL SUPPORT
GUILFORD COLLEGE							
5800 W. FRIENDLY AVENUE							
GREENSBORO, NC 27410	56-0529982	501(C)(3)	38,756.	0.			GENERAL SUPPORT
GUILFORD COUNTY PARTNERSHIP FOR							
CHILDREN - 122 N. ELM STREET,							
SUITE 1010 - GREENSBORO, NC 27401	56-1982976	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)	414,474.	0.			GENERAL SUPPORT
GUILFORD EDUCATION ALLIANCE 902 BONNER DRIVE							
JAMESTOWN, NC 27282	20-0328746	501(C)(3)	266,511.	0.			GENERAL SUPPORT
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Part II Continuation of Grants and Other		vernments and Organ	nizations in the I In	ited States (Scho	edule I (Form 990) Pa		10-1300249 Pag
(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
HABITAT FOR HUMANITY OF GREATER GREENSBORO - PO BOX 3402 - GREENSBORO, NC 27402	56-1586870	501(C)(3)	6,220.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF NORTH CAROLINA - PO BOX 20968 - WINSTON-SALEM, NC 27120	27-1296717	501(C)(3)	12,500.	0.			GENERAL SUPPORT
HANNAH'S HAVEN, INC. PO BOX 14724 GREENSBORO, NC 27415	20-0646135	501(C)(3)	6,500.	0.			GENERAL SUPPORT
HARVARD BUSINESS SCHOOL DEVELOPMENT OPERATIONS, TEELE HALL, SOLDIERS FIELD - BOSTON, MA 02163	04-6054794	501(C)(3)	100,000.	0.			GENERAL SUPPORT
HELPING HANDS FOUNDATION 109 W PARK DR, STE 400 BRENTWOOD, TN 37027	62-1516791	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HIGH POINT UNIVERSITY 833 MONTLIEU AVE. HIGH POINT, NC 27262	56-0529999	501(C)(3)	40,000.	0.			GENERAL SUPPORT
HISPANICS IN PHILANTHROPY 414 13TH STREET, SUITE 200 OAKLAND, CA 94612	94-3040607	501(C)(3)	15,000.	0.			GENERAL SUPPORT
HOLY TRINITY EPISCOPAL CHURCH 607 N. GREENE ST. GREENSBORO, NC 27401	56-0530002	501(C)(3)	65,676.	0.			GENERAL SUPPORT
HOPE FOR HORSES PO BOX 1449 LEICESTER, NC 28748	56-2160232	501(C)(3)	8,475.	0.			GENERAL SUPPORT

Schedule I (Form 990) GREENSBOR	O, INC.					5	06-1380249 Pag
Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	
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HOPEWAY FOUNDATION							
6801 FAIRVIEW RD, STE D							
CHARLOTTE, NC 28210	46-4510365	501(C)(3)	21,000.	0.			GENERAL SUPPORT
emmeria, ne zezio	10 1310303	301(0)(3)	21,000.	· ·			DENEMED BOTTOKT
HOSPICE AND PALLIATIVE CARE OF							
ALAMANCE-CASWELL - 914 CHAPEL HILL							
ROAD - BURLINGTON, NC 27215	56-1344754	501(C)(3)	12,021.	0.			GENERAL SUPPORT
,			,				
HOSPICE AND PALLIATIVE CARE OF							
GREENSBORO, INC 2500 SUMMIT							
AVENUE - GREENSBORO, NC 27405-4522	56-1249146	501(C)(3)	218,678.	0.			GENERAL SUPPORT
HOSPICE FOUNDATION OF GREATER							
GREENSBORO - 2500 SUMMIT AVE							
GREENSBORO, NC 27405	47-1169471	501(C)(3)	13,750.	0.			GENERAL SUPPORT
HUMAN RIGHTS CAMPAIGN FOUNDATION							
1640 RHODE ISLAND AVE., NW							
WASHINGTON, DC 20036	52-1481896	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ICIVICS							
2001 S ST, NW, STE. 400							
WASHINGTON, DC 20009	38-3796793	501(C)(3)	56,190.	0.			GENERAL SUPPORT
WASHINGTON, DC 20003	30 3730733	501(0/(3/	30,130.	· ·			GENERAL SULLOKI
INSTITUTE OF POLITICAL LEADERSHIP							
2 NEW BERN SQUARE							
GREENSBORO, NC 27408	56-1553715	501(C)(3)	15,000.	0.			GENERAL SUPPORT
,							
INTERACTIVE RESOURCE CENTER							
PO BOX 20568							
GREENSBORO, NC 27420	80-0315285	501(C)(3)	55,860.	0.			GENERAL SUPPORT
•			, ,				
INTERMOUNTAIN HEALTHCARE							
FOUNDATION - 900 ROUND VALLEY DR.							
- PARK CITY, UT 84060	80-0225150	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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MAMES MADISON UNIVERSITY							
JNIVERSITY BUSINESS OFFICE, 170							
BLUESTONE DR HARRISONBURG, VA	54 6004 756						
22807	54-6001756	GOVERNMENT	9,000.	0.			SCHOLARSHIPS
JL, PATT & FRIENDS, INC.							
PO BOX 4066							
GLEN RAVEN, NC 27215	27-3084846	501(C)(3)	5,000.	0.			GENERAL SUPPORT
JUDEA REFORM CONGREGATION							
1933 CORNWALLIS RD							
DURHAM, NC 27705	56-1337018	501(C)(3)	10,880.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF CENTRAL							
NORTH CAROLINA - 3220 NORTHLINE				_			
AVENUE - GREENSBORO, NC 27408	56-0844838	501(C)(3)	15,935.	0.			GENERAL SUPPORT
JUNIOR LEAGUE OF GREENSBORO							
3101 W FRIENDLY AVE							
GREENSBORO, NC 27408	56-0685368	501(C)(3)	6,284.	0.			GENERAL SUPPORT
SKEENSBOKO, NC 2/400	30 0003300	501(0)(3)	0,204.	<u> </u>			GENERAL BOTTORT
JUVENILE DIABETES RESEARCH							
FOUNDATION - 216 W MARKET ST, STE							
B - GREENSBORO, NC 27401	23-1907729	501(C)(3)	77,900.	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
KIDS MAKING IT							
517 CASTLE ST							
VILMINGTON, NC 28401	26-1606084	501(C)(3)	7,000.	0.			GENERAL SUPPORT
KIMBALL ART CENTER							
PO BOX 1478							
PARK CITY, UT 84060	87-0321132	501(C)(3)	6,000.	0.			GENERAL SUPPORT
	1 0, 0321132	P = 1 (C / (S /	1 0,000.	٠.		I	PERILITIES DOLLOKI

