PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

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

Open to Public

OMB No. 1545-0047

Inspection

	OI LITE	e 20 to calefular year, or tax year beginning	a enumy		
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
_		COMMUNITY FOUNDATION OF GREATER			
Ļ	Addre chang Name				200240
Ļ	chang Initial		T		380249
Ļ	return _Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	return, termin ated		100		379-9100
_	ated	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	37,887,672.
F	return	GREENSBORO, NC 2/401-2039		H(a) Is this a group r	
L	Application pendir			for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ()	or 527	1	list. (see instructions)
		e: WWW.CFGG.ORG	1	H(c) Group exemption	
	orm of	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1903	M State of legal domicile: NC
		Briefly describe the organization's mission or most significant activities: THE	COMMUN	TTY FOUNDAT	TON MANAGES
Se	'	OVER 600 CHARITABLE FUNDS ESTABLISHED TO	STRENG	THEN ITS CO	MMUNITIES
nan	2	Check this box if the organization discontinued its operations or dispo			
Ver	3			3	28
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			28
ფ	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			33
ij	6	Total number of volunteers (estimate if necessary)			410
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			6,874.
ď	Ь	Net unrelated business taxable income from Form 990-T, line 38			17,999.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		19,388,446.	14,071,575.
nue	9	Program service revenue (Part VIII, line 2g)		119,193.	109,158.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,896,510.	8,324,836.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		25,404,149.	22,505,569.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		18,476,735.	24,650,508.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,956,758.	2,224,764.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<u>B</u>	. b	Total fundraising expenses (Part IX, column (D), line 25) 182,5	18.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,521,251.	1,661,821.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		21,954,744.	28,537,093.
	19	Revenue less expenses. Subtract line 18 from line 12		3,449,405.	-6,031,524.
Poc	3			ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	2	10,673,914.	182,592,230.
ASS	21	Total liabilities (Part X, line 26)		33,112,889.	27,344,443.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	1	.77,561,025 .	155,247,787.
	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	es and stateme	ents, and to the best of my	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Her	е	MARCI H. PEACE, VICE PRESIDENT, FINANCE Type or print name and title	CE		
			Tr	Data Lau F	DTIN
		Print/Type preparer's name AMANDA ADAMG	ا 11 2019.09.27	Date Check [1:45:23 -04'00' if	PTIN
Paid		AMANDA ADAMS		self-employ	
	parer	Firm's name CHERRY BEKAERT LLP		Firm's EIN ▶	56-0574444
use	Only	Firm's address 1111 METROPOLITAN AVE. STE. 900		D. 70	1 277 1670
	. 41	CHARLOTTE, NC 28204		Phone no. 7 U	4-377-1678 X Yes No
ıvıa	y tne II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	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 INSPIRES GIVING,
	MAXIMIZES OPPORTUNITIES AND STRENGTHENS COMMUNITIES FOR PRESENT AND
	FUTURE GENERATIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 18,413,418 • including grants of \$ 17,180,759 •) (Revenue \$
	DONOR ADVISED: THE COMMUNITY FOUNDATION MANAGES 300 DONOR-ADVISED AND
	SCHOLARSHIP FUNDS WHICH ENABLE RESIDENTS OF GREATER GREENSBORO TO
	ACHIEVE THEIR INDIVIDUAL CHARITABLE GOALS. DURING 2018, MORE THAN 2,000
	GRANTS WERE DISBURSED IN SUPPORT OF FAITH-BASED, HEALTH & HUMAN
	SERVICE, EDUCATIONAL AND OTHER COMMUNITY SERVICE ORGANIZATIONS.
4b	(Code:) (Expenses \$5, 498, 845. including grants of \$5, 009, 756.) (Revenue \$\$
UF	FIELD OF INTEREST: THE COMMUNITY FOUNDATION MANAGES ENDOWMENT AND
	UNRESTRICTED GRANT FUNDS WHICH ARE USED TO STRENGTHEN ITS COMMUNITY FOR
	PRESENT AND FUTURE GENERATIONS. FOCUS AREAS FOR 2018 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
	DEVELOPING STRATEGIES FOR AFFORDABLE HOUSING IN ITS COMMUNITY. 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
	GRADUATES, AND SHAPING OUR COMMUNITY'S IDENTITY THROUGH THE USE OF ART
	IN PUBLIC AREAS. THESE FUNDS MAKE GRANTS WHILE ALSO CONDUCTING ACTIVE
	(Code:) (Expenses \$ 2,636,489. including grants of \$ 2,459,993.) (Revenue \$
4C	ORGANIZATION 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 2018, \$4.3 MILLION WAS RETURNED TO THESE ORGANIZATIONS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 26,548,752.

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COMMUNITY FOUNDATION OF GREATER

Form 990 (2018)

GREENSBORO, INC.

Part IV | Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes." complete Schedule D. Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

COMMUNITY FOUNDATION OF GREATER

Form 990 (2018) GREENSBORO, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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			3,7
	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			3,7
	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? // "Yes,"			X
07	complete Schedule L, Part II	26		
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			
		27		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		22
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		х
	A family member of 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 (or a family member thereof) was an officer,	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	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	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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?			
Do:	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	E		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 75 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Effect the flamber of Fernie W Za meladada in line fat. Effect of infocuspination			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c	Λ	

Form 990 (2018) GREENSBORO, INC.

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

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	33						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)		3b	X				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X			
b	If "Yes," enter the name of the foreign country: ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccount	s (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u> </u>			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit			37			
	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).			_		v			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X			
				7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wat to file Form 8282?	ıs requ	lirea	70		х			
٨		7d		7c		<u> </u>			
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		.2	7e		Х			
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7f 7g		Х			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		l						
	expension examination have expense huginous heldings at any time during the year?	,		8		Х			
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		X			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		X			
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:	ı							
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	1)	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.			10-					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
L	Note. See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b							
^	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c							
	Did the consideration which are a second of the fact that a second of the fact that th			14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			ייי					
. •	excess parachute payment(s) during the year?			15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		Х			
	If "Yes," complete Form 4720, Schedule O.			·					

Form 990 (2018)

GREENSBORO. INC. 56-1380249

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No_ Yes 28 **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. 28 **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 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 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? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization 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 X taxable entity during the year? 16a 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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

SOUTH GREENE STREET, SUITE 100, GREENSBORO

330

statements available to the public during the tax year.

MARCI PEACE - 336-379-9100

GREENSBORO, INC.

56-1380249

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Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	_	cer an	a a a	recto	or/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	In stit utio nal tru stee		ee/	m pen		(44-2/1099-141130)		and related
	below	dualt	utiona	-	Key employee	st co	-e-			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) RON MILSTEIN	2.00									
CHAIR	1.00	Х		Х				0.	0.	0.
(2) ANITA BACHMANN	1.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(3) JON GLAZMAN	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(4) FRANCES BULLOCK	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(5) BRIAN CLARIDA	1.00								_	_
TRUSTEE	0.00	Х						0.	0.	0.
(6) ODELL CLEVELAND	0.50								_	_
TRUSTEE	0.00	Х						0.	0.	0.
(7) SAM CONE	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(8) NORA DIAL-STANLEY	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(9) JOHN ENGLAR	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(10) ARLENE GUTTERMAN	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(11) RAMSEY HAMADI	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(12) DAVID HEGGIE	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(13) ADDY JEFFREY	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(14) JENNIFER KOENIG	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(15) BARBARA LUSK	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(16) BOBBY MENDEZ	0.50									_
TRUSTEE	0.00	Х						0.	0.	0.
(17) KARLA MUNDEN	1.00									_
TRUSTEE	0.00	Х						0.	0.	0.

Form 990 (2018) GREENSBO	RO, INC.		. 01		-	OI	1171	IIII	56-1380	249 Page 8
Part VII Section A. Officers, Directors, Trus			ees,	and	d Hig	ghes	t Co	ompensated Employee	es (continued)	
(A)	(B)	(B) (C) (D)							(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below line)	tee or director ogy	not c , unle	Pos heck ss per	itior more rson i	Highest compensated highest compensated than the state of	an tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(18) ELAINE OSTROWSKI	1.00	르	Ë	5	×	<u> </u>	면			
TRUSTEE	0.00	х						0.	0.	0.
(19) GARY PALMER	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(20) TONY PETITT	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(21) REID PHILLIPS	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(22) CALVIN RILEY	1.00									
TRUSTEE	0.00	Х						0.	0.	0.
(23) RUSS ROBINSON	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(24) ADRIAN SMITH	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(25) YULONDA SMITH	0.50									
TRUSTEE	0.00	Х						0.	0.	0.
(26) ADRIAN STARKS	0.50									
TRUSTEE	0.00	x						0.	0.	0.

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

1b Sub-total

c Total from continuation sheets to Part VII, Section A

Yes No 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 X rendered to the organization? If "Yes." complete Schedule J for such person

593,128.

593,128.

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
	ADVERTISING & PROMOTIONS	197,653.

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

70,592

56-1380249

Name and title	Part VII Section A. Officers, Directors, Tr		nplo	yee			lighe	est (,	
hours per week (list any hours for related organizations below line) 1	(A)	(B)							(D)	(E)	(F)
per week (list any hours for related organizations shelow line) pelow line) pe	Name and title	1 -	/-!					L A	•	•	Estimated
week (list any hours for related organizations below line) a			(CI	neck	all 1	tnat	app	ly)	.	•	amount of
(list any hours for related organizations below line) 0.50 0.00							e e		1		compensation
Carrel		1	tor				ploye		1	•	from the
Carrel		1 '	direc				ed em			(,	organization
Carrel		related	tee oi	ustee			ensat				and related
Carrel taylor		organizations	ıl trus	nal tr		loyee	dwo				organizations
Carrel Company		1	ividus	titutic	icer	me /	hest	mer			
TRUSTEE			n D	Si.	#0	. Š	ij	- PG			
TRUSTEE											
TRUSTEE			Х						0.	0.	0.
Company											
TRUSTEE			Х						0.	0.	0.
TRUSTEE											
TRUSTEE			Х						0.	0.	0.
(31) H. WALKER SANDERS										_	_
PRESIDENT			X			_			0.	0.	0.
(32) JACQUELINE O'CONNELL 40.00 EXECUTIVE VICE PRESIDENT 2.25 X 142,301. 0. 20,30 (33) TARA SANDERCOCK 40.00 X 104,294. 0. 17,80 VICE PRESIDENT, COMMUNITY RELATIONS 0.00 X 104,294. 0. 17,80 (34) MARCI PEACE 40.00 X 104,294. 0. 17,80			ŀ						000 014	_	0.4 400
EXECUTIVE VICE PRESIDENT 2.25 X 142,301. 0. 20,333 TARA SANDERCOCK 40.00 X 104,294. 0. 17,834 MARCI PEACE 40.00					X				238,814.	0.	24,420.
(33) TARA SANDERCOCK 40.00 VICE PRESIDENT, COMMUNITY RELATIONS 0.00 (34) MARCI PEACE 40.00 X 104,294. 0.00 17,8									140 201	•	00 265
VICE PRESIDENT, COMMUNITY RELATIONS 0.00 X 104,294. 0. 17,8 (34) MARCI PEACE 40.00					X				142,301.	0.	20,365.
(34) MARCI PEACE 40.00									104 004	•	15 051
	-						X		104,294.	0.	17,871.
VICE PRESIDENT, FINANCE 1.00 X 107,719. U. 7,							,,		107 710	0	7 026
	/ICE PRESIDENT, FINANCE	1.00					X		107,719.	0.	7,936.
				_							
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			1								
		1	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>			
Total to Part VII, Section A, line 1c 593,128.	Fatal to Dout VIII. Continue A. Pers 4 -								502 120		70,592.

