

PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>301 NORTH ELM STREET 100</b> City or town, state or province, country, and ZIP or foreign postal code <b>GREENSBORO, NC 27401</b> <b>F</b> Name and address of principal officer: <b>H. WALKER SANDERS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>56-1380249</b> <b>E</b> Telephone number <b>336-379-9100</b> <b>G</b> Gross receipts \$ <b>374,884,103.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: ▶ <b>WWW.CFGG.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1983</b> <b>M</b> State of legal domicile: <b>NC</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: <b>THE COMMUNITY FOUNDATION MANAGES OVER 600 CHARITABLE FUNDS ESTABLISHED TO STRENGTHEN ITS COMMUNITIES</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	31
	6	Total number of volunteers (estimate if necessary)	6	398
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 84,341,574.	Current Year 22,052,849.
	9	Program service revenue (Part VIII, line 2g)	207,472.	151,367.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,970,262.	18,191,671.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,519,308.	40,395,887.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,843,159.	15,987,140.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,309,684.	2,524,050.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>133,904.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,988,765.	2,123,603.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,141,608.	20,634,793.
	19	Revenue less expenses. Subtract line 18 from line 12	58,377,700.	19,761,094.
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year 253,841,949.	End of Year 268,212,461.
	21	Total liabilities (Part X, line 26)	39,857,917.	37,343,974.
	22	Net assets or fund balances. Subtract line 21 from line 20	213,984,032.	230,868,487.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MARCI H. PEACE, VICE PRESIDENT, FINANCE</b> Type or print name and title	Date		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AMANDA ADAMS</b>	Preparer's signature  	Date  	Check <input type="checkbox"/> if self-employed PTIN <b>P00748038</b>
	Firm's name ▶ <b>CHERRY BEKAERT LLP</b> Firm's address ▶ <b>3800 GLENWOOD AVE, SUITE 200 RALEIGH, NC 27612</b>		Firm's EIN ▶ <b>56-0574444</b> Phone no. <b>919-782-1040</b>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.

Form 990 (2021)

56-1380249 Page 2

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE COMMUNITY FOUNDATION OF GREATER GREENSBORO 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? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 \$ 12,181,250. including grants of \$ 11,065,627. ) (Revenue \$ )

DONOR ADVISED: THE COMMUNITY FOUNDATION MANAGES 350 DONOR ADVISED AND  
SCHOLARSHIP FUNDS WHICH ENABLE RESIDENTS OF GREATER GREENSBORO TO  
ACHIEVE THEIR INDIVIDUAL CHARITABLE GOALS. DURING 2021, MORE THAN 2,200  
GRANTS WERE DISBURSED IN SUPPORT OF FAITH BASED, HEALTH & HUMAN  
SERVICE, EDUCATIONAL AND OTHER COMMUNITY SERVICE ORGANIZATIONS.

4b (Code: ) (Expenses \$ 5,073,978. including grants of \$ 4,308,346. ) (Revenue \$ 151,367. )

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 2021 WERE TO PROMOTE  
ECONOMIC DEVELOPMENT THROUGH COMMUNITY INITIATIVES, 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 ELDER CARE, 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 ENDOWMENT BUILDING ACTIVITIES.

4c (Code: ) (Expenses \$ 677,884. including grants of \$ 613,167. ) (Revenue \$ )

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.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 17,933,112.

Form 990 (2021)

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

Form 990 (2021)

56-1380249 Page **3**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>X</b>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>X</b>	
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>X</b>	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>X</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>X</b>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	

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

Form 990 (2021)

56-1380249 Page **4**

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

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	60
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	<b>X</b>

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

Form 990 (2021)

56-1380249 Page **5**

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 31		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		X
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		X
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			
<b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	<b>17</b>		
If "Yes," complete Form 6069.			

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

Form 990 (2021)

56-1380249 Page **6**

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	26	
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....	<b>1b</b>	26	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? .....	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....	<b>9</b>		<b>X</b>

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....	<b>10a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>11a</b>	<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>14</b>	<b>X</b>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization .....	<b>15b</b>	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. ....			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (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.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**MARCI PEACE - 336-379-9100**  
**301 NORTH ELM STREET, SUITE 100, GREENSBORO, NC 27401**

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

Form 990 (2021)

56-1380249 Page **7**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) H. WALKER SANDERS PRESIDENT	40.00 2.25			X				272,473.	0.	27,969.
(2) MARCI H. PEACE VP, FINANCE & ASST. TREASURER	40.00 2.00			X				137,233.	0.	15,958.
(3) TARA SANDERCOCK VP, COMMUNITY RELATIONS	40.00 0.00				X			129,314.	0.	22,707.
(4) MICHAEL HUMPHREY VP, EQUITY AND OPERATIONS	40.00 0.00				X			102,191.	0.	8,354.
(5) PHELPS SPRINKLE VP, DEVELOPMENT	40.00 2.00				X			121,108.	0.	18,671.
(6) ANITA BACHMAN CHAIR	2.00 1.00	X		X				0.	0.	0.
(7) UMA AVVA CHAIR-ELECT	1.00 0.00	X		X				0.	0.	0.
(8) ERNESTINE TAYLOR SECRETARY	1.00 0.00	X		X				0.	0.	0.
(9) JENNIFER HALL TREASURER	1.00 0.00	X		X				0.	0.	0.
(10) MARISSA BENTON-BROWN DIRECTOR	0.50 0.00	X						0.	0.	0.
(11) KATTYA CASTELLON DIRECTOR	0.50 0.00	X						0.	0.	0.
(12) BRIAN CLARIDA DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) SAM CONE DIRECTOR	0.50 0.00	X						0.	0.	0.
(14) LARRY CZARDA DIRECTOR	0.50 0.00	X						0.	0.	0.
(15) BARRY S. FRANK DIRECTOR	0.50 1.00	X						0.	0.	0.
(16) DONNA GRIFFIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(17) KEVIN JAMES DIRECTOR	0.50 0.00	X						0.	0.	0.