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COOTENAI ENVIRONMENTAL ALLIANCE PO BOX 1598	02 0242101	E01/G)/2)	25 000	0			GENERAL GUNDONE
COEUR D'ALENE, ID 83816	82-0342101	501(C)(3)	35,000.	0.			GENERAL SUPPORT
LAKE TAHOE SUMMERFEST 948 INCLINE WAY INCLINE VILLAGE, NV 89451	45-2682958	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LAWNDALE BAPTIST CHURCH	58-0732040	E01/G)/2)	6,800.	0.			GENERAL SUPPORT
LEBAUER CARDIOVASCULAR RESEARCH FOUNDATION - 1200 N ELM ST -	54-2117557		8,466.	0.			GENERAL SUPPORT
EREENSBORO, NC 27401 LEUKEMIA AND LYMPHOMA SOCIETY LOO PAINTERS MILL RD, STE 800	34-211/33/	501(0)(3)	0,400.	0.			GENERAL SUFFORI
OWINGS MILLS, MD 21117	13-5644916	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LIFESPAN, INC. 908 MCCLELLAN PL GREENSBORO, NC 27409-8929	58-7701298	501(C)(3)	5,700.	0.			GENERAL SUPPORT
LINEBERGER CANCER CENTER EXTERNAL AFFAIRS OFFICE, UNC -CH CB #7295 - CHAPEL HILL, NC							
27599-7295	56-6001393	501(C)(3)	17,100.	0.			GENERAL SUPPORT
LINWOOD ALIVE, INC. 14 HEADWATERS RD	46 400.000			_			
SLATYFORK, WV 26291	46-4024893	pn1(C)(3)	6,000.	0.			GENERAL SUPPORT
LIVING FREE MINISTRIES, INC. 1230 WALNUT GROVE LANE							
SNOW CAMP, NC 27349	26-3337535	501(C)(3)	6,500.	0.			GENERAL SUPPORT

(a) Name and address of	(b) EINI	(a) IPC conting	(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	(b) Durnoss of areast
(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
LIVING WAY CHURCH							
4433 REHOBETH CHURCH RD							
GREENSBORO, NC 27406	56-1161143	501(C)(3)	9,500.	0.			GENERAL SUPPORT
MACEDONIA LUTHERAN CHURCH							
421 W. FRONT STREET							
BURLINGTON, NC 27215	56-0594586	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
DORDINGTON, NC 27213	30 0374300	501(0/(5/	3,000.	<u> </u>			GENERAL BUTTORT
MACEDONIAN MINISTRY FOUNDATION,							
INC 3445 PEACHTREE RD NE, STE							
175 - ATLANTA, GA 30326	45-5069917	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MDC, INC.							
307 WEST MAIN STREET							
DURHAM, NC 27701	56-0894222	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MENTAL HEALTH ASSOCIATION IN							
GREENSBORO, INC 301 E.							
WASHINGTON ST., STE 111 -				_			
GREENSBORO, NC 27401	56-6076634	501(C)(3)	10,500.	0.			GENERAL SUPPORT
MOREHEAD SCHOLARSHIP FOUNDATION							
PO BOX 690							
CHAPEL HILL, NC 27514	56-2462593	501(C)(3)	15,000.	0.			GENERAL SUPPORT
,			1				
MUSIC ACADEMY OF NORTH CAROLINA,							
INC 1327 BEAMAN PLACE -							
GREENSBORO, NC 27408-8723	58-1583883	501(C)(3)	21,880.	0.			GENERAL SUPPORT
MUSTARD SEED COMMUNITY HEALTH							
400 W RADIANCE DR							
GREENSBORO, NC 27403	46-4980081	501(C)(3)	153,000.	0.			GENERAL SUPPORT
NAMIONAL AMAYIA POLINDAMION							
NATIONAL ATAXIA FOUNDATION							
2600 FERNBROOK LANE N., STE. 119	41 0022002	E01/G\/2\	20.000	_			GENEDAL GUDDODE
MINNEAPOLIS, MN 55447	41-0832903	DOT(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) GREENSBUR	-						6-1360249 Pa
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgai	nizations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	T
(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
NATIONAL BIBLE ASSOCIATION							
488 MADISON AVE, 24TH FLOOR							
NEW YORK, NY 10022	13-1860450	501(C)(3)	5,000.	0.			GENERAL SUPPORT
,			1,000				
NATIONAL CENTER FOR THE AMERICAN							
REVOLUTION - 123 CHESTNUT ST, STE							
401 - PHILADELPHIA, PA 19106	23-2773714	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NATIONAL CONFERENCE FOR COMMUNITY							
AND JUSTICE PIEDMONT TRIAD - 713							
NORTH GREENE STREET - GREENSBORO,							
NC 27401	06-1753756	501(C)(3)	27,430.	0.			GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS							
SOCIETY - 2211 W MEADOWVIEW RD,							
STE 30 - GREENSBORO, NC 27407	56-0903569	501(C)(3)	9,200.	0.			GENERAL SUPPORT
NC A&T STATE UNIVERSITY							
FINANCIAL AID OFFICE, 1601 E.							
MARKET STREET - GREENSBORO, NC	56 600000		5 000				
27411	56-6000007	GOVERNMENT	5,000.	0.			SCHOLARSHIPS
NC CENTER FOR NONPROFITS							
1110 NAVAHO DRIVE, SUITE 200							
RALEIGH, NC 27609-7322	56-1729407	501 (C) (3)	5,000.	0.			GENERAL SUPPORT
MILLION, NC 27005 7322	30 1723407	301(0)(3)	3,000.	0.			CHNERTE BOTTORT
NC SCHOOL OF THE ARTS FOUNDATION							
PO BOX 12189							
WINSTON-SALEM, NC 27117-2189	56-6064850	501(C)(3)	6,223.	0.			GENERAL SUPPORT
·			,	-			
NC STATE UNIVERSITY - UNIVERSITY							
CASHIER'S OFFICE - PO BOX 900013 -							
RALEIGH, NC 27675-9013	56-6001393	GOVERNMENT	16,500.	0.			SCHOLARSHIPS
-							
NC STATE UNIVERSITY ADVANCEMENT							
OFFICE - CAMPUS BOX 7474 -							
RALEIGH, NC 27695-7474	56-6000756	GOVERNMENT	10,240.	0.			GENERAL SUPPORT