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Form 990 (2018) GREENSB
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a respo	nse or note to any li	ne 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
တ္ တ	1 a	Federated campaigns	1a					3,2 3,1
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
يَ ق		Fundraising events						
ifts ar A		Related organizations						
nis G		Government grants (contributi						
Sir		All other contributions, gifts, gran		· ·				
her it	-	similar amounts not included abov	ı	13,226,708				
풀	а	Noncash contributions included in lines	· · · · · · · · · · · · · · · · · · ·	4,874,867				
Sor	_	Total. Add lines 1a-1f		>	14,071,575.			
				Business Cod				
ø	2 a	EVENT INCOME		900099	77,350.	77,350.		
Ş	b	ADMIN FEE INCOME		561000	25,236.	25,236.		
Program Service Revenue	С							
E S	d							
Beg	е							
P.	f	All other program service reve	nue	900099	6,572.	6,572.		
		Total. Add lines 2a-2f			109,158.			
	3	Investment income (including						
		other similar amounts)			3,496,735.		6,874.	3,489,861.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real					
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securit	ies (ii) Other				
		assets other than inventory	20,210,2	04.				
	b	Less: cost or other basis						
		and sales expenses	15,380,4		<u>.</u>			
	С	Gain or (loss)	4,829,7	521,651				
		Net gain or (loss)			4,828,101.			4,828,101.
ane		Gross income from fundraising including \$	g events (no					
Other Reven		contributions reported on line						
Ä,		Part IV, line 18	•	а				
E P	b	Less: direct expenses						
0	С	Net income or (loss) from fund	Iraising even	ts				
		Gross income from gaming ac	_					
		Part IV, line 19		а				
	b	Less: direct expenses						
	С	Net income or (loss) from gam	ing activities	s				
	10 a	Gross sales of inventory, less	returns					
		and allowances		а				
	b	Less: cost of goods sold						
		Net income or (loss) from sales		•				
Ī		Miscellaneous Revenue		Business Cod	e			
	11 a							
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions		•	22,505,569.	109,158.	6,874.	8,317,962.

Part IX | Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b.

(A)

(B)

(C)

(D)

	Oh salvit Cale advis O santains a vesser			, , ,	
_	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
/b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	24,647,508.	24,647,508.		
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	2 000	2 000		
	individuals. See Part IV, lines 15 and 16	3,000.	3,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	425,900.	210,587.	188,990.	26,323.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,435,935.	777,437.	562,247.	96,251.
	Pension plan accruals and contributions (include	1,100,000	1111=516	J J Z J Z Z J 4	20,2310
8	•	76,149.	41,943.	28,821.	E 30E
_	section 401(k) and 403(b) employer contributions)	10,149.		61 575	5,385. 11,466.
9	Other employee benefits	162,784.	89,743.	61,575.	11,466.
10	Payroll taxes	123,996.	66,090.	49,474.	8,432.
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	52,718.	10,075.	42,643.	
	Lobbying	,	,	,	
	Professional fundraising services. See Part IV, line 17				
	- · · · · · · · · · · · · · · · · · · ·	585,754.		585,754.	
	Investment management fees	303,734.		303,734.	
g	Other. (If line 11g amount exceeds 10% of line 25,	111 021	101 525	0 000	1 500
	column (A) amount, list line 11g expenses on Sch O.)	111,931.	101,535.	8,806.	1,590. 6,027.
12	Advertising and promotion	288,028.	248,617.	33,384.	6,027.
13	Office expenses	90,382.	55,019.	29,901.	5,462.
14	Information technology	63,514.	39,188.	20,605.	3,721.
15	Royalties				
16	Occupancy	162,324.	102,973.	50,274.	9,077.
17	Travel	12,202.	7,321.	4,149.	732.
18	Payments of travel or entertainment expenses	•	,	,	
	for any federal, state, or local public officials				
40	Conferences, conventions, and meetings	34,666.	20,800.	11,786.	2,080.
19		37,000•	20,000•	11,700.	4,000.
20	Interest				
21	Payments to affiliates	46 000		46 000	
22	Depreciation, depletion, and amortization	46,277.		46,277.	
23	Insurance	16,608.		16,608.	
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	EVENT EXPENSES	75,011.	73,287.	1,460.	264.
b	STAFF/BOARD DEVELOPMENT	65,876.	36,462.	24,309.	5,105.
c	DUES AND SUBSCRIPTIONS	36,839.	1,434.	35,405.	-,
_		50,055.	± / ± 5 ± 6	33, 403	
d	All other eveness	19,691.	15,733.	3,355.	603.
e	All other expenses	28,537,093.	26,548,752.	1,805,823.	182,518.
25	Total functional expenses. Add lines 1 through 24e	∠0,331,093.	40,340,/34.	1,000,843.	⊥0∠,510.
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)				
_	· · · · · · · · · · · · · · · · · · ·		·	·	000

Form 990 (2018)
Part X Balance Sheet

Pal	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	/ line in this Part X			
					_ (A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			25,737,788.	2	30,241,248.
	3	Pledges and grants receivable, net			23,938,281.	3	17,069,743.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer of	ficers, directors,			
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined under			
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sections					
ţ		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		7			
⋖	8	Inventories for sale or use				8	
	9				56,006.	9	55,948.
	10a	Land, buildings, and equipment: cost or other		506 004			
		basis. Complete Part VI of Schedule D		596,894.	160 054		124 045
	b			462,049.	162,974.	10c	134,845.
	11	Investments - publicly traded securities			133,241,244.	11	106,822,376.
	12	Investments - other securities. See Part IV, line 1			22,976,169.	12	24,694,604.
	13	Investments - program-related. See Part IV, line 1		23,115.	13	12,616.	
	14	Intangible assets	4 520 227	14	2 560 050		
	15	Other assets. See Part IV, line 11			4,538,337.	15	3,560,850.
	16	Total assets. Add lines 1 through 15 (must equa			210,673,914.	16	182,592,230.
	17	Accounts payable and accrued expenses		17	425,577.		
	18	Grants payable			462,000. 37,500.	18	273,500. 26,786.
	19	Deferred revenue			37,300.	19	20,700.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to current and former key employees, highest compensated employee					
Liabilities			•	· ·		00	
<u>Li</u>	23	Secured mortgages and notes payable to unrela		d partico		22	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, par					
	20	parties, and other liabilities not included on lines					
		0 1 1 1 5		. complete r are x or	32,503,035.	25	26,618,580.
	26	Total liabilities. Add lines 17 through 25			33,112,889.	26	26,618,580. 27,344,443.
		Organizations that follow SFAS 117 (ASC 958)					, , , , , , , , , , , , , , , , , , , ,
w		complete lines 27 through 29, and lines 33 and		,			
če	27	Unrestricted net assets	80,452,694.	27	66,132,173.		
alar.	28	Temporarily restricted net assets	52,835,836.	28	46,846,988.		
Ä	29	Permanently restricted net assets	44,272,495.	29	42,268,626.		
Ĕ		Organizations that do not follow SFAS 117 (AS					
P.		and complete lines 30 through 34.					
its (30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
ž	33				177,561,025.	33	155,247,787.
	34	Total liabilities and net assets/fund balances			210,673,914.	34	182,592,230.

Form **990** (2018)

Form **990** (2018)

Pai	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22	2,50	5,5	<u>69.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	28	,53	7,0	93.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6	,03	1,5	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	177	,56	1,0	25.
5	Net unrealized gains (losses) on investments	5	-15	75	3,1	97.
6						
7						
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-52	8,5	17.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	155	,24	7,7	87.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,					
	consolidated basis, or both:					
	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?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	lit			
	Act and OMB Circular A-133?					Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audi	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

OMB No. 1545-0047

ZU18Open to Public

Inspection

COMMUNITY FOUNDATION OF GREATER **Employer identification number** Name of the organization GREENSBORO 56-1380249 INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 GREENSBORO, INC.

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

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

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13993189.	29920193.	21362650.	19388446.	14071575.	98736053.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	13993189.	29920193.	21362650.	19388446.	14071575.	98736053.
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)						15348663.
	Public support. Subtract line 5 from line 4.						83387390.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	<u>13993189.</u>	<u> 29920193.</u>	<u> 21362650.</u>	19388446.	<u> 14071575.</u>	<u>98736053.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2622132.	2753608.	2655687.	3130532.	3496735.	14658694.
9	Net income from unrelated business						
	activities, whether or not the				44.050		
	business is regularly carried on			8,141.	14,878.	3,374.	26,393.
10	Other income. Do not include gain						
	or loss from the sale of capital	100 006	000 040	FO 111			440 605
	assets (Explain in Part VI.)	109,286.	288,240.	52,111.			449,637.
	Total support. Add lines 7 through 10						113870777
	Gross receipts from related activities,	•	,			12	375,492.
13	First five years. If the Form 990 is for	ŭ			•		
organization, check this box and stop here Section C. Computation of Public Support Percentage							
				al (f)\		44	73.23 %
	Public support percentage for 2018 (I		•	* * * *		14 15	73.23 %
	5 Public support percentage from 2017 Schedule A, Part II, line 14						
IUa	stop here. The organization qualifies						▶ ▼
h	33 1/3% support test - 2017. If the o		-		line 15 is 33 1/3%		
~							
17a	and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2018. 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	b 10% -facts-and-circumstances test - 2017. 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	-					
	organization meets the "facts-and-circ				-		▶ □
18	Private foundation. If the organization			•	,		s >
		•					

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	quality under the tests listed be ction A. Public Support	now, please comp	Diete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from 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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	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						>
	ction C. Computation of Public					 	
	Public support percentage for 2018 (lin					15	<u>%</u>
	Public support percentage from 2017					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 is not
198	a 33 1/3% support tests - 2018. If the						r is fiot
k	more than 33 1/3%, check this box and 33 1/3% support tests - 2017. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	
	line 18 is not more than 33 1/3%, chec						. \square
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
За		
3b		
20		
3c		
4a		
12		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
10h		
10b n 990 or 99	10-F7\	2018
)	

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he 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)			
	below	, the governing body of a supported organization?	11a		
b	A fam	illy 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		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to			
	regula	arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax ye	ear? 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	ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organi	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	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			
		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	1		
Sec		upported organization(s). D. All Type III Supporting Organizations	•		
		71 11 0 0		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, ((ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	-	ason of the relationship described in (2), did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
S00	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
-					
1 a		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization satisfied the Additional Test. Complete line 2 perow. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2		ties Test. Answer (a) and (b) below.	uctions)	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
_		ties but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h		es of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
O		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	טו ונס נ	capported organizations: II Tes, describe in Fait VI the role diaved by the organization in this redard.	JU		

COMMUNITY FOUNDATION OF GREATER

Schedule A (Form 990 or 990-EZ) 2018 GREENSBORO, INC.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	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	lv integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Pai	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	inizations (continued)						
Sect	ion D - Distributions		,	Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes								
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	S						
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	,							
(provide details in Part VI). See instructions.									
9	Distributable amount for 2018 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
	,	(i)	(ii)	(iii)					
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018					
1	Distributable amount for 2018 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2018 (reason-								
	able cause required- explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2018								
a	From 2013								
b	From 2014								
С	From 2015								
d	From 2016								
е	From 2017								
f	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2018 distributable amount								
i	Carryover from 2013 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2018 from Section D,								
	line 7:								
a	Applied to underdistributions of prior years								
b	Applied to 2018 distributable amount								
с	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2018, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2018. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2019. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2014								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018								

Schedule A (Form 990 or 990-EZ) 2018

COMMUNITY FOUNDATION OF GREATER

56-138<u>0249 Page 8</u> Schedule A (Form 990 or 990-EZ) 2018 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. Part VI (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.

2018 ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Employer identification number

OMB No. 1545-0047

56-1380249

Organization type (check one):						
Filers of	Filers of: Section:					
Form 990	or 990-EZ	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				
	nly a section 501(c)(7	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.				
	For an organization property) from any o	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		described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under				
	sections 509(a)(1) a any one contributor	nd 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 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; 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
but it mu	ı st answer "No" on l	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

COMMUNITY FOUNDATION OF GREATER

GREENSBORO, INC.

Employer identification number

56-1380249

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$ <u>563,023.</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
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 3,000,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions 986,284.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$ 800,000.	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		\$ 626,122.	Person X Payroll

Name of organization

COMMUNITY FOUNDATION OF GREATER

GREENSBORO, INC.

Employer identification number

56-1380249

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$500,634.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	* \$	Person X Payroll Noncash X (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
140.	INAINE, AUGI ESS, AND ZIF + 4	*	Person Payroll Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Name of organization

COMMUNITY FOUNDATION OF GREATER
GREENSBORO, INC.

Employer identification number

56-1380249

STOCKS S	Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
STOCKS			FMV (or estimate)	
(a)		STOCKS		
(a) No. rom	_1			
No. room Description of noncash property given FMV (or estimate) (See instructions.) Date received			\$\$	06/15/18
STOCKS S	No.			(d)
(a) No. room Description of noncash property given (b) Compared (c) FMV (or estimate) (see instructions.) (b) Description of noncash property given (c) FMV (or estimate) (see instructions.) (a) No. Description of noncash property given (c) FMV (or estimate) (see instructions.) (b) Description of noncash property given (c) FMV (or estimate) (see instructions.) (a) No. Description of noncash property given (c) FMV (or estimate) (see instructions.) (b) Description of noncash property given (c) FMV (or estimate) (see instructions.) (c) FMV (or estimate) (see instructions.) (d) Date received (d) D	1	Description of noncash property given		Date received
(a) No. rom Description of noncash property given (b) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (e) Description of noncash property given (e) FMV (or estimate) (See instructions.) (e) Description of noncash property given (e) FMV (or estimate) (See instructions.) (e) Description of noncash property given (e) FMV (or estimate) (See instructions.) (e) Date received (e)	arti	STOCKS		
(a) No. rom and the first state of the first state	4			
No. rom part STOCKS STOCKS			\$ 986,284.	12/14/18
STOCKS S	No. from		FMV (or estimate)	
(a) No. from Part I STOCKS (b) Description of noncash property given STOCKS (c) FMV (or estimate) (See instructions.) (d) Date received See instructions.) (a) No. from Part I Stocks (b) Description of noncash property given See instructions.) (b) Description of noncash property given See instructions.) (a) No. from Part I Stocks See instructions.) (b) Description of noncash property given See instructions.) (b) Description of noncash property given See instructions.)	Parti	STOCKS		
(a) No. from Part I (a) No. from Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Description of noncash property given (b) Date received (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.)	7	BTOCK!		
(a) No. from Part I STOCKS STOCKS STOCKS STOCKS STOCKS STOCKS (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (a) No. Description of noncash property given (b) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I (a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (See instructions.)				
No. from Part I (a) No. from Part I (b) FMV (or estimate) (See instructions.) (a) No. from Part I (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received (d) Date received (e) FMV (or estimate) (See instructions.) (a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.)			\$ 500,634.	12/19/18
from Part I STOCKS STOCKS (a) No. (b) Description of noncash property given Part I (a) No. (c) FMV (or estimate) (see instructions.) (b) Description of noncash property given Part I (a) No. (b) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (see instructions.) (d) Date received (a) No. (b) FMV (or estimate) (see instructions.) (d) Date received (e) FMV (or estimate) (see instructions.)	(a)		(6)	
STOCKS S	from		FMV (or estimate)	
(a) No. from Description of noncash property given (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (d) Date received Date received		STOCKS		
(a) No. from Part I (a) Description of noncash property given Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Part I Description of noncash property given (See instructions.) (d) Date received (d) Date received (d) Date received	8_			
No. from Part I (a) No. (b) (b) (c) FMV (or estimate) (See instructions.) (a) No. (b) (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d			\$ 307,971.	09/18/18
(a) No. from Part I (b) FMV (or estimate) (See instructions.) Date received	No. from		FMV (or estimate)	
(a) No. from Part I (b) FMV (or estimate) (See instructions.) (d) Date received				
No. (b) from Description of noncash property given Part I (c) FMV (or estimate) (See instructions.) Date received			\$	
from Part I Description of noncash property given (See instructions.) Date received	1	(h)	l l	(d)
	from			

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Employer identification number Name of organization COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC. 56-1380249 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

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

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Bart III			
		TY FOUNDATION OF	GREATER	Emp	loyer identification number
GREENSBORO, INC.					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 campaign activity expendit Volunteer hours for political campai	ures		>	.
Pa	art I-B Complete if the org	anization is exempt unde	r section 501(c)(3).	
	Enter the amount of any excise tax	•		•	8
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				
b	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt unde	r section 501(c), e	except section 501(c)(3).
3	Enter the amount of the filing organ exempt function activities Total exempt function expenditures line 17b Did the filing organization file Form Enter the names, addresses and emmade payments. For each organization ontributions received that were propolitical action committee (PAC). If a	. Add lines 1 and 2. Enter here an 1120-POL for this year? nployer identification number (EIN) tion listed, enter the amount paid mptly and directly delivered to a	d on Form 1120-POL, of all section 527 polition the filing organizates	tical organizations to whication's funds. Also enter the	Yes No h the filing organization e 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) 2018				50.17.170		380249 Page 2		
Part II-A Complete if the org section 501(h)).	janization i	is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under		
	ation belongs	to an affil	isted aroun (and list in	Part IV each affiliated	group member's name	address FIN		
expenses, and shall				Fait IV each anniated	group member s name	e, address, Eliv,		
. — ' '		, ,	. ,	viciono annh				
Limi	its on Lobbyii	ng Exper	d "limited control" pro nditures nts paid or incurred.)	visions арріу.	(a) Filing organization's totals	(b) Affiliated group totals		
1a Total lobbying expenditures to influ	uence nublic (noinion (c	urass roots lobbying)		0.			
b Total lobbying expenditures to influ	-				0.			
c Total lobbying expenditures (add li					0.			
d Other exempt purpose expenditures					27,951,339.			
Total exempt purpose expenditure					27 051 220			
	•	,			1,000,000.			
f Lobbying nontaxable amount. Ente					1,000,000.			
If the amount on line 1e, column (a) o	or (D) is:		bying nontaxable amo	ount is:				
Not over \$500,000			he amount on line 1e.	A-00				
Over \$500,000 but not over \$1,000			0 plus 15% of the exce					
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce	. , , ,				
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.			ss over \$1,500,000.				
Over \$17,000,000		\$1,000,0	000.					
					250 000			
g Grassroots nontaxable amount (en		,			250,000.			
h Subtract line 1g from line 1a. If zero or less, enter -0-			0.					
i Subtract line 1f from line 1c. If zero	•				0.			
j If there is an amount other than ze					Г	¬., ¬		
reporting section 4911 tax for this					<u>_</u>	Yes No		
(Some organizations t	hat made a s	ection 50	eraging Period Under 01(h) election do not l ate instructions for lin	nave to complete all o	of the five columns be	low.		
	Lobbyii	ng Exper	nditures During 4-Yea	r Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 201	15	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a Lobbying nontaxable amount	1,000,	000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
b Lobbying ceiling amount (150% of line 2a, column(e))						6,000,000.		
c Total lobbying expenditures								
d Grassroots nontaxable amount	250,	000.	250,000.	250,000.	250,000.	1,000,000.		
e Grassroots ceiling amount	·					-		
(150% of line 2d, column (e))						1,500,000.		
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 GREENSBORO , INC . 56-13802 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the lobbying activity.	No	Amount		
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:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?	_			
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?	+			
f Grants to other organizations for lobbying purposes?	_			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	+			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b 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				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	\ <u>\(\(\)</u>	4		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5), or se	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?	2			
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior ye	ar? 3			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	R (b) Part	III-A, line	e 3, is	
Dues, assessments and similar amounts from members	1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
	۱ ـ			
a Current year	<u>2a</u>			
a Current year b Carryover from last year c Total	2b			
b Carryover from last year	2b			
b Carryover from last year c Total	2b			
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 	2b			
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 	2b 2c 3			
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 	2b 2c 3			
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information 	2b 2c 3 4 5			
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part 	2b 2c 3 4 5	and 2 (see		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information 	2b 2c 3 4 5	and 2 (see		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part instructions); and Part II-B, line 1. Also, complete this part for any additional information. 	2b 2c 3 4 5 II-A, lines 1 a			
b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-A, LINE 1C THE ORGANIZATION DID NOT INCUR ANY LOBBYING EXPENSES DURING	2b 2c 3 4 5 II-A, lines 1 a			
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-A, LINE 1C 	2b 2c 3 4 5 II-A, lines 1 a			
b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-A, LINE 1C THE ORGANIZATION DID NOT INCUR ANY LOBBYING EXPENSES DURING	2b 2c 3 4 5 II-A, lines 1 a			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Employer identification number 56-1380249

Par	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds of	r Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, line		(1) 5	
	-	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year	281		
2	Aggregate value of contributions to (during year)	9,569,376.		
3	Aggregate value of grants from (during year)	15,639,436.		
4	Aggregate value at end of year	49,853,648.		
5	Did the organization inform all donors and donor advisors in w	_		
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	, , , , ,	<u> </u>	
Par	impermissible private benefit? t II Conservation Easements. Complete if the organization			
1	Purpose(s) of conservation easements held by the organization		utiv, iiie 7.	
'	Preservation of land for public use (e.g., recreation or ed		ically important land area	
	Protection of natural habitat	Preservation of a certific	ically important land area	
	Preservation of open space	Freservation of a certific	ed Historic Structure	
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	a conservation easement on the last	
_	day of the tax year.	ed conservation contribution in the form of	Held at the End of the Tax Year	
a	Total number of conservation easements			
b				
	Number of conservation easements on a certified historic structure.		····	
	Number of conservation easements included in (c) acquired aff			
-	listed in the National Register	•		
3	Number of conservation easements modified, transferred, release			
	year >	,g,	· g	
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing conser	vation easements during the year	
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservatio	n easements during the year	
	> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)((4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No	
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense st	atement, and balance sheet, and	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	e organization's accounting for	
_	conservation easements.	- · · · · · · ·		
Par	t III Organizations Maintaining Collections of		er Similar Assets.	
	Complete if the organization answered "Yes" on Form S			
1a	If the organization elected, as permitted under SFAS 116 (ASC	**	· ·	
	historical treasures, or other similar assets held for public exhil		e of public service, provide, in Part XIII,	
	the text of the footnote to its financial statements that describe			
b	If the organization elected, as permitted under SFAS 116 (ASC	** *	,	
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of public	c service, provide the following amounts	
	relating to these items:		.	
	(i) Revenue included on Form 990, Part VIII, line 1		210 000	
_			<u> </u>	
2	If the organization received or held works of art, historical treas		ain, provide	
_	the following amounts required to be reported under SFAS 116	-	•	
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X		> \$	

			TY FOUNDAT:	ION OF GREA	ATER						
			ORO, INC.				Ę	6-13	80249) Pa	ge 2
Pai	t III	Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Other	Similar	Assets	(contin	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items										
	(chec	ck all that apply):									
а	X	Public exhibition	d	Loan or excl	nange progra	ms					
b		Scholarly research	е	Other							
С	X	Preservation for future generations									
4	Provi	de a description of the organization's co	llections and explair	how they further th	e organizatio	n's exemp	pt purpos	e in Part	XIII.		
5	Durin	ng the year, did the organization solicit o	r receive donations o	of art, historical treas	ures, or other	r similar a	assets				
	to be	sold to raise funds rather than to be ma							Yes	X	No
Pai	t IV	Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "`	Yes" on F	orm 990,	, Part IV, I	ine 9, or		
		reported an amount on Form 990, Par	t X, line 21.								
1a	Is the	e organization an agent, trustee, custodia	an or other intermed	iary for contributions	or other ass	ets not in	cluded				
	on Fo	orm 990, Part X?							Yes		No
b		es," explain the arrangement in Part XIII									
									Amount		
С	Begir	nning balance					1c				
d	Addit	tions during the year					1d				
е		butions during the year					1e				
f		ng balance					1f				
2a		he organization include an amount on Fo					y?		Yes		No
b	If "Ye	es," explain the arrangement in Part XIII.									
Pai	t V	Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	rm 990, Part I	IV, line 10).				
			(a) Current year	(b) Prior year	(c) Two years	s back (d) Three ye	ears back	(e) Four	years b	ack
1a	Begir	nning of year balance	53,894,481.	45,033,299.	38,296	,815.	40,85	58,308.	38,	859,9	75.
b	Cont	ributions	824,897.	3,907,305.	5,191	,236.	1,50	03,797.	1,	454,8	78.
С		nvestment earnings, gains, and losses	-3,490,164.	7,184,556.	3,674	,922.	-1,35	55,248.	2,	071,9	52.
d	Gran	ts or scholarships	4,501,956.	1,621,416.	1,348	,328.	2,00	07,163.		822,3	67.
е	Othe	r expenditures for facilities									
	and p	orograms									
f	Admi	inistrative expenses	974,394.	609,263.	781	,346.	7(02,879.		706,1	30.
g	End o	of year balance	45,752,864.	53,894,481.	45,033	,299.	38,29	96,815.	40,	858,3	08.
2	Provi	de the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:						
а	Board	d designated or quasi-endowment	•00	_%							
b		nanent endowment 86.98	%								
С	Temp	porarily restricted endowment $ ightharpoonup $	3.02 <u></u> %								
	The p	percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are th	here endowment funds not in the posses	ssion of the organiza	tion that are held an	d administere	ed for the	organiza	tion	_		
	by:									Yes	No
	(i) u	ınrelated organizations							3a(i)		X
	(ii) re	elated organizations							3a(ii)		X
b	If "Ye	es" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b		
4		ribe in Part XIII the intended uses of the		wment funds.							
Par	t VI	│ Land, Buildings, and Equipm	ent.								
		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, lii	ne 10.				
		Description of property	(a) Cost or o basis (investn	, ,	I		cumulate reciation	d	(d) Book	value	
1-	Lond		`	15119	(Janon)	асрі	· Solution				
		lingo									
		ings ehold improvements		16	4,241.	1	11,94	15	5′	2,29	6
		oment			2,653.		50,10			$\frac{1}{2}, 54$	
u	-qui	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	I	1 2	_ ,	-	,			- ,	