Schedule I (Form 990) GREENSBUR	•						00-1360249 Page
Part II Continuation of Grants and Other	Assistance to Gov ⊺	vernments and Orgar	nizations in the Un ⊺	ited States (Sche	edule I (Form 990), Pa r	rt II.) T	<u> </u>
(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
NC TEXTILE FOUNDATION, INC. PO BOX 8301							
RALEIGH, NC 27695	56-6045324	501(C)(3)	6,000.	0.			GENERAL SUPPORT
NC THEATRE NCT CONSERVATORY 1 E SOUTH ST							
RALEIGH, NC 27601	56-1072874	501(C)(3)	5,250.	0.			GENERAL SUPPORT
NEW ARRIVALS INSTITUTE PO BOX 5315	25 200505						
GREENSBORO, NC 27435	27-3996262	501(C)(3)	7,000.	0.			GENERAL SUPPORT
NEW DIRECTIONS INTERNATIONAL, INC. PO BOX 2347							
BURLINGTON, NC 27216	56-0953324	501(C)(3)	5,000.	0.			GENERAL SUPPORT
NEW GARDEN FRIENDS MEETING 801 NEW GARDEN RD.							
GREENSBORO, NC 27410	56-0860298	501(C)(3)	5,200.	0.			GENERAL SUPPORT
NEW LEAF SOCIETY PO BOX 4083							
BURLINGTON, NC 27215-0901	26-1560297	501(C)(3)	7,400.	0.			GENERAL SUPPORT
NORTH NAPLES UNITED METHODIST CHURCH - 6000 GOODLETTE ROAD -							
NAPLES, FL 34109	59-1383829	501(C)(3)	100,000.	0.			GENERAL SUPPORT
NORTHEAST GUILFORD HIGH SCHOOL 6700 MCLEANSVILLE ROAD							
MCLEANSVILLE, NC 27301	56-6000522	GOVERNMENT	12,500.	0.			GENERAL SUPPORT
NORTHERN GUILFORD HIGH SCHOOL 7101 SPENCER DIXON ROAD							
GREENSBORO, NC 27455	56-0556755	GOVERNMENT	14,625.	0.			GENERAL SUPPORT

•				11.1/5 2251 7		00-1300249 Pag				
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)										
(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				
56-6000522	GOVERNMENT	14 625	0			GENERAL SUPPORT				
56-1293108	501(C)(3)	13,000.	0.			GENERAL SUPPORT				
56-1762001	501(C)(3)	130,463.	0.			GENERAL SUPPORT				
27 2772000	E01/G)/2)	20.100				GENERAL GURRORE				
21-2112988	501(C)(3)	20,100.	0.			GENERAL SUPPORT				
	501(C)(3)	20 000	0.			GENERAL SUPPORT				
54-0713704	501(C)(3)	10,000.	0.			GENERAL SUPPORT				
20-5690718	501(C)(3)	5,000.	0.			GENERAL SUPPORT				
20_1709100	501(C)(3)	15 000	0			GENERAL SUPPORT				
20-1/30130	501(0)(3)	15,000.	0.			SENERAL SUFFORT				
56-2105544	Las (=) (a)	15,450.	0.	1		GENERAL SUPPORT				
•	(b) EIN 56-6000522 56-1293108 56-1762001 27-2772988 04-2375956 54-0713704 20-5690718	(b) EIN (c) IRC section if applicable 56-6000522 GOVERNMENT 56-1293108 501(C)(3) 56-1762001 501(C)(3) 27-2772988 501(C)(3) 04-2375956 501(C)(3) 54-0713704 501(C)(3) 20-5690718 501(C)(3)	Assistance to Governments and Organizations in the United States (c) IRC section if applicable (d) Amount of cash grant 56-6000522 GOVERNMENT 14,625. 56-1293108 501(C)(3) 13,000. 56-1762001 501(C)(3) 130,463. 27-2772988 501(C)(3) 20,100. 04-2375956 501(C)(3) 20,000. 54-0713704 501(C)(3) 10,000. 20-5690718 501(C)(3) 5,000. 20-1798198 501(C)(3) 15,000.	Assistance to Governments and Organizations in the United States (Scholing in the United States) (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (e) Amount of non-cash a	Assistance to Governments and Organizations in the United States Schedule (Form 990), Pai	Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (f) Method of va				

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgai □	nizations in the Un	ited States (Sche	edule I (Form 990), Pa F	rt II.) T	
(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
AULIST FATHERS							
OFFICE OF FINANCIAL DEVELOPMENT,							
3015 4TH ST, NE - WASHINGTON, DC				_			
20017	13-1624092	501(C)(3)	6,124.	0.			GENERAL SUPPORT
PEACEHAVEN FARM, INC.							
458 HIGHWAY 61							
WHITSETT, NC 27377	26-1388416	501(C)(3)	12,000.	0.			GENERAL SUPPORT
PIEDMONT LAND CONSERVANCY							
P.O. BOX 4025							
GREENSBORO, NC 27404-4025	56-1704433	501/C)/3)	62,584.	0.			GENERAL SUPPORT
PIEDMONT TRIAD CHARITABLE FDN. DBA	30 1704433	501(0/(5/	02,304.	0.			GENERAL SOFFORT
YYNDHAM CHAMPIONSHIP - 416							
GALLIMORE DAIRY ROAD, STE M -							
GREENSBORO, NC 27409	56-6085407	501(C)(3)	203,500.	0.			GENERAL SUPPORT
,			, ,	-			
PLANNED PARENTHOOD SOUTH ATLANTIC							
1704 BATTLEGROUND AVE.							
GREENSBORO, NC 27408	56-1282557	501(C)(3)	8,250.	0.			GENERAL SUPPORT
POSITIVE ATTITUDE YOUTH CENTER							
229 N GRAHAM HOPEDALE RD							
BURLINGTON, NC 27215	56-1913994	501(C)(3)	11,695.	0.			GENERAL SUPPORT
ORDINGTON, NC 27213	30 1313334	501(0)(3)	11,055.	0.			GENERAL BOTTORT
PRESERVATION GREENSBORO INC.							
PO BOX 13136							
GREENSBORO, NC 27415	56-6086217	501(C)(3)	31,703.	0.			GENERAL SUPPORT
·							
QUEENS UNIVERSITY OF CHARLOTTE							
.900 SELWYN AVENUE							
CHARLOTTE, NC 28274	56-0530003	501(C)(3)	5,000.	0.			GENERAL SUPPORT
PACCDALE HIGH COHOO!							
RAGSDALE HIGH SCHOOL							
LOOO LUCY RAGSDALE DR	56-6000522	COMEDNMENT	16 500	0.			GENERAL SUPPORT
JAMESTOWN, NC 27282	30-0000322	POAEVINENI.	16,500.	0.		L	PENERAL SUPPORT