Schedule D (Form 990) 2018

134,845.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018 GREENSBORO,	TIVC •		JU IJUUZIJ Page C
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or	end-of-vear market value
(1) Financial derivatives	(b) Book value	(c) Method of Valuation. Cost of	cha or year market value
(2) Closely-held equity interests			
(3) Other			
(A) ALTERNATIVE ASSETS -			
(B) HEDGE FUNDS	24,694,604.	END-OF-YEAR MARK	ET VALUE
(C)	, ,		-
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	24,694,604.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
<u>(1)</u>			
(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.	on Form 000 Dort IV line	11d Coo Form 000 Port V line 15	
Complete if the organization answered "Yes" (a)	Description	Tru. See Form 990, Part A, line 13.	(b) Book value
(1)	Becomption		(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	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 ORGANIZATION		24,507,560.	
(3) LIABILITIES UNDER SPLIT-IN	NTEREST		
(4) AGREEMENTS		2,111,020.	
(5)			
(6)			
(7)			
(8)			

26,618,580.

(9)

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

56-1380249 Page 4

Part XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	Return.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а.				
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:					
a Net unrealized gains (losses) on investments	2a				
b Donated services and use of facilities					
c Recoveries of prior year grants					
d Other (Describe in Part XIII.)					
e Add lines 2a through 2d					
3 Subtract line 2e from line 1		. 3			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b		4c			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5			
Part XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses pe	r Return.			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
Total expenses and losses per audited financial statements		. 1			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a Donated services and use of facilities	2 a	_			
b Prior year adjustments	2b	_			
c Other losses	2c	_			
d Other (Describe in Part XIII.)	2 d				
e Add lines 2a through 2d					
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 Investment expenses not included on Form 990, Part VIII, line 7b		_			
b Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b					
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5			
Part XIII Supplemental Information.					
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part		e 4; Part X, line 2; Part XI,			
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information.				
DADE TIT I THE A.					
PART III, LINE 4:					
THE FOUNDATION HAS PUBLIC ART (SCULPTURES) O	או הדפסו.אע דאו ההע	ANTE OWN			
THE FOUNDATION HAD TODDIC ART (DCODITORED) O	N DISTURT IN DOV	MIOMN			
GREENSBORO FOR ENJOYMENT BY THE COMMUNITY.					
CREENBOOKS FOR ENGOTHERY BY THE COMMONITY.					
PART V, LINE 4:					
THE COMMUNITY FOUNDATION MANAGES ENDOWMENT A	ND UNRESTRICTED	GRANT FUNDS			
WHICH ARE USED TO STRENGTHEN ITS COMMUNITIES	FOR PRESENT AND	O FUTURE			
GENERATIONS. FOCUS AREAS FOR 2018 WERE TO P	ROMOTE ECONOMIC	DEVELOPMENT			
THROUGH COMMUNITY INITIATIVES, AND SUPPORT C	APACITY BUILDING	G OF NONPROFIT			
ORGANIZATIONS.					
IN ADDITION, AREA RESIDENTS HAVE CREATED PER	MANENT FUNDS TO	SUPPORT			
		~~~~			
SPECIFIC AREAS OF INTEREST, INCLUDING ISSUES	CONCERNING OUR	COMMUNITY'S			

Tart Am   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, OF
THE EFFECT OF THE UNCERTAIN TAX POSITION MAY HAVE ON THE COMBINED
FINANCIAL STATEMENTS. NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED
DURING 2018 AND 2017.

#### 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.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITY FOUNDATION OF GREATER

**Employer identification number** 

INC. 56-1380249 GREENSBORO, General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures is a program service, offices (by type) (such as, fundraising, profor and describe specific type in the region gram services, investments, grants to investments contractors of service(s) in the region recipients located in the region) in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 INVESTMENTS 15,564,852. 0 0 15,564,852. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I ...... Totals (add lines 3a

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

0

Schedule F (Form 990) 2018

15,564,852.

and 3b)

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.

56-1380249

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f					•
by the IRS, or for whice <b>3</b> Enter total number of			ion 501(c)(3) equivalency letter	r				

56-1380249

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (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 noncash noncash assistance assistance

## COMMUNITY FOUNDATION OF GREATER

Schedule F (Form 990) 2018 GREENSBORO, INC.

56-1380249

Page 4

Part IV	Foreign	Forms
---------	---------	-------

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	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; don't 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; don't file with Form 990)	Yes	X No

Page 5

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. See instructions.
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

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Inspection COMMUNITY FOUNDATION OF GREATER **Employer identification number** Name of the organization 56-1380249 GREENSBORO, INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) ACTION GREENSBORO, INC. 122 N. ELM ST., SUITE 110 56-2251250 501(C)(3) GREENSBORO, NC 27401 0 GENERAL SUPPORT 54,000. ADULT CENTER FOR ENRICHMENT, INC. 4100 WELL SPRING DR. GREENSBORO, NC 27410 56-1599072 501(C)(3) 7,000 0. GENERAL SUPPORT AFFORDABLE HOUSING MANAGEMENT. INC. - 330 S. GREENE STREET, STE. 23-7078343 501(C)(3) B11 - GREENSBORO, NC 27401 7,050 0 GENERAL SUPPORT ALAMANCE COMMUNITY COLLEGE FOUNDATION - PO BOX 8000 - GRAHAM NC 27253-8000 58-1511004 501(C)(3) 5 250 0. GENERAL SUPPORT ALAMANCE COMMUNITY FOUNDATION PO BOX 726 82-3275373 501(C)(3) GENERAL SUPPORT BURLINGTON, NC 27216 9 413 944. 0. ALAMANCE COUNTY ARTS COUNCIL 213 SOUTH MAIN ST GRAHAM, NC 27253 56-0751151 501(C)(3) 5 800 0 GENERAL SUPPORT 219. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

(a) Name and address of organization or government	<b>(b)</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 YOUNG LIFE PO BOX 2612 BURLINGTON, NC 27216	84-0385934	501(C)(3)	16,500.	0.			GENERAL SUPPORT
ALAMANCE ELDERCARE, INC. PO BOX 202 BURLINGTON, NC 27216-0202	56-1836540	501(C)(3)	5,250.	0.			GENERAL SUPPORT
ALIGHT, INC. .200 N. ELM ST. GREENSBORO, NC 27401	20-3694806	501(C)(3)	8,600.	0.			GENERAL SUPPORT
ALLIED CHURCHES OF ALAMANCE COUNTY PO BOX 2581 BURLINGTON, NC 27216-2581	56-1553388	501(C)(3)	13,250.	0.			GENERAL SUPPORT
ALL-STAR ORCHESTRA SUMMIT SYMPHONY OF THE STARS - 27 EDGEWOOD AVENUE - LARCHMONT, NY 10538	26-4546279	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MERICAN CANCER SOCIETY 525 N MERIDIAN AVE., SUITE 110 KLAHOMA CITY, OK 73116	13-1788491	501(C)(3)	7,000.	0.			GENERAL SUPPORT
MERICAN ENTERPRISE INSTITUTE .789 MASSACHUSETTS AVE., NW MASHINGTON, DC 20036	53-0218495	501(C)(3)	75,000.	0.			GENERAL SUPPORT
MERICAN HORSE TRIALS FOUNDATION, NC 7913 COLONIAL LN - CLINTON, ID 20735	52-1495923	501(C)(3)	48,700.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 130 17TH ST NW NASHINGTON, DC 20006	53-0196605	501(C)(3)	151,825.	0.			GENERAL SUPPORT

Schedule I (Form 990) GREENSBUI							6-1380249 Page 1
Part II Continuation of Grants and Other	r Assistance to Gov	/ernments and Orgar □	nizations in the Un	ited States (Scho	edule I (Form 990), Pa I	rt II.)	<u> </u>
(a) Name and address of organization or government	<b>(b)</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
ARC OF GREENSBORO							
14 OAK BRANCH DRIVE, SUITE B							
GREENSBORO, NC 27407	56-0745766	501(C)(3)	7,774.	0.			GENERAL SUPPORT
,			,				
ARTSGREENSBORO							
PO BOX 877							
GREENSBORO, NC 27402	56-0746180	501(C)(3)	49,752.	0.			GENERAL SUPPORT
ASPCA							
PO BOX 96929	12 1602000	F01/91/21	12 500				
WASHINGTON, DC 20077-7127	13-1623829	501(C)(3)	13,500.	0.			GENERAL SUPPORT
BARTON COLLEGE							
BOX 5500							GENERAL SUPPORT AND
WILSON, NC 27893-9911	56-0529933	501(C)(3)	7,500.	0.			SCHOLARSHIPS
			,,,,,,,,,				
BASSET RESCUE CREW OF THE							
SOUTHEAST - PO BOX 2273 -							
COLUMBIA, SC 29203	27-1204787	501(C)(3)	6,000.	0.			GENERAL SUPPORT
BETH DAVID SYNAGOGUE							
804 WINVIEW DR							
GREENSBORO, NC 27410	56-0731131	501(C)(3)	7,731.	0.			GENERAL SUPPORT
BLOWING ROCK METHODIST CHURCH							
PO BOX 352							
BLOWING ROCK, NC 28605	02-0653104	501(C)(3)	6,500.	0.			GENERAL SUPPORT
DECRETE ROCK, NO 20005	02 3033104		0,300.	0.			PERENTE BOLLOKI
BLUE RIDGE PARKWAY FOUNDATION							
717 S. MARSHALL ST, STE 105-B							
WINSTON-SALEM, NC 27101	31-1512730	501(C)(3)	25,125.	0.			GENERAL SUPPORT
·							
B'NAI SHALOM DAY SCHOOL							
804 A WINVIEW DRIVE							
GREENSBORO, NC 27410-4642	56-0952340	501(C)(3)	19,880.	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
BOYS AND GIRLS HOME OF NC, INC.							
PO BOX 127							
LAKE WACCAMAW, NC 28450	58-1387871	501(C)(3)	8,200.	0.			GENERAL SUPPORT
BUCKNELL UNIVERSITY							
301 MARKET ST., STE. 2							
LEWISBURG, PA 17837	24-0772407	501(C)(3)	14,300.	0.			GENERAL SUPPORT
CALDWELL ACADEMY							
2900 HORSE PEN CREEK ROAD							
GREENSBORO, NC 27410	56-1898871	501(C)(3)	29,549.	0.			GENERAL SUPPORT
CAMP CAREFREE							
275 CAREFREE LN	56 1450060	E01/G\/3\	F1 020	0			
STOKESDALE, NC 27357	56-1479260	501(C)(3)	51,032.	0.			GENERAL SUPPORT
CANTERBURY SCHOOL							
5400 OLD LAKE JEANETTE RD							