Schedule I (Form 990) GREENSBOR	-						00-1380249 Page			
art 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			
RANDOLPH COUNTY PARTNERSHIP FOR CHILDREN - 349 SUNSET AVE ASHEBORO, NC 27203	31-1612024	501(C)(3)	6,848.	0.			GENERAL SUPPORT			
RANDOLPH-MACON COLLEGE PO BOX 5005 ASHLAND, VA 23005	54-0505940	501(C)(3)	6,900.	0.			GENERAL SUPPORT			
READING CONNECTIONS INC. 122 N. ELM STREET, SUITE 920 GREENSBORO, NC 27401	56-1726754	501(C)(3)	7,771.	0.			GENERAL SUPPORT			
REEDY FORK COMMUNITY CHURCH 7951 BEE JAY RD BROWNS SUMMIT, NC 27214	56-0556746	501(C)(3)	60,000.	0.			GENERAL SUPPORT			
RESIDENTIAL TREATMENT SERVICES OF ALAMANCE, INC P.O. BOX 427 - BURLINGTON, NC 27216	56-0988222	501(C)(3)	30,233.	0.			GENERAL SUPPORT			
RESTORATION PLACE COUNSELING PO BOX 38787 GREENSBORO, NC 27438	25-1915667	501(C)(3)	8,200.	0.			GENERAL SUPPORT			
ROMAN CATHOLIC DIOCESE OF CHARLOTTE - 1123 SOUTH CHURCH ST - CHARLOTTE, NC 28203	56-1000633	501(C)(3)	54,800.	0.			general support			
SAINT VINCENT COLLEGE 300 FRASER PURCHASE ROAD LATROBE, PA 15650-2690	25-0964126	501(c)(3)	5,000.	0.			SCHOLARSHIPS			
SALEM ACADEMY AND COLLEGE 601 S. CHURCH ST. WINSTON-SALEM, NC 27101	56-0530005	501(C)(3)	21,590.	0.			GENERAL SUPPORT			

(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
SALEM ACADEMY AND COLLEGE							
601 S. CHURCH ST.							
WINSTON-SALEM, NC 27101	56-0530005	501(C)(3)	5,000.	0.			SCHOLARSHIPS
SALVATION ARMY							
1311 S. EUGENE STREET							
GREENSBORO, NC 27406	58-0660607	501(C)(3)	131,836.	0.			GENERAL SUPPORT
SALVATION ARMY BOYS AND GIRLS CLUB							
1311 S. EUGENE STREET							
GREENSBORO, NC 27406	58-0660607	501(C)(3)	33,100.	0.			GENERAL SUPPORT
GAVITNO GUIDE DELLE TAG							
SAVING SWEET BRIAR, INC.							
3520 PIEDMONT ROAD, SUITE 300	47 2261420	E01 (G) (2)	10.000	0			GENERAL GURRORM
ATLANTA, GA 30305	47-3361420	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SCHWEITZER ALPINE RACING SCHOOL							
PO BOX 63							
SANDPOINT, ID 83864	82-0360840	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SENIOR RESOURCES OF GUILFORD							
PO BOX 21993							
GREENSBORO, NC 27420	56-1181577	501(C)(3)	19,050.	0.			GENERAL SUPPORT
CALLADONO, NO 2/120	30 11013//		15,030.	0.			DITITUDE DOLLOW
SHARE OUR STRENGTH, INC.							
1030 15TH ST NW, SUITE 1100W							
WASHINGTON, DC 20005	52-1367538	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CIM IN MOVEMENT INC							
SIT-IN MOVEMENT, INC.							
134 S ELM ST.	56-1856093	E01/C)/2)	16 000	0.			CENEDAL CUDDODM
GREENSBORO, NC 27401	20-1020033	DOT(G)(2)	16,000.	0.			GENERAL SUPPORT
SMITH HIGH SCHOOL							
2407 SOUTH HOLDEN ROAD							
GREENSBORO, NC 27407	56-6000522	GOVERNMENT	15,000.	0.			GENERAL SUPPORT

(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
MITHSONIAN INSTITUTION O BOX 9016							
PITTSFIELD, MA 01202-9951	53-0206027	501(C)(3)	25,350.	0.			GENERAL SUPPORT
SOUTHERN GUILFORD HIGH SCHOOL 5700 DRAKE RD. GREENSBORO, NC 27406	56-6000522	GOVERNMENT	10,000.	0.			GENERAL SUPPORT
ST. FRANCIS EPISCOPAL CHURCH 3506 LAWNDALE DRIVE GREENSBORO, NC 27408	56-0642864	501(C)(3)	10,525.	0.			GENERAL SUPPORT
ST. JOSEPH'S PREPARATORY SCHOOL 1733 W GIRARD AVE. PHILADELPHIA, PA 19130	23-1352675		30,620.	0.			GENERAL SUPPORT
ST. JOSEPH'S UNIVERSITY 5600 CITY AVE. PHILADELPHIA, PA 19131-1395	23-1352674		30,620.	0.			GENERAL SUPPORT
T. MARK'S CHURCH 230 ST. MARK'S CHURCH RD BURLINGTON, NC 27215	56-6054730		5,500.	0.			GENERAL SUPPORT
ET. MARY'S SCHOOL 000 HILLSBOROUGH STREET RALEIGH, NC 27603-1689	56-0532314	501(C)(3)	16,480.	0.			GENERAL SUPPORT
FT. PIUS X CHURCH 2210 NORTH ELM STREET GREENSBORO, NC 27408-5198	56-0554221		22,413.	0.			GENERAL SUPPORT
STANLEY & DOROTHY FRANK FAMILY FOUNDATION - 330 S. GREENE STREET, SUITE 100 - GREENSBORO, NC 27401	56-6513308	501(C)(3)	10,000.	0.			GENERAL SUPPORT