GREENSBORO, NC 27455-1322	56-1781579	501(C)(3)	94,203.	0.			GENERAL SUPPORT
CARNEGIE MELLON UNIVERSITY							
PO BOX 37152							
PITTSBURGH, PA 15251-7525	25-0969449	501(C)(3)	25,000.	0.			GENERAL SUPPORT
,							
CAROLINA BASSET HOUND RESCUE							
PO BOX 80082							
CHARLESTON, SC 29416	56-2094045	501(C)(3)	30,000.	0.			GENERAL SUPPORT
CAROLINA THEATRE OF GREENSBORO,							
INC 310 S. GREENE ST -							
GREENSBORO, NC 27401-2616	04-3781645	501(C)(3)	26,750.	0.			GENERAL SUPPORT
CHATHAM HALL							
00 CHATHAM HALL CIRCLE				_			
HATHAM, VA 24531-3084	54-0505878	501(C)(3)	15,500.	0.		1	GENERAL SUPPORT

Part II Continuation of Grants and Other		vernments and Orga	nizations in the I In	ited States (Scho	edule I (Form 990) Pa		00-1380249 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
CHILDREN'S HOME SOCIETY OF NORTH							
CAROLINA - P.O. BOX 14608 -							
GREENSBORO, NC 27415-4608	56-0529946	501(C)(3)	217,100.	0.			GENERAL SUPPORT
CHORDOMA FOUNDATION, INC.							
PO BOX 2127							
DURHAM, NC 27702	20-8423943	501(C)(3)	34,000.	0.			GENERAL SUPPORT
CHRIST SCHOOL, INC.							
500 CHRIST SCHOOL RD							
ARDEN, NC 28704	56-0615187	501(C)(3)	14,750.	0.			GENERAL SUPPORT
CHRIST UNITED METHODIST CHURCH							
410 N HOLDEN RD							
GREENSBORO, NC 27410	56-0689239	501(C)(3)	72,722.	0.			GENERAL SUPPORT
CHRISTCHURCH SCHOOL							
49 SEAHORSE LN.							
CHRISTCHURCH, VA 23031	51-0236362	501(C)(3)	15,000.	0.			GENERAL SUPPORT
CHRISTIAN CENTER OF PARK CITY							
PO BOX 683480	05.0643550	F01/G)/3)	10.000				
PARK CITY, UT 84068	87-0643778	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CITY OF BURLINGTON							
1333 OVERBROOK RD.							
BURLINGTON, NC 27215	56-6001189	115(1)	17,210.	0.			GENERAL SUPPORT
CITY OF GREENSBORO							
PO BOX 3136							STEVEN TANGER CENTER FOR
GREENSBORO, NC 27402	56-6000230	115(1)	1,043,765.	0.			THE PERFORMING ARTS
GREENBORO, NC 2/402	30-0000230	113(1/	1,043,705.	0.			THE PERFORMING ARTS
COMMUNITIES IN SCHOOLS OF GREATER							
GREENSBORO, INC PO BOX 1347 -							
GREENSBORO, NC 27402-1347	56-1605330	501(C)(3)	16,500.	0.			GENERAL SUPPORT

Schedule I (Form 990) GREENSBOR	-						0-1380249 Pa
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	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
COMMUNITY HOUSING SOLUTIONS OF							
GUILFORD, INC PO BOX 3341 -							
GREENSBORO, NC 27402-3341	20-0458814	501(C)(3)	41,250.	0.			GENERAL SUPPORT
CONE HEALTH							
1200 N. ELM ST.							
GREENSBORO, NC 27401-1020	58-1588823	501(C)(3)	36,600.	0.			GENERAL SUPPORT
CROHN'S & COLITIS FOUNDATION OF							
AMERICA, INC 1100 S MINT ST,							
STE. 204 - CHARLOTTE, NC 28203	13-6193105	501(C)(3)	8,000.	0.			GENERAL SUPPORT
212. 201 OMMEDITE, NO 20200	20 0230200		,,,,,,				
DANA-FARBER CANCER INSTITUTE, INC.							
PO BOX 849168							
BOSTON, MA 02284-9168	04-2263040	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DAVIDSON COLLEGE							
BOX 7174							
DAVIDSON, NC 28035-7174	56-0529961	501(C)(3)	30,350.	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 USA							
40 RECTOR ST., 16TH FLOOR							
NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	20,300.	0.			GENERAL SUPPORT
DOWNTOWN GREENSBORO FOUNDATION							
536 S. ELM ST.	F.C. 00.40.4.5	501 (7) (2)					
GREENSBORO, NC 27406	56-2242416	D01(C)(3)	8,500.	0.			GENERAL SUPPORT
DUKE UNIVERSITY							
PO BOX 90581							
DURHAM, NC 27708-0581	56-0532129	501(C)(3)	72,353.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</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
EAST CAROLINA UNIVERSITY							
G120 OLD CAFETERIA COMPLEX, MAIL							
STOP - 230 - GREENVILLE, NC							GENERAL SUPPORT AND
27858-4353	56-6000403	115(1)	25,221.	0.			SCHOLARSHIPS
EAST GREENSBORO NOW							
601 B E MARKET ST	56 0000400	504 (5) (0)					
GREENSBORO, NC 27405	56-2039492	501(C)(3)	200,000.	0.			GENERAL SUPPORT
EASTERN CABARRUS HISTORICAL SOCIETY - PO BOX 1299 - MT.							
PLEASANT, NC 28124-1299	23-7361913	501(C)(3)	12,083.	0.			GENERAL SUPPORT
EASTERN MUSIC FESTIVAL PO BOX 22026							
GREENSBORO, NC 27420-2026	56-0771005	501(C)(3)	64,065.	0.			GENERAL SUPPORT
ELIZABETH DOLE CHARITABLE  FOUNDATION - 600 NEW HAMPSHIRE  AVE., STE 1020 - WASHINGTON, DC							
20037	52-2071982	501(C)(3)	50,000.	0.			GENERAL SUPPORT
ELON UNIVERSITY 2600 CAMPUS BOX							
ELON, NC 27244	56-0532303	501(C)(3)	58,375.	0.			GENERAL SUPPORT
ELSEWHERE, INC. 606 S. ELM ST.							
GREENSBORO, NC 27406	20-1026041	501(C)(3)	8,000.	0.			GENERAL SUPPORT
FAITHACTION INTERNATIONAL HOUSE 705 N. GREENE STREET							
GREENSBORO, NC 27401	56-1993490	501(C)(3)	5,832.	0.			GENERAL SUPPORT
FAMILY SERVICE OF GREENSBORO FOUNDATION - 902 E BONNER DR -							
JAMESTOWN, NC 27282	56-0547459	501(C)(3)	19,924.	0.			GENERAL SUPPORT

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</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
AMILY SERVICE OF THE PIEDMONT							
002 E BONNER DR							
JAMESTOWN, NC 27282	56-2061741	501(C)(3)	25,350.	0.			GENERAL SUPPORT
FEED THE HUNGER							
PO BOX 2347							
BURLINGTON, NC 27216	56-0953324	501(C)(3)	7,000.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH							
P.O. BOX 2686							
BURLINGTON, NC 27216-2686	56-0615192	501(C)(3)	37,938.	0.			GENERAL SUPPORT
DIDGE DESCRIPTION GWYDGY							
FIRST PRESBYTERIAN CHURCH 508 W DAVIS ST							
BURLINGTON, NC 27215	56-0529969	501(C)(3)	156,689.	0.			GENERAL SUPPORT
DONDLINGTON, NO 27213	30 0323303	301(0)(3)	130,003.				DENEMED BOTTON
FOOD BANK OF CENTRAL AND EASTERN							
NORTH CAROLINA - 1924 CAPITAL							
BLVD RALEIGH, NC 27604	56-1283426	501(C)(3)	19,175.	0.			GENERAL SUPPORT
HODGE GREENGRODO							
FORGE GREENSBORO 219 W LEWIS ST.							
GREENSBORO, NC 27406	46-2346843	501(C)(3)	25,000.	0.			GENERAL SUPPORT
0.122.1220.10 , 110 2 , 120			20,000.				
FORWARD CITIES							
3046 KILARNEY RIDGE LOOP							
CARY, NC 27511	13-4302280	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FOUNDATION FIGHTING BLINDNESS							
7168 COLUMBIA GATEWAY DR., STE. 100	22_7125015	501/C)/3\	10 000	0.			GENERAL SUPPORT
COLUMBIA, MD 21046	23-7135845	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FOUNDATION FOR THE CAROLINAS							
220 N. TRYON ST.							
CHARLOTTE, NC 28202	56-6047886	501(C)(3)	534,566.	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.)	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
FRIENDS FOR AN EARLIER BREAST							
CANCER TEST - PO BOX 10363 -							
GREENSBORO, NC 27404-0363	56-1948104	501(C)(3)	10,850.	0.			GENERAL SUPPORT
3,121,020,10 2,101 0000	00 1710101	552(5)(5)	10,000.	-			
FUSION FILMS							
PO BOX 534							
PLEASANT GARDEN, NC 27313-0534	46-1541779	501(C)(3)	21,000.	0.			GENERAL SUPPORT
·							
GEORGE W. BUSH FOUNDATION							
2943 SMU BOULEVARD							
DALLAS, TX 75205	20-4119317	501(C)(3)	35,000.	0.			GENERAL SUPPORT
GGBA BENEFIT TRUST							
115 S. WESTGATE DRIVE							
GREENSBORO, NC 27407	56-1745010	501(C)(3)	13,941.	0.			GENERAL SUPPORT
GOOD SHEPHERD PARISH							
1025 NAPOLEON AVE.							
NEW ORLEANS, LA 70115	72-0423605	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GREEN HILL CENTER FOR NORTH							
CAROLINA ART - 200 N. DAVIE ST.,	F1 010000F	E01/G)/2)	02.000				GENERAL GURRORE
BOX 4 - GREENSBORO, NC 27401-2865	51-0190827	501(C)(3)	23,200.	0.			GENERAL SUPPORT
GREENSBORO BALLET							
200 N. DAVIE ST., BOX 12							
GREENSBORO, NC 27401	56-6075580	501(C)(3)	6,326.	0.			GENERAL SUPPORT
SIDDING, NO 2/401	30 00/3300		0,320.	0.			DELIZIONE DOLLONE
GREENSBORO BEAUTIFUL, INC.							
PO BOX 3136							
GREENSBORO, NC 27402-3136	23-7099248	501(C)(3)	16,300.	0.			GENERAL SUPPORT
		-,,,,,		•			
GREENSBORO CHAMBER OF COMMERCE							
FOUNDATION - PO BOX 3246 -							
GREENSBORO, NC 27402	23-7181435	501(C)(3)	112,500.	0.			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 or assistance valuation non-cash assistance organization or government if applicable cash grant non-cash (book, FMV, assistance appraisal, other) GREENSBORO CHILDREN'S MUSEUM 220 N. CHURCH ST. GREENSBORO, NC 27401-2918 56-1959695 501(C)(3) 6,375 0. GENERAL SUPPORT GREENSBORO COLLEGE 815 W. MARKET ST. GREENSBORO, NC 27401-1875 56-0532144 501(C)(3) 454,627 0. GENERAL SUPPORT GREENSBORO DAY SCHOOL 5401 LAWNDALE DR GREENSBORO, NC 27455-2100 56-0949932 501(C)(3) 97,507 0. GENERAL SUPPORT GREENSBORO DOWNTOWN PARKS, INC. 200 N. DAVIE ST., BOX 22 GREENSBORO, NC 27401 47-4953789 501(C)(3) 0. GENERAL SUPPORT 7,450. GREENSBORO FARMERS MARKET PO BOX 2617 45-3819685 501(C)(3) 0. GREENSBORO, NC 27402 26,000 GENERAL SUPPORT GREENSBORO HISTORICAL MUSEUM, INC. 130 SUMMIT AVE 56-0629340 501(C)(3) GREENSBORO, NC 27401-3016 97,185. 0. GENERAL SUPPORT GREENSBORO HOUSING COALITION, INC. 1031 SUMMIT AVE., SUITE 1E-2 GREENSBORO, NC 27405 56-1727193 501(C)(3) 229,136, 0. GENERAL SUPPORT GREENSBORO JEWISH FEDERATION 5509-C WEST FRIENDLY AVENUE GREENSBORO, NC 27410-4211 23-7107693 501(C)(3) 45,629. 0. GENERAL SUPPORT GREENSBORO LITERARY ORGANIZATION PO BOX 5256 GREENSBORO, NC 27435 82-1231324 501(C)(3) 0. 14,500. GENERAL SUPPORT

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.)	T
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GREENSBORO SCIENCE CENTER							
4301 LAWNDALE DR							
GREENSBORO, NC 27455	56-0885727	501(C)(3)	32,250.	0.			GENERAL SUPPORT
GREENSBORO SYMPHONY ORCHESTRA							
200 N. DAVIE ST., STE. 301							
GREENSBORO, NC 27401	56-6063111	501(C)(3)	32,363.	0.			GENERAL SUPPORT
GREENSBORO URBAN MINISTRY							
305 WEST GATE CITY BLVD.							
GREENSBORO, NC 27406	56-0890545	501(C)(3)	231,962.	0.			GENERAL SUPPORT
GUILFORD COLLEGE							
5800 W. FRIENDLY AVENUE							
GREENSBORO, NC 27410	56-0529982	501(C)(3)	22,291.	0.			GENERAL SUPPORT
GUILFORD COUNTY COALITION ON							
INFANT MORTALITY - 1203 MAPLE							