		1	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
56-0591301	501/C)/3)	5 000	0			GENERAL SUPPORT
56-0591301	501(C)(3)	3,000.	0.			GENERAL SUPPORT
56-1655255	501(C)(3)	15,500.	0.			GENERAL SUPPORT
26-3294877	501(C)(3)	7 500	0			GENERAL SUPPORT
						GENERAL SUPPORT
56-0543235	501(C)(3)	54,831.	0.			GENERAL SUPPORT
56-0612840	501(C)(3)	5,350.	0.			GENERAL SUPPORT
56-6058412	501(C)(3)	54,500.	0.			GENERAL SUPPORT
56-6001643	501(C)(3)	12,366.	0.			general support
						GENERAL SUPPORT
	56-1655255 26-3294877 13-3541913 56-0543235 56-0612840 56-6058412	56-0591301 501(C)(3) 56-1655255 501(C)(3) 26-3294877 501(C)(3) 13-3541913 501(C)(3) 56-0543235 501(C)(3) 56-0612840 501(C)(3) 56-6058412 501(C)(3) 56-6001643 501(C)(3)	56-1655255 501(C)(3) 15,500. 26-3294877 501(C)(3) 7,500. 13-3541913 501(C)(3) 5,000. 56-0543235 501(C)(3) 54,831. 56-0612840 501(C)(3) 5,350. 56-6058412 501(C)(3) 54,500.	56-1655255 501(C)(3) 15,500. 0. 26-3294877 501(C)(3) 7,500. 0. 13-3541913 501(C)(3) 5,000. 0. 56-0543235 501(C)(3) 54,831. 0. 56-0612840 501(C)(3) 5,350. 0. 56-6058412 501(C)(3) 54,500. 0.	56-1655255 501(C)(3) 15,500. 0. 26-3294877 501(C)(3) 7,500. 0. 13-3541913 501(C)(3) 5,000. 0. 56-0543235 501(C)(3) 54,831. 0. 56-0612840 501(C)(3) 5,350. 0. 56-6058412 501(C)(3) 54,500. 0.	56-1655255 501(c)(3) 15,500. 0. 26-3294877 501(c)(3) 7,500. 0. 13-3541913 501(c)(3) 5,000. 0. 56-0543235 501(c)(3) 54,831. 0. 56-0612840 501(c)(3) 5,350. 0. 56-6058412 501(c)(3) 54,500. 0.

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant non-cash (book, FMV, assistance appraisal, other) THE FRANCISCAN CENTER 233 N GREENE ST GREENSBORO, NC 27401-2410 03-0469917 501(C)(3) 0. GENERAL SUPPORT 8,165 THE HORATIO ALGER ASSOCIATION OF DISTINGUISHED AMERICANS - 99 CANAL CENTER PLAZA, STE 320 -ALEXANDRIA, VA 22314 13-1669975 501(C)(3) 0. GENERAL SUPPORT 25,000 THE HUNGER PROJECT 5 UNION SOUARE WEST NEW YORK, NY 10003 94-2443282 501(C)(3) 20,000 0. GENERAL SUPPORT THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS - PO BOX 101510 -53-0245017 501(C)(3) 0. GENERAL SUPPORT ARLINGTON, VA 22210 100,000 THE NATIONAL MUSEUM OF WOMEN IN THE ARTS - 1250 NEW YORK AVENUE 52-1238810 501(C)(3) NW - WASHINGTON, DC 20005-3920 10,000 0. GENERAL SUPPORT THE ROYAL POINCIANA CHAPEL 60 COCOANUT ROW 59-6032877 501(C)(3) PALM BEACH, FL 33480 26,000 0. GENERAL SUPPORT THE SERVANT CENTER, INC. 1312 LEXINGTON AVE GREENSBORO, NC 27403-3705 56-1834197 501(C)(3) 5 100 0. GENERAL SUPPORT THE SHEPHERD'S CENTER OF GREENSBORO - 302 W MARKET ST, ROOM 103 - GREENSBORO, NC 27401-6132 56-1591924 501(C)(3) 10,207. 0. GENERAL SUPPORT THE SOCIETY OF THE FOUR ARTS 2 FOUR ARTS PLAZA PALM BEACH, FL 33480 59-0454318 501(C)(3) 0. 10,000. GENERAL SUPPORT

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization or government if applicable cash grant non-cash (book, FMV, assistance appraisal, other) THE UNITED STATES EQUINE RESCUE LEAGUE, INC. - USERL CORPORATE OFFICE, 1851 W. ERHINGHAUS ST., SUITE 146 - ELIZABETH CITY, NC 56-2069469 501(C)(3) 5,000 0. GENERAL SUPPORT THE WAR MEMORIAL FOUNDATION 600 N REGIONAL RD GREENSBORO, NC 27409 26-2187703 501(C)(3) 10,000 0. GENERAL SUPPORT TOWN OF LANSING PO BOX 72 LANSING, NC 28643 56-1097664 501(C)(3) 5,000 0. GENERAL SUPPORT TRIAD HEALTH PROJECT PO BOX 5716 58-1705502 501(C)(3) 0. GENERAL SUPPORT GREENSBORO, NC 27435 9,511. TRIAD LOCAL FIRST 405 BATTLEGROUND AVE. 27-0909315 501(C)(3) GREENSBORO, NC 27401 0. 5,250. GENERAL SUPPORT TRIAD STAGE, INC. 232 S ELM ST GREENSBORO, NC 27401-2605 62-1743981 501(C)(3) 519,826, 0. GENERAL SUPPORT UNC CENTER FOR PUBLIC TELEVISION P. O. BOX 600067 RESEARCH TRIANGLE PARK, NC 56-6001393 GOVERNMENT 27675-6067 8 150 0. GENERAL SUPPORT UNC-CH UNIVERSITY CASHIER, SASB NORTH, SUITE 2215, UNC-CHAPEL HILL, CB #1400 - CHAP 56-6001393 GOVERNMENT 20,400. 0. SCHOLARSHIPS UNC-CH OFFICE OF DEVELOPMENT PO BOX 309 56-6001393 GOVERNMENT 0. CHAPEL HILL, NC 27514-0309 14,500. GENERAL SUPPORT

(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
UNC-CH SCHOOL OF MEDICINE							
INEBERGER COMPREHENSIVE CANCER							
CENTER, CB #7295 - CHAPEL HILL, NC							
27599-729	56-6001393	GOVERNMENT	5,000.	0.			GENERAL SUPPORT
UNC-CHARLOTTE STUDENT ACCOUNTS, 9201 UNIVERSITY C CHARLOTTE, NC 28223	56-6059417	GOVERNMENT	20,926.	0.			SCHOLARSHIPS
CAROLINIANS - 915 W. GATE CITY SLVD, STE. A - GREENSBORO, NC	56-6001468	GOVERNMENT	31,900.	0.			GENERAL SUPPORT
			,				
NCG DEVELOPMENT OFFICE							
PO BOX 26170							
GREENSBORO, NC 27402-6170	56-6001468	GOVERNMENT	12,108.	0.			GENERAL SUPPORT
UNCG FINANCIAL AID OFFICE PO BOX 26170							
GREENSBORO, NC 27402	56-6001468	GOVERNMENT	30,352.	0.			SCHOLARSHIPS
JNCG OFFICE OF ADVANCEMENT SERVICES - PO BOX 26170 -							
GREENSBORO, NC 27402-6170	56-6001468	GOVERNMENT	37,250.	0.			GENERAL SUPPORT
UNCG OFFICE OF SPONSORED PROGRAMS 1111 SPRING GARDEN ST, 2702 MHRA BUILDING - GREENSBORO, NC							
27412-5013	56-6001468	GOVERNMENT	88,025.	0.			GENERAL SUPPORT
UNCG SPARTAN CLUB							
GREENSBORO, NC 27402-6168	56-6001468	501(C)(3)	17,500.	0.			GENERAL SUPPORT
UNITED JEWISH FEDERATION OF UTAH							
SALT LAKE CITY, UT 84113	87-0282380	501(C)(3)	5,000.	0.			GENERAL SUPPORT

UNITED WAY OF ALAMANCE COUNTY 803 HERMITAGE RD. BURLINGTON, NC 27215 56-0599239 501(C)(3) 72,828. 0.	(h) Purpose of grant or assistance			(g) Description non-cash assist	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of non-cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	(a) Name and address of organization or government
ROFESSIONAL CENTER DR UNITED WAY OF ALAMANCE COUNTY 03 HERMITAGE RD. UNITED WAY OF ALAMANCE COUNTY 03 HERMITAGE RD. UNITED WAY OF GREATER GREENSBORD 500 YANCEYVILLE STREET REENSBORD, NC 27405 6932 56-0668555 501(C)(3) 353,390. 0. SENER NITED WAY OF GREATER HIGH POINT 101 CHURCH AVENUE 11GH POINT, NC 27262-4805 56-0547486 501(C)(3) 32,000. 0. SENER NITED WAY OF RUTHERFORD COUNTY 00 COX 2823 FINDALE, NC 28160 56-1030597 501(C)(3) 5,000. 0. SENER NITED WAY OF PUTHERFORD COUNTY 00 EOX 5624 FARTANBURG, SC 29304 57-0314377 501(C)(3) 7,970. 0. SENER NITED WAY OF OCHESTER FOFICE OF GIFT AND DONOR RECORDS, 00 BOX 270032 - ROCHESTER, NY 4627 16-0743209 501(C)(3) 8,250. 0. SENER TITGINIA EPISCOPAL SCHOOL 00 VEE RD 100 V										NITED METHODIST FOUNDATION OF
UNTERSVILLE, NC 28078 56-6088754 501(C)(3) 1,000,000. 0. SENER NITED WAY OF ALAMANCE COUNTY 03 HERMITAGE RD. URLINGTON, NC 27215 56-0599239 501(C)(3) 72,828. 0. SENER NITED WAY OF GREATER GREENSBORD 500 YANGEVYLLE STREET REENSBORD, NC 27405-6932 56-0668555 501(C)(3) 353,390. 0. SENER NITED WAY OF GREATER HIGH POINT 01 CHURCH AVENUE 1GH POINT, NC 27262-4805 56-0547486 501(C)(3) 32,000. 0. SENER NITED WAY OF RUTHERFORD COUNTY 0 BOX 823 FINDALE, NC 28160 56-1030597 501(C)(3) 5,000. 0. SENER NITED WAY OF THE PIEDMONT 0 BOX 5624 PARTANBURG, SC 29304 57-0314377 501(C)(3) 7,970. 0. SENER NIVERSITY OF ROCHESTER, NY 4627 16-0743209 501(C)(3) 25,000. 0. SENER TRIGINIA EPISCOPAL SCHOOL 00 VES RD VNCHBURG, VA 24505 54-0506431 501(C)(3) 8,250. 0. SENER NITERST UNIVERSITY NIVERSITY ADVANCEMENT, PO BOX										ESTERN NORTH CAROLINA - 13816
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AKE FOREST UNIVERSITY NIVERSITY ADVANCEMENT, PO BOX						_		504 (5) (0)	[[
NIVERSITY ADVANCEMENT, PO BOX	RAL SUPPORT	GENERAL				0.	8,250.	501(C)(3)	54-0506431	,
<u> </u>										NIVERSITY ADVANCEMENT, PO BOX
	RAL SUPPORT	G 11 1 1 1 1 1 1 1 1				_	07.700	E01/G\/2\	FC 0530130	•

(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
VALTER HINES PAGE HIGH SCHOOL							
201 ALMA PINNIX DRIVE							
GREENSBORO, NC 27405	56-6000522	GOVERNMENT	14,900.	0.			GENERAL SUPPORT
VASHINGTON & LEE UNIVERSITY			, ,				
OFFICE OF UNIVERSITY DEVELOPMENT,							
204 W. WASHINGTON ST LEXINGTON,							
/A 2445	54-0505977	501(C)(3)	20,000.	0.			GENERAL SUPPORT
			, ,				
WAYNE UPLIFT RESOURCE ASSOCIATION,							
INC 1906 E. EDGERTON ST							
GOLDSBORO, NC 27530	56-1904996	501(C)(3)	6,000.	0.			GENERAL SUPPORT
·			,				
VELL-SPRING RETIREMENT COMMUNITY							
1100 WELL SPRING DR							
GREENSBORO, NC 27410	56-1497371	501(C)(3)	10,957.	0.			GENERAL SUPPORT
WESLEYAN EDUCATION CENTER							
1917 N CENTENNIAL ST							
HIGH POINT, NC 27262-7602	58-1450743	501(C)(3)	8,600.	0.			GENERAL SUPPORT
VEST MARKET STREET UNITED							
METHODIST CHURCH - 302 W. MARKET							
STREET - GREENSBORO, NC 27401	56-0543248	501(C)(3)	176,850.	0.			GENERAL SUPPORT
VESTMINSTER PRESBYTERIAN CHURCH							
3906 W. FRIENDLY AVENUE							
GREENSBORO, NC 27410	56-0547525	501(C)(3)	55,000.	0.			GENERAL SUPPORT
AECMOVED CHIDCH INC							
VESTOVER CHURCH, INC.							
505 MUIRS CHAPEL ROAD	E6 0620245	E01/G\/3\	6 600	2			CENEDAL GILDOOM
GREENSBORO, NC 27410	56-0629347	DUI(C)(3)	6,600.	0.			GENERAL SUPPORT
WESTTOWN SCHOOL							
975 WESTOWN RD							
// HPDIONN ND		i				1	

Schedule I (Form 990)