STREET, THIRD FLOOR - GREENSBORO,				_			
NC 27405	56-1804884	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GUILFORD COUNTY COUNCIL OF PTAS							
PO BOX 571							
GREENSBORO, NC 27402	56-1824327	501(C)(3)	10,000.	0.			GENERAL SUPPORT
,							
GUILFORD COUNTY PARTNERSHIP FOR							
CHILDREN - 500 W. FRIENDLY AVE.,							
STE. 100 - GREENSBORO, NC 27403	56-1982976	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GUILFORD COUNTY SCHOOLS							
PO BOX 10208		1.5(1)		_			
GREENSBORO, NC 27404	56-6000522	115(1)	48,558.	0.			GENERAL SUPPORT
GUILFORD GREEN FOUNDATION							
1205 W. BESSEMER AVENUE, SUITE 226							
GREENSBORO, NC 27408	56-2091293	501(C)(3)	30,850.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	1
(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
GUILFORD TECHNICAL COMMUNITY COLLEGE FOUNDATION, INC PO BOX 309 - JAMESTOWN, NC 27282	56-6085391	115(1)	18,500.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF GREATER GREENSBORO - 1031 SUMMIT AVE., SUITE 2W-2 - GREENSBORO, NC 27405	56-1586870		73,620.	0.			GENERAL SUPPORT
HAITI UNDER GOD 1414 LADY ST. COLUMBIA, SC 29201	56-2375686	501(C)(3)	35,000.	0.			GENERAL SUPPORT
HANDYCAPABLE NETWORK, INC. 2400 SUMMIT AVE. GREENSBORO, NC 27405	20-3793171	501(C)(3)	8,300.	0.			GENERAL SUPPORT
HARVARD BUSINESS SCHOOL 429 TEELE HALL, SOLDIERS FIELD BOSTON, MA 02163	04-2103580	501(C)(3)	26,000.	0.			GENERAL SUPPORT
HIGH POINT UNIVERSITY 833 MONTLIEU AVE. HIGH POINT, NC 27262	56-0529999	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HOLY TRINITY EPISCOPAL CHURCH 607 N. GREENE ST. GREENSBORO, NC 27401	56-0530002	501(C)(3)	129,218.	0.			GENERAL SUPPORT
HOPE ACADEMY PO BOX 10616 GREENSBORO, NC 27404	01-0930709	501(C)(3)	6,000.	0.			GENERAL SUPPORT
HOPE FOR DEPRESSION RESEARCH FOUNDATION - 40 WEST 57TH ST., STE. 1440 - NEW YORK, NY 10019	20-4559210	501(C)(3)	10,000.	0.			GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</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
HORSEPOWER THERAPEUTIC LEARNING 1537 WALPOLE RD. HIGH POINT, NC 27265	56-1907424	501(C)(3)	116,000.	0.			GENERAL SUPPORT
HOSPICE AND PALLIATIVE CARE OF GREENSBORO, INC 2500 SUMMIT AVENUE - GREENSBORO, NC 27405-4522	56-1249146	501(C)(3)	94,992.	0.			GENERAL SUPPORT
OSPICE FOUNDATION OF GREATER GREENSBORO - 2500 SUMMIT AVE GREENSBORO, NC 27405	47-1169471	501(C)(3)	60,200.	0.			general support
HOUSING CONSULTANTS GROUP 115 N. EDGEWORTH ST., STE. 125 GREENSBORO, NC 27401	20-1845302	501(C)(3)	152,500.	0.			general support
HUMAN RIGHTS CAMPAIGN FOUNDATION L640 RHODE ISLAND AVE. NW VASHINGTON, DC 20036	52-1481896	501(C)(3)	10,839.	0.			GENERAL SUPPORT
ENSTITUTE FOR INTERNATIONAL MEDICINE - 2340 E. MEYER BLVD. BUILDING 1, STE. 338-A - KANSAS ETTY, MO 64132	75-3128625	501(C)(3)	5,650.	0.			GENERAL SUPPORT
NSTITUTE OF WORLD POLITICS 521 16TH ST NW ASHINGTON, DC 20036	52-1699641	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ENTERACTIVE RESOURCE CENTER PO BOX 20568 GREENSBORO, NC 27420	80-0315285	501(C)(3)	36,223.	0.			GENERAL SUPPORT
UNIOR ACHIEVEMENT OF THE TRIAD 3220 NORTHLINE AVENUE GREENSBORO, NC 27408	56-0844838	501(C)(3)	25,359.	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
JUVENILE DIABETES RESEARCH FOUNDATION - 216 W MARKET ST, STE B - GREENSBORO, NC 27401	23-1907729	501(C)(3)	48,050.	0.			GENERAL SUPPORT
LEUKEMIA AND LYMPHOMA SOCIETY 100 PAINTERS MILL RD, STE 800 DWINGS MILLS, MD 21117	13-5644916	501(C)(3)	7,150.	0.			GENERAL SUPPORT
LIFESPAN, INC. 908 MCCLELLAN PL. GREENSBORO, NC 27409-8929	58-7701298	501(C)(3)	5,500.	0.			GENERAL SUPPORT
LIVING WAY CHURCH 4433 REHOBETH CHURCH RD. GREENSBORO, NC 27406	56-1161143	501(C)(3)	18,750.	0.			GENERAL SUPPORT
MACEDONIAN MINISTRY FOUNDATION, INC 3445 PEACHTREE RD NE, STE. 175 - ATLANTA, GA 30326	45-5069917	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MARINE CORPS SCHOLARSHIP FOUNDATION - 909 N WASHINGTON ST., STE 400 - ALEXANDRIA, VA 22314	22-1905062	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MAX PLANCK FLORIDA FOUNDATION MAX PLANCK WAY JUPITER, FL 33458	27-2007902	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MEDICAL FOUNDATION OF NORTH CAROLINA - PO BOX 1050 - CHAPEL HILL, NC 27514-1050	56-6057494	501(C)(3)	117,150.	0.			GENERAL SUPPORT
MENTAL HEALTH ASSOCIATION IN GREENSBORO, INC 700 WALTER REED DR GREENSBORO, NC 27403	56-6076634	501(C)(3)	15,700.	0.			GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</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
MEREDITH COLLEGE							
3800 HILLSBOROUGH STREET							
RALEIGH, NC 27607-5298	56-0530242	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MUSEUM OF THE BIBLE							
409 3RD ST., SW							
WASHINGTON, DC 20024	27-3444987	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MUSTARD SEED COMMUNITY HEALTH							
238 S. ENGLISH ST.							
GREENSBORO, NC 27401	46-4980081	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NATIONAL CONFERENCE FOR COMMUNITY			,				
AND JUSTICE PIEDMONT TRIAD - 713							
N. GREENE STREET - GREENSBORO, NC							
27401	06-1753756	501(C)(3)	13,000.	0.			GENERAL SUPPORT
NATIONAL ETHNIC COALITION OF			, -				
ORGANIZATIONS FOUNDATION, INC							
16 W. 36TH ST NEW YORK, NY							
10018	11-2899820	501(C)(3)	10,000.	0.			GENERAL SUPPORT
			20,000.	•			20110111
NATURAL RESOURCES DEFENSE COUNCIL,							
INC 40 W 20TH ST - NEW YORK, NY							
10011	13-2654926	501(C)(3)	6,750.	0.			GENERAL SUPPORT
	10 2004020	551(5)(5)	0,750.	٠.			DOLLOW!
NC A&T STATE UNIVERSITY							
1601 E. MARKET ST.							GENERAL SUPPORT AND
GREENSBORO, NC 27403	56-6000007	501 (C) (3)	5,500.	0.			SCHOLARSHIPS
ONDERDONO, NC 2/403	30 0000007	501(0)(3)	3,300.	0.			Demonatorites
NC STATE ENGINEERING FOUNDATION							
CAMPUS BOX 7901	E6 6046007	E01/G)/3)	110 000	0			GENERAL GURRORE
RALEIGH, NC 27695-7901	56-6046987	DU1(C)(3)	110,000.	0.			GENERAL SUPPORT
NC TEXTILE FOUNDATION, INC.							
PO BOX 8301							
RALEIGH, NC 27695	56-6045324	501 (C) (3)	78,000.	0.			GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</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
NEHEMIAH COMMUNITY EMPOWERMENT							
CENTER, INC 2118 VEASLEY ST GREENSBORO, NC 27407	20-4655935	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NEW ARRIVALS INSTITUTE	27 2006262	E01/Q)/2)	20.000	0			GENERAL GUNDON
GREENSBORO, NC 27435	27-3996262	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NEW CREATION COMMUNITY PRESBYTERIAN CHURCH - 617 N. ELM ST GREENSBORO, NC 27401	56-1601858	501(C)(3)	8,500.	0.			GENERAL SUPPORT
IEW GARDEN FRIENDS SCHOOL .128 NEW GARDEN ROAD							
GREENSBORO, NC 27410	56-1002236	501(C)(3)	59,000.	0.			GENERAL SUPPORT
NEW LEAF SOCIETY PO BOX 4083							
BURLINGTON, NC 27215-0901	26-1560297	501(C)(3)	16,500.	0.			GENERAL SUPPORT
NEXT GENERATION ACADEMY 1414 CLIFFWOOD DR. GREENSBORO, NC 27406	46-4091036	501(C)(3)	22,939.	0.			GENERAL SUPPORT
ORTH NAPLES UNITED METHODIST HURCH - 6000 GOODLETTE ROAD -			,				
NAPLES, FL 34109	59-1383829	501(C)(3)	100,000.	0.			GENERAL SUPPORT
ORTHWESTERN UNIVERSITY							
EVANSTON, IL 60208	36-2167817	501(C)(3)	21,000.	0.			GENERAL SUPPORT
OAK RIDGE MILITARY ACADEMY							
DAK RIDGE, NC 27310	56-0847845	501(C)(3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990) GREENSBOR	U, INC.						6-1380249 Page 1
Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</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
OLD NORTH STATE COUNCIL OF BOY SCOUTS OF AMERICA - PO BOX 29046 -	55 4550004		445.000				
GREENSBORO, NC 27429	56-1762001	501(C)(3)	115,930.	0.			GENERAL SUPPORT
OPPORTUNITY, INC. 1713 QUAIL DR. WEST PALM BEACH, FL 33409	59-0624429	501(C)(3)	25,000.	0.			GENERAL SUPPORT
OUT OF THE GARDEN PROJECT 4908 MANNING DR. GREENSBORO, NC 27410	27-2772988	501(C)(3)	5,700.	0.			GENERAL SUPPORT
OXFORD PRESBYTERIAN CHURCH 143 OXFORD LANE LEXINGTON, VA 24450	54-0713704	501(C)(3)	12,400.	0.			GENERAL SUPPORT
PALM BEACH ATLANTIC UNIVERSITY PO BOX 24708 WEST PALM BEACH, FL 33416-9893	59-1092732	501(C)(3)	50,000.	0.			GENERAL SUPPORT
PARTNERS ENDING HOMELESSNESS 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	20-1798198	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PENNYBYRN AT MARYFIELD NURSING HOME, INC 109 PENNY RD HIGH POINT, NC 27260	58-1363950	501(C)(3)	6,000.	0.			general support
PIEDMONT LAND CONSERVANCY 1515 W CORNWALLIS DR, STE 205 GREENSBORO, NC 27408	56-1704433	501(C)(3)	29,650.	0.			GENERAL SUPPORT
PIEDMONT TRIAD CHARITABLE FDN. DBA WYNDHAM CHAMPIONSHIP - 416 GALLIMORE DAIRY ROAD, STE M - GREENSBORO, NC 27409	56-6085407	501(C)(3)	179,146.	0.			GENERAL SUPPORT
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Schedule I (Form 990) GREENSBUR	•						0-1380249 Page
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgaı ⊺	nızations in the Un □	ited States (Sch	edule I (Form 990), Pa I	ırt 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
PLANNED PARENTHOOD HEALTH SYSTEMS, INC 100 SOUTH BOYLAN AVE	FC 1000FF7	E01/G)/2)	24.250				
RALEIGH, NC 27603	56-1282557	501(C)(3)	24,250.	0.			GENERAL SUPPORT
POPULATION SERVICES INTERNATIONAL PO BOX 423700 WASHINGTON, DC 20042-3700	56-0942853	501(C)(3)	307,879.	0.			GENERAL SUPPORT
POWER OF PLAY CHARITABLE FUND PO BOX 38934							
GREENSBORO, NC 27438	26-2472708	501(C)(3)	25,000.	0.			GENERAL SUPPORT
PRESERVATION GREENSBORO INC. PO BOX 13136 GREENSBORO, NC 27415	56-6086217	501(C)(3)	8,892.	0.			GENERAL SUPPORT
RANDOLPH-MACON COLLEGE PO BOX 5005 ASHLAND, VA 23005	54-0505940	501(C)(3)	7,500.	0.			GENERAL SUPPORT
ASHLAND, VA 23003	34-0303940	501(0)(3)	7,300.	0.			GENERAL SUFFORT
RESTORATION PLACE COUNSELING PO BOX 38787 GREENSBORO, NC 27438	25-1915667	501(C)(3)	23,100.	0.			GENERAL SUPPORT
ROMAN CATHOLIC DIOCESE OF CHARLOTTE - 1123 SOUTH CHURCH ST.							