Schedule I (Form 990) GREENSBOR	-						6-1360249 Pag
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	Г
(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
WFDD PUBLIC RADIO AT WAKE FOREST							
UNIVERSITY - PO BOX 8850 -							
WINSTON-SALEM, NC 27109-8850	56-0532138	501(C)(3)	5,800.	0.			GENERAL SUPPORT
WHEELS4HOPE							
4006 BURLINGTON RD							
GREENSBORO, NC 27405	56-2196676	501(C)(3)	11,000.	0.			GENERAL SUPPORT
WOMEN'S PROFESSIONAL FORUM							
FOUNDATION - P O BOX 38594 -							
GREENSBORO, NC 27438-8594	56-1457211	501(C)(3)	23,129.	0.			GENERAL SUPPORT
WOMEN'S DESCRIPCE CENTED IN							
WOMEN'S RESOURCE CENTER IN							
ALAMANCE - 411-B W FIFTH ST -	58-1917630	501/C)/3)	5,700.	0.			GENERAL SUPPORT
BURLINGTON, NC 27215	36-1917630	501(C)(3)	5,700.	0.			GENERAL SUPPORT
WOMEN'S RESOURCE CENTER OF							
GREENSBORO, INC 628 SUMMIT AVE							
- GREENSBORO, NC 27405-7742	56-1891618	501(C)(3)	47,893.	0.			GENERAL SUPPORT
WOODBERRY FOREST SCHOOL							
402 WOODBERRY STATION							
WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	10,041.	0.			GENERAL SUPPORT
WOLDEN WARRED BROADER TWO							
WOUNDED WARRIOR PROJECT, INC. PO BOX 758517							
TOPEKA, KS 66675	20-2370934	501(C)(3)	12,001.	0.			GENERAL SUPPORT
YALE UNIVERSITY	20 23,0331	301(0)(3)	12,001.	•			DENDRIE BOTTORT
OFFICE OF DEVELOPMENT,							
CONTRIBUTIONS PROCESSING, PO BOX							
2038 - NEW HAVEN, CT	06-0646973	501(C)(3)	5,000.	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

56-1380249 GREENSBORO, INC. Schedule I (Form 990) 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV, assistance appraisal, other) YMCA OF GREENSBORO, INC. 620 GREEN VALLEY RD, STE 210 GREENSBORO, NC 27408 56-0543243 501(C)(3) 8,245. 0. GENERAL SUPPORT YOUNG LIFE GREENSBORO PO BOX 4222 GREENSBORO, NC 27404 84-0385934 501(C)(3) 6,750 0. GENERAL SUPPORT YOUTH WORLD 411 W. RIVER RD ELGIN, IL 60123 36-6069820 501(C)(3) 16,000. 0. GENERAL SUPPORT YWCA OF GREENSBORO 1807 E. WENDOVER AVE. 56-0529936 501(C)(3) GREENSBORO, NC 27405 45,828. 0. GENERAL SUPPORT

SENT TO THE FOUNDATION BY THE DUE DATE AND ARE REVIEWED BY STAFF TO ASSESS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.										
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance				
Part IV	Supplemental Information. Provide the information required	uired in Part I, lin	e 2, Part III, column	(b), and any other ac	Iditional information.					
PART	I, LINE 2:									
THE F	OUNDATION ISSUES A GRANT AGRE	EMENT THA	T STATES I	HE STIPULA	TIONS FOR					
USE O	F FUNDS, WHEN THE REPORT ON U	SE OF FUN	IDS IS DUE,	AND HOW T	O REQUEST					
ANY R	EVISIONS IN THE TERMS OF THE (GRANT SHO	OULD THE NE	EED ARISE.	A RECIPIENT					
COMPL	ETES AND SIGNS THE GRANT AGRE	EMENT AND	THE DOCUM	MENT IS RET	URNED TO THE					
FOUND	ATION BEFORE FUNDS ARE DISBUR	SED. WHEN	THE CHECK	IS SENT,	A GRANT					
REPOR	T FORM, WHICH REQUESTS INFORM	ATION ON	DETAILED E	EXPENDITURE	S,					
PROGR	AMMATIC BENEFITS, AND COMMUNI	TY IMPACT	r, is inclu	JDED. REPOR	T FORMS ARE					

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.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Questions Regarding Compensation

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Employer identification number 56-1380249

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	During the very did any name listed on Farm 000 Part VIII Continue A line to with respect to the filling			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		Х
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b 4c		X
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.	40		
	Tes to any of lines 4a-6, list the persons and provide the applicable amounts for each item in Fart III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2015

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) H. WALKER SANDERS	(i)	203,845.	2,000.	4,891.	14,350.	7,684.	232,770.	0.	
PRESIDENT	(i) (ii)	0.	0.	0.	0.	0.	0.	0.	
(2) MONA EDWARDS	(i)	137,263.	1,400.	900.	9,715.	7,684.		0.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)	•	•	•	•				
	(ii)								
	(i)								
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COMMUNITY FOUNDATION OF GREATER

Variety Supplemental Information art III Supplemental Information rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Schedule J (Form 990) 2015	GREENSBORO,	INC.		56-1380249	Page 3
rowide the information, explanation, or descriptions required for Part I, lines 1s, 1b, 3, 4a, 4b, 4c, 5s, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	Part III Supplemental Informa	tion				
	Provide the information, explanati	on, or descriptions required	for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b,	6a, 6b, 7, and 8, and for Part II. Also complete	this part for any additional informatio	n.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

COMMUNITY FOUNDATION OF GREATER

Employer identification number

GREENSBORO, INC. 56-1380249 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Х 81 4,484,716.FMV Securities - Publicly traded 15,008.FMV Х Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 0 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 Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) (2015)

LHA

describe in Part II.

COMMUNITY FOUNDATION OF GREATER

Schedule M (Form 990) (2015) GREENSBORO, INC. 56-1380249 Page 2 **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 Part II 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.

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

2015
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Employer identification number 56-1380249

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:

GRADUATES, 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.

FORM 990, PART VI, SECTION A, LINE 4:

THE FOLLOWING IS A SUMMARY OF SIGNIFICANT CHANGES MADE DURING THE YEAR TO
THE ORGANIZATION'S BYLAWS: 1) UPDATED AND REFINED THE STATEMENT OF
PURPOSES IN THE ARTICLES OF INCORPORATION; 2) FOR BOARD MEMBERSHIP AND
MEETINGS - A. ATTENDANCE AT MEETINGS BY OTHER MEANS; B. INFORMAL ACTION
BY THE BOARD (UNANIMOUS WRITTEN CONSENT); C. REMOVAL OF DIRECTORS; AND D.
VACANCIES; 3) CREATED A MORE DETAILED DEDICATED SECTION TO BOARD COMMITTEES
THAT DRAWS A VERY IMPORTANT DISTINCTION BETWEEN BOARD COMMITTEES AND
ADVISORY COMMITTEES AND PROVIDES FOR MORE THOROUGH COMMITTEE PROCEDURES; 4)
ADDED A CONFLICTS OF INTEREST PROVISION CONSISTENT WITH BOTH IRS AND STATE
LAW REQUIREMENTS; 5) UPDATED THE INDEMNIFICATION PROVISION TO MAKE IT MORE
ROBUST AND REFLECT CHANGES IN THE LAW SINCE THE CURRENT VERSION WAS

DRAFTED.

Employer identification number 56-1380249

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 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

Schedule O (Form 990 or 990-EZ) (2015)	Page
Name of the organization	Employer identification number 56-1380249
(COMMUNITY AND PRIVATE). THE PRESIDENT'S COMPENSATION PACK	AGE IS DISCUSSED
SEPARATELY IN AN EXECUTIVE SESSION OF THE BOARD ON AN ANNU	AL BASIS.
AS FOR THE COMPENSATION FOR THE OTHER KEY EMPLOYEES, THE P	RESIDENT REVIEWS
COMPARABLE DATA FOR STAFFING STRUCTURE AND SALARIES FROM T	HE COUNCIL ON
FOUNDATIONS AND MAKES ADJUSTMENTS BASED ON AN INFORMAL LOC	AL MARKET SURVEY.
THIS INFORMAL SURVEY IS BASED ON CONVERSATIONS WITH OTHER	EXECUTIVE
DIRECTORS OF LARGE NON-PROFITS AND COMMUNITY FOUNDATIONS W	ITHIN THE
PIEDMONT TRIAD REGION, AS WELL AS REVIEW OF THE FORM 990S	FOR THOSE
ORGANIZATIONS. THE PRESIDENT DEVELOPS A SALARY RANGE FOR E	ACH 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 COMMI	TTEE (CONSISTING
OF BOARD AND NON-BOARD COMMUNITY MEMBERS) APPROVES THE SAL	ARY RANGES WITHIN
THE ANNUAL OPERATING BUDGET. THE FINANCE COMMITTEE RECOMME	NDS AN ANNUAL
OPERATING BUDGET TO THE BOARD FOR APPROVAL. THIS REVIEW PR	OCESS IS
DOCUMENTED IN THE BOARD MEETING MINUTES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNANCE DOCUMENTS, INCLUDING ITS AUD	ITED FINANCIAL
STATEMENTS, FORM 990, AND CONFLICT OF INTEREST POLICY, ARE	AVAILABLE ON THE
ORGANIZATION'S WEBSITE. OTHER GOVERNANCE DOCUMENTS ARE AVA	ILABLE ON
REQUEST.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

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	ADMINISTER PLEDGES AND				COMMUNITY FOUNDATION OF
330 SOUTH GREENE STREET, SUITE 100	COORDINATE GRANTS TO BUILD				GREATER GREENSBORO,
GREENSBORO, NC 27401-2659	PERFORMING ARTS CENTER	NORTH CAROLINA	900,980.	31,020,703.	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	(f) Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
STANLEY & DOROTHY FRANK FAMILY FOUNDATION -					COMMUNITY		
56-6513308, 330 SOUTH GREENE STREET, SUITE					FOUNDATION OF		
100, GREENSBORO, NC 27401-2659	GRANTS	NORTH CAROLINA	501(C)(3)	LINE 11A, I	GREATER		X
COMMUNITY FOUNDATION REAL ESTATE MANAGEMENT	TO ADMINISTER CHARITABLE				COMMUNITY		
FUND, INC 56-2035757, 330 SOUTH GREENE	FUNDS RELATING TO REAL				FOUNDATION OF		
STREET, SUITE 100, GREENSBORO, NC	PROPERTY	NORTH CAROLINA	501(C)(3)	LINE 11A, I	GREATER		X

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

Page 2

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)									
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of end-of-year assets	Disprop alloca	artianata		General	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>									
	1																			
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		country)		,				Yes	No
CHARITABLE REMAINDER TRUSTS (11)	REMAINDER TRUSTS	NC	N/A	TRUST	N/A	N/A	N/A		X
									<u> </u>
	-								

Schedule R (Form 990) 2015 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.						Yes	No	
1 During the tax year, did the organization engage in any of the following transactions								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>				1a		Х	
b Gift, grant, or capital contribution to related organization(s)					1b	X		
c Gift, grant, or capital contribution from related organization(s)					1c	X		
d Loans or loan guarantees to or for related organization(s)							X	
e Loans or loan guarantees by related organization(s)					1e		X	
f Dividends from related organization(s)								
g Sale of assets to related organization(s)					1g		X	
h Purchase of assets from related organization(s)					1h		X	
i Exchange of assets with related organization(s)					1i		X	
j Lease of facilities, equipment, or other assets to related organization(s)					1j		X	
•								
k Lease of facilities, equipment, or other assets from related organization(s)								
Performance of services or membership or fundraising solicitations for related organization(s)								
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							Х	
o Sharing of paid employees with related organization(s)							Х	
3 1 1 7 3 (7								
p Reimbursement paid to related organization(s) for expenses					1p		Х	
q Reimbursement paid by related organization(s) for expenses							Х	
4 ····································								
r Other transfer of cash or property to related organization(s)					1r		Х	
s Other transfer of cash or property from related organization(s)					1s		Х	
2 If the answer to any of the above is "Yes," see the instructions for information on wh								
(a) Name of related organization	(b)	(c)		(d)				
Name of related organization	Transaction type (a-s)	Amount involved		Method of determining amount in	nvolved			
CONSTRUCTION DOLLARS DELL DESIGNATION DELL DELL DESIGNATION DELL DELL DESIGNATION DELL DELL DESIGNATION DELL DELL DELL DELL DELL DELL DELL DEL	type (a-s)							
COMMUNITY FOUNDATION REAL ESTATE	_	0 560 506	L					
(1) MANAGEMENT FUND, INC.	В	2,760,726.	F.W.					
COMMUNITY FOUNDATION REAL ESTATE	_	404 400	L					
(2) MANAGEMENT FUND, INC.	L	124,403.	FMV					
COMMUNITY FOUNDATION REAL ESTATE	_		L					
(3) MANAGEMENT FUND, INC.	С	66,162.	FMV					
(4)								
(4)								
(5)								
(<i>y</i>)	l .		1					

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- ate tions?		General manage partne	(k) Percentage ownership
				Tes No		163	INO	(**************************************	les	
	-									
	-									
	-									000) 0045

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, ADDRESS, AND EIN OF RELATED ORGANIZATION:
COMMUNITY FOUNDATION REAL ESTATE MANAGEMENT FUND, INC.
EIN: 56-2035757
330 SOUTH GREENE STREET, SUITE 100
GREENSBORO, NC 27401-2659
DIRECT CONTROLLING ENTITY: COMMUNITY FOUNDATION OF GREATER GREENSBORO