- CHARLOTTE, NC 28203	56-1000633	501(C)(3)	58,280.	0.			GENERAL SUPPORT
ROOM AT THE INN PO BOX 13936							
GREENSBORO, NC 27415	56-2152520	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ROTARY CLUB OF GREENSBORO FOUNDATION, INC 330 S. GREENE							
ST., STE. 304 - GREENSBORO, NC 27401	56-2046035	501(C)(3)	105,100.	0.			GENERAL SUPPORT
			1 , , , , , , , , ,		l .	1	

(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
AINT MARK'S EVANGELICAL AND EFORMED CHURCH, INC 1230 ST. ARK'S CHURCH RD - BURLINGTON, NC							
7215	56-6054730	501(C)(3)	7,500.	0.			GENERAL SUPPORT
SALEM ACADEMY AND COLLEGE 501 S CHURCH ST VINSTON-SALEM, NC 27101	56-0530005	501(C)(3)	21,638.	0.			GENERAL SUPPORT
ALVATION ARMY O.O. BOX 1238 BURLINGTON, NC 27216-1238	58-0660607	501(C)(3)	163,495.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE	50.4405000						
SAY YES TO EDUCATION GUILFORD 330 S. GREENE ST., SUITE 100 GREENSBORO, NC 27401	58-1437002 47-5634044		12,461.	0.			GENERAL SUPPORT GENERAL SUPPORT
EEARCH MINISTRIES 852 PEMBROKE RD. BREENSBORO, NC 27408	75-1627393		8,000.	0.			GENERAL SUPPORT
HARE OUR STRENGTH, INC. 030 15TH ST NW, SUITE 1100W ASHINGTON, DC 20005	52-1367538	501(C)(3)	15,000.	0.			GENERAL SUPPORT
T. FRANCIS SPRINGS PRAYER CENTER 77 GROGAN ROAD TONEVILLE, NC 27048	03-0469917	501(C)(3)	6,250.	0.			GENERAL SUPPORT
T. MARY'S SCHOOL OO HILLSBOROUGH STREET CALEIGH, NC 27603-1689	56-0532314		13,100.	0.			GENERAL SUPPORT

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(8) 2.11	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
T. PAUL'S UNITED METHODIST CHURCH							
509 TRAIL TWO							
BURLINGTON, NC 27215	56-1058882	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ST. PIUS X CHURCH							
2210 NORTH ELM STREET							
GREENSBORO, NC 27408-5198	56-0554221	501(C)(3)	28,250.	0.			GENERAL SUPPORT
STEPUP MINISTRY							
707 N GREENE ST							
GREENSBORO, NC 27401	45-2184316	501(C)(3)	21,600.	0.			GENERAL SUPPORT
TEMPLE EMANUEL							
1129 JEFFERSON ROAD							
GREENSBORO, NC 27410	56-0543235	501(C)(3)	90,822.	0.			GENERAL SUPPORT
THE DADWADAG METHODY							
THE BARNABAS NETWORK PO BOX 2666							
GREENSBORO, NC 27402	20-4533345	501(C)(3)	22,083.	0.			GENERAL SUPPORT
GREENSBORO, NC 2/402	20-4333343	501(0)(3)	22,003.	0.			GENERAL SOFFORT
THE EDUCATIONAL FOUNDATION, INC.							
P.O. BOX 2446							
CHAPEL HILL, NC 27515	56-6058412	501(C)(3)	10,750.	0.			GENERAL SUPPORT
·			,				
THE EPISCOPAL CHURCH OF THE HOLY							
COMFORTER - PO BOX 1336 -							
BURLINGTON, NC 27216	56-6001643	501(C)(3)	17,100.	0.			GENERAL SUPPORT
THE FOUNDATION FOR EVANGELISM							
РО ВОХ 985							
LAKE JUNALUSKA, NC 28745	62-6040109	501(C)(3)	100,000.	0.			GENERAL SUPPORT
THE JOHN F. KENNEDY CENTER FOR THE							
PERFORMING ARTS - 2700 F NW -	F2 004F64F	501 (7) (2)	100 000	2			
VASHINGTON, DC 20566	53-0245017	DOT(C)(3)	100,000.	0.			GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</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
HE NATIONAL MUSEUM OF WOMEN IN							
THE ARTS - 1250 NEW YORK AVENUE,							
NW - WASHINGTON, DC 20005-3920	52-1238810	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE ROYAL POINCIANA CHAPEL							
60 COCOANUT ROW							
PALM BEACH, FL 33480	59-6032877	501(C)(3)	51,000.	0.			GENERAL SUPPORT
THE SOCIETY OF THE FOUR ARTS							
2 FOUR ARTS PLAZA							
PALM BEACH, FL 33480	59-0454318	501(C)(3)	100,000.	0.			GENERAL SUPPORT
THE SUMMIT CHURCH							
4440 HIGH POINT RD.							
KERNERSVILLE, NC 27284	56-2176010	501(C)(3)	11,000.	0.			GENERAL SUPPORT
,			,				
THE TEMPLE ON GREENE STREET							
1006 N. EUGENE ST.							
GREENSBORO, NC 27401	56-2171217	501(C)(3)	7,804.	0.			GENERAL SUPPORT
TRIAD FELLOWSHIP OF CHRISTIAN							
ATHLETES - 8 DUNDAS CIRCLE, UNIT F							
- GREENSBORO, NC 27407	44-0610626	501(C)(3)	7,750.	0.			GENERAL SUPPORT
TRIAD FRIENDS							
PO BOX 10876	E6 1000635	E01/Q\/3\	10.000	2			CENEDAL GUDDODE
GREENSBORO, NC 27404-0876	56-1902637	501(C)(3)	12,000.	0.			GENERAL SUPPORT
TRIAD HEALTH PROJECT							
PO BOX 5716							
GREENSBORO, NC 27435	58-1705502	501(C)(3)	11,588.	0.			GENERAL SUPPORT
TRIAD STAGE, INC.							
232 S ELM ST.							
GREENSBORO, NC 27401-2605	62-1743981	501(C)(3)	70,750.	0.			GENERAL SUPPORT

Schedule I (Form 990) GREENSBORG	_						66-13802 <b>4</b> 9 Page
Part II Continuation of Grants and Other A	Assistance to Go	vernments and Organ	izations in the Un	ited States (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</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
TRIANGLE DAY SCHOOL, INC.							
4911 NEAL RD.							
DURHAM, NC 27705	56-1736992	501(C)(3)	6,000.	0.			GENERAL SUPPORT
UNC-ASHEVILLE							
CPO # 1335, ONE UNIVERSITY HEIGHTS							
ASHEVILLE, NC 28804-8503	23-7073829	115(1)	9,000.	0.			SCHOLARSHIPS
UNC-CHAPEL HILL							
PO BOX 309							GENERAL SUPPORT AND
CHAPEL HILL, NC 27514-0309	56-6001393	115(1)	115,591.	0.			SCHOLARSHIPS
emille fille, Ne 27514 0505	30 0001333	113(1)	113,331.	••			Scholl Roll 15
UNC-CHARLOTTE							
9201 UNIVERSITY CITY BLVD.							
CHARLOTTE, NC 28223-0001	56-0791228	115(1)	10,000.	0.			SCHOLARSHIPS
UNCG OFFICE OF ADVANCEMENT							
SERVICES - PO BOX 26170 -							GENERAL SUPPORT AND
GREENSBORO, NC 27402-6170	56-6001468	115(1)	126,642.	0.			SCHOLARSHIPS
UNCG WEATHERSPOON ART MUSEUM							
PO BOX 26170	E0 10E0170	E01/G\/3\	26 072	0			CENEDAL CURRORS
GREENSBORO, NC 27402-6170	58-1852178	501(0)(3)	26,972.	0.			GENERAL SUPPORT
UNITED METHODIST FOUNDATION							
13816 PROFESIONAL CENTER DR., SUITE							
HUNTERSVILLE, NC 28078	56-6088754	501(C)(3)	1,000,000.	0.			GENERAL SUPPORT
,							
JNITED WAY OF ALAMANCE COUNTY							
220 E. FRONT ST.							
BURLINGTON, NC 27215	56-0599239	501(C)(3)	35,000.	0.			GENERAL SUPPORT
UNITED WAY OF EAST MISSISSIPPI							
4817 N. PARK DR.							
MERIDIAN, MS 39305	64-0387703	501(C)(3)	30,000.	0.			GENERAL SUPPORT

Bort II Continuation of Crents and Other A		vornmente and Overe	nizations in the Un	itad Ctatas (Cab	adula I (Earm 000) Da		0-1300249
Part II Continuation of Grants and Other A	assistance to Gov	vernments and Orgai		ited States (Sche	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
JNITED WAY OF GREATER GREENSBORO							
1500 YANCEYVILLE STREET							
GREENSBORO, NC 27405-6932	56-0668555	501(C)(3)	432,768.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER HIGH POINT							
815 PHILLIPS AVE.							
HIGH POINT, NC 27262	56-0547486	501(C)(3)	16,000.	0.			GENERAL SUPPORT
			,				
UNITED WAY OF THE GREATER TRIANGLE							
2400 PERIMETER PARK DR, STE 150							
MORRISVILLE, NC 27560	56-1949103	501(C)(3)	7,554.	0.			GENERAL SUPPORT
UNITED WAY OF THE PIEDMONT							
PO BOX 5624							
SPARTANBURG, SC 29304	57-0314377	501(C)(3)	11,268.	0.			GENERAL SUPPORT
UNIVERSITY OF GEORGIA							
394 MILLEDGE AVE							
ATHENS, GA 30602-5582	58-6333106	115(1)	5,500.	0.			GENERAL SUPPORT
UNIVERSITY OF ROCHESTER							
PO BOX 270032	16 0742200	F01/G1/21	10.000				GENERAL GURRORE
ROCHESTER, NY 14627	16-0743209	501(C)(3)	10,000.	0.			GENERAL SUPPORT
US POULTRY & EGG HAROLD E FORD							
FOUNDATION, INC 1530 COOLEDGE							
RD - TUCKER, GA 30084	58-2098298	501(C)(3)	7,500.	0.			GENERAL SUPPORT
TOCKER, GA 30004	30-2030230	501(0)(3)	7,300.	0.			GENERAL SUFFORT
VICTORY JUNCTION GANG CAMP							
4500 ADAM'S WAY							
RANDLEMAN, NC 27317	56-2215292	501(C)(3)	20,000.	0.			GENERAL SUPPORT
, 1.0 2.02.	20 2210272		20,000.	0.			
WAKE FOREST UNIVERSITY							
PO BOX 7227							GENERAL SUPPORT AND
WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	21,250.	0.			SCHOLARSHIPS

(a) Name and address of organization or government	<b>(b)</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
WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER - PO BOX 571021 - WINSTON-SALEM, NC 27157-1021	51-0190238	501(C)(3)	10,100.	0.			GENERAL SUPPORT
WALDORF EDUCATIONAL ASSOCIATION OF NC - 6211 NEW JERICHO RD CHAPEL HILL, NC 27516	56-1379068	501(C)(3)	11,000.	0.			GENERAL SUPPORT
NASHINGTON & LEE UNIVERSITY 204 W. WASHINGTON ST. LEXINGTON, VA 24450-0303	54-0505977	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WELLSPRING GROUP 4100 WELL SPRING DR. GREENSBORO, NC 27410	90-0885759	501(C)(3)	6,050.	0.			GENERAL SUPPORT
WELLSPRING FOUNDATION, INC. 4100 WELL SPRING DR. GREENSBORO, NC 27410-8857	56-2217797	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NESLEYAN EDUCATION CENTER 1917 N CENTENNIAL ST. HIGH POINT, NC 27262-7602	58-1450743	501(C)(3)	38,333.	0.			GENERAL SUPPORT
WEST MARKET STREET UNITED METHODIST CHURCH - 302 W. MARKET METET - GREENSBORO, NC 27401	56-0543248	501(C)(3)	757,600.	0.			GENERAL SUPPORT
NESTMINSTER PRESBYTERIAN CHURCH 3906 W. FRIENDLY AVENUE GREENSBORO, NC 27410	56-0547525	501(C)(3)	54,395.	0.			GENERAL SUPPORT
WHITE HOUSE HISTORICAL ASSOCIATION PO BOX 27624 WASHINGTON, DC 20038	52-0749685	501(C)(3)	10,000.	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
WOMEN'S RESOURCE CENTER IN ALAMANCE - 411-B W FIFTH ST BURLINGTON, NC 27215	58-1917630	501(C)(3)	5,200.	0.			GENERAL SUPPORT
WOMEN'S RESOURCE CENTER OF GREENSBORO, INC 628 SUMMIT AVE. - GREENSBORO, NC 27405-7742	56-1891618	501(C)(3)	16,050.	0.			GENERAL SUPPORT
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	20,674.	0.			GENERAL SUPPORT
WORLD WILDLIFE FUND 1250 TWENTY FOURTH ST, NW, PO BOX 9 WASHINGTON, DC 20090-7180	52-1693387	501(C)(3)	5,100.	0.			GENERAL SUPPORT
YMCA OF GREENSBORO, INC. 620 GREEN VALLEY RD. GREENSBORO, NC 27408	56-0543243	501(C)(3)	17,553.	0.			GENERAL SUPPORT
YWCA OF GREENSBORO 1807 E. WENDOVER AVE. GREENSBORO, NC 27405	56-0529936	501(C)(3)	25,650.	0.			general support

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

56-1380249

Page 2

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 noncash assistance
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE FOUNDATION ISSUES A GRANT AGREE	MENT THA	T STATES T	HE STIPULA	TIONS FOR	
USE OF FUNDS, WHEN THE REPORT ON US	SE OF FUN	DS IS DUE,	AND HOW T	O REQUEST	
ANY REVISIONS IN THE TERMS OF THE C	RANT SHO	ULD THE NE	ED ARISE.	A RECIPIENT	
COMPLETES AND SIGNS THE GRANT AGREE	EMENT AND	THE DOCUM	ENT IS RET	URNED TO THE	
FOUNDATION BEFORE FUNDS ARE DISBURS	SED. WHEN	THE CHECK	IS SENT,	A GRANT	
REPORT FORM, WHICH REQUESTS INFORMA	ATION ON	DETAILED E	XPENDITURE	S,	
PROGRAMMATIC BENEFITS, AND COMMUNIT	Y IMPACT	, IS INCLU	DED. REPOR	T FORMS ARE	
SENT TO THE FOUNDATION BY THE DUE I	ATE AND	ARE REVIEW	ED BY STAF	F TO ASSESS	

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

### SCHEDULE J (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Employer identification number 56-1380249

**Questions Regarding Compensation** Yes No 1a 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 (such as 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 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 on line 1a? 2 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 X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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: X a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? 6a X 6b b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 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 Х 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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 aren't 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	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) H. WALKER SANDERS	(i)	234,978.	100.	3,736.	16,457.	7,963.	263,234.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JACQUELINE O'CONNELL	(i)	142,201.	100.	0.	10,787.	9,578.	162,666.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

# COMMUNITY FOUNDATION OF GREATER

Schedule J (Form 990) 2018	GREENSBORO, I	NC.			56-1380249	Page <b>3</b>
Part III Supplemental Informat						
Provide the information, explanation	on, or descriptions required for	r Part I, lines 1a, 1b, 3, 4a, 4b,	4c, 5a, 5b, 6a, 6b, 7, and 8	, and for Part II. Also complete t	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.

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

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Employer identification number 56-1380249

Pa	t I Types of Property							
		(a) Check if	<b>(b)</b> Number of	(c) Noncash contribution	(d)	tarmini	ina	
		applicable	contributions or	amounts reported on	Method of de noncash contribu		•	s
			items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property		1.0-					
9	Securities - Publicly traded	X	125	4,874,867.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $\dots$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other							
27	Other • ()							
28	Other (							
29	Number of Forms 8283 received by the organization	-	•				•	
	for which the organization completed Form 82	83, Part IV, [	Donee Acknowledg	gement <b>29</b>		I	0	
					1		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							37
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.						7.7	
		oolicy that re	quires the review (	of any nonstandard contribut	ions?	31	X	
31	Does the organization have a gift acceptance p	•	•					
31	Does the organization hire or use third parties	•	•	cit, process, or sell noncash				7.7
31 32a	Does the organization hire or use third parties contributions?	or related or	ganizations to solid	•		32a		х
31 32a	Does the organization hire or use third parties	or related or	ganizations to solid			32a		X

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

Schedule M (Form 990) 2018

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# COMMUNITY FOUNDATION OF GREATER

Schedule M	(Form 990) 2018	GREENSBO	RO,	INC.	56-1380249	Page 2
Part II	(Form 990) 2018 <b>Supplemental</b> is reporting in Part this part for any ac	Information. t I, column (b), the	Provide	e the information required by Part I, lines 30b, 32b, and 33, er of contributions, the number of items received, or a comb	and whether the organizat	tion

#### 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.

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

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 4B, PROGRAM SERVICE ACCOMPLISHMENTS: ENDOWMENT BUILDING ACTIVITIES.

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

THE ORGANIZATION'S FINANCE COMMITTEE, COMPRISED OF ACCOUNTING AND FINANCIAL PROFESSIONALS, REVIEWED A DRAFT FORM 990, INCLUDING SCHEDULE (B) OF CONTRIBUTORS, AND REPORTED ANY CONCERNS TO THE ORGANIZATION'S BOARD OF DIRECTORS. ALL BOARD MEMBERS WERE 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

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

Employer identification number 56-1380249

PERSONAL INFLUENCE IN CONNECTION THEREWITH.

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

THE PROCESS FOR REVIEWING SALARIES IS REVIEWED ANNUALLY BY THE PERSONNEL

COMMITTEE, WHICH CONSISTS OF THE BOARD CHAIR, CHAIR-ELECT, IMMEDIATE PAST

CHAIR, AND TREASURER.

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

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNANCE DOCUMENTS, INCLUDING ITS AUDITED FINANCIAL

STATEMENTS, FORM 990, AND CONFLICT OF INTEREST POLICY, ARE AVAILABLE ON THE
832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

#### 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

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

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Employer identification number 56-1380249

OMB No. 1545-0047

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

(a)  Name, address, and EIN (if applicable)  of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TPAC, LLC - 56-1380249 330 SOUTH GREENE STREET, SUITE 100 GREENSBORO, NC 27401-2659	ADMINISTER PLEDGES AND COORDINATE GRANTS TO BUILD PERFORMING ARTS CENTER	NORTH CAROLINA	1,758,297.		COMMUNITY FOUNDATION OF GREATER GREENSBORO,
				, , , , ,	

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	512(b)(13) rolled ity?
GENNERY & DODOGWY FRANK FAMILY FOUNDATION				501(c)(3))	CONSTRUCTOR	Yes	No
STANLEY & DOROTHY FRANK FAMILY FOUNDATION - 56-6513308, 330 SOUTH GREENE STREET, SUITE					COMMUNITY FOUNDATION OF		
100, GREENSBORO, NC 27401-2659	GRANTS	NORTH CAROLINA	501(C)(3)	LINE 12A, I	GREATER	X	
COMMUNITY FOUNDATION REAL ESTATE MANAGEMENT	TO ADMINISTER CHARITABLE				COMMUNITY		1
FUND, INC 56-2035757, 330 SOUTH GREENE	FUNDS RELATING TO REAL				FOUNDATION OF		1
STREET, SUITE 100, GREENSBORO, NC	PROPERTY	NORTH CAROLINA	501(C)(3)	LINE 12A, I	GREATER	X	

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

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.

	organization trouted at a partitioning and 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	Direct controlling entity	Predominant income (related unrelated	Share of total income	Share of end-of-year	1	ortionate	Code V-UBI	General managin	Percentage ownership		
or rolated organization		(state or foreign	Critity	(related, unrelated, excluded from tax under sections 512-514)	ii loomo	assets	alloca	itions?	20 of Schedule	partner	, ownership		
		country)		sections 512-514)			Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N	<u> </u>		
							<u> </u>			$\vdash$			
-													
							<u> </u>						

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(	controlled entity?	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	orp, income	Share of end-of-year assets	Percentage ownership	1		
		country)						Yes	No	
CHARITABLE REMAINDER TRUSTS (7)	REMAINDER TRUSTS	NC	N/A	TRUST	N/A	N/A	N/A		Х	
	_									
	-									
	_									
-	-									
	]									

Yes No

GREENSBORO, INC. Schedule R (Form 990) 2018

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

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

D	Giff, grant, or capital contribution to related organization(s)				מו	Х	_^_	
С	Gift, grant, or capital contribution from related organization(s)							
	d Loans or loan guarantees to or for related organization(s)						X	
	Loans or loan guarantees by related organization(s)						X	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		X	
h	h Purchase of assets from related organization(s)							
i	i Exchange of assets with related organization(s)							
j	j Lease of facilities, equipment, or other assets to related organization(s)							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		_X_	
	Performance of services or membership or fundraising solicitations for related organizations				11	X		
	Performance of services or membership or fundraising solicitations by related organ				1m		X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X	
0	Sharing of paid employees with related organization(s)				10		X	
	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		<u>X</u>	
q	q Reimbursement paid by related organization(s) for expenses						X	
							7.7	
	Other transfer of cash or property to related organization(s)				1r		X	
	· · · · · · · · · · · · · · · · · · ·				1s		X	
_2_	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relation	onships and transaction thresholds.				
	<b>(a)</b> Name of related organization	(b) Transaction	(c)	(d)				
	Name of related organization	type (a-s)	Amount involved	ed Method of determining amount involv				
		71 - (- )						
(1)								
1.,								
(2)								
(3)								
<u>(4)</u>								
<u>(5)</u>								
(G)								
(6)	40.00.40			Calcaduda	D (Far-	» 000\	2010	
832163	3 10-02-18			Schedule	n (Forr	11 990)	2018	

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) r Percentage ownership
	-									

, and the same of
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