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

Form 990 (2021)

56-1380249 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ADDY JEFFREY DIRECTOR	0.50 0.00	X						0.	0.	0.
(19) AFI JOHNSON-PARRIS DIRECTOR	0.50 0.00	X						0.	0.	0.
(20) TIFFANY LAM-BALFOUR DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) YULONDA LATHAM DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) KENDRICK MAYES DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) JOSE OLIVA DIRECTOR	0.50 0.00	X						0.	0.	0.
(24) BOB POWELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) RUSS ROBINSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) SUE SIMMONS DIRECTOR	0.50 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								762,319.	0.	93,659.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								762,319.	0.	93,659.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SAMET CORPORATION, 309 GALLIMORE DAIRY RD., SUITE 102, GREENSBORO, NC 27409	CONSTRUCTION	1,495,482.
BROWN BROTHERS HARRIMAN, 227 W. TRADE STREET, STE. 2100, CHARLOTTE, NC 28202	INVESTMENT MANAGEMENT	229,575.
CLARK PATTERSON LEE 205 ST. PAUL ST., ROCHESTER, NY 14604	ENGINEERING & PLANNING	156,412.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **3**

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

Form **990** (2021)

## Form 990

Part VII

[illegible]

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

Form 990 (2021)

56-1380249 Page **9**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	4.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,451,284.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	20,601,561.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 6,315,736.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>	<b>2 a</b> ADMIN FEE INCOME .....	<b>Business Code</b>	561000	111,020.	111,020.		
	<b>b</b> EVENT INCOME .....		900099	37,653.	37,653.		
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....		900099	2,694.	2,694.		
	<b>g Total.</b> Add lines 2a-2f .....			151,367.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			2,446,337.		-45,947.
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>6 a</b> Gross rents .....		<b>6a</b>	(i) Real (ii) Personal				
<b>b</b> Less: rental expenses ...		<b>6b</b>					
<b>c</b> Rental income or (loss) .....		<b>6c</b>					
<b>d</b> Net rental income or (loss) .....							
<b>7 a</b> Gross amount from sales of assets other than inventory .....		<b>7a</b>	(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis and sales expenses .....		<b>7b</b>	334,474,305. 13,911.				
<b>c</b> Gain or (loss) .....		<b>7c</b>	15,759,245. -13,911.				
<b>d</b> Net gain or (loss) .....				15,745,334.			15745334.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b>					
<b>b</b> Less: direct expenses .....		<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
	<b>12 Total revenue.</b> See instructions .....			40,395,887.	151,367.	-45,947.	18237618.

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

Form 990 (2021)

56-1380249 Page **10**

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	15,977,140.	15,977,140.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	10,000.	10,000.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	453,633.	255,673.	197,960.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,682,513.	900,607.	686,082.	95,824.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	90,375.	48,282.	36,653.	5,440.
<b>9</b> Other employee benefits .....	148,190.	80,632.	60,060.	7,498.
<b>10</b> Payroll taxes .....	149,339.	80,822.	61,677.	6,840.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	43,857.	5,800.	38,057.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	1,084,072.		1,084,072.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	155,185.	129,136.	23,684.	2,365.
<b>12</b> Advertising and promotion .....	71,003.	51,477.	17,753.	1,773.
<b>13</b> Office expenses .....	91,895.	59,682.	29,008.	3,205.
<b>14</b> Information technology .....	76,026.	50,456.	23,248.	2,322.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	182,814.	119,310.	57,738.	5,766.
<b>17</b> Travel .....	1,185.	980.	186.	19.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	11,749.	8,798.	2,683.	268.
<b>20</b> Interest .....	123,372.	123,372.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	169,575.		169,575.	
<b>23</b> Insurance .....	25,385.		25,385.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>STAFF/BOARD DEVELOPMENT</b>	35,126.	19,651.	13,929.	1,546.
<b>b</b> <b>DUES AND SUBSCRIPTIONS</b>	30,210.	579.	29,631.	
<b>c</b> <b>EVENT EXPENSES</b>	14,008.	10,304.	3,368.	336.
<b>d</b> _____				
<b>e</b> All other expenses _____	8,141.	411.	7,028.	702.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	20,634,793.	17,933,112.	2,567,777.	133,904.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

Form 990 (2021)

56-1380249 Page **11**

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	8,507,996.	<b>2</b>	9,261,111.
	<b>3</b> Pledges and grants receivable, net .....	60,203,658.	<b>3</b>	42,532,211.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	85,094.	<b>9</b>	98,455.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,185,764.		
	<b>b</b> Less: accumulated depreciation .....	500,538.		
		105,827.	<b>10c</b>	1,685,226.
	<b>11</b> Investments - publicly traded securities .....	135,158,843.	<b>11</b>	119,874,693.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	46,714,721.	<b>12</b>	91,274,217.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	40,000.	<b>13</b>	130,000.
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	3,025,810.	<b>15</b>	3,356,548.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	253,841,949.	<b>16</b>	268,212,461.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	492,799.	<b>17</b>	203,621.
	<b>18</b> Grants payable .....	3,094,726.	<b>18</b>	3,248,878.
	<b>19</b> Deferred revenue .....	710,416.	<b>19</b>	763,415.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	7,440,826.	<b>23</b>	4,540,826.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	28,119,150.	<b>25</b>	28,587,234.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	39,857,917.	<b>26</b>	37,343,974.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	81,958,043.	<b>27</b>	102,128,910.
	<b>28</b> Net assets with donor restrictions .....	132,025,989.	<b>28</b>	128,739,577.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	213,984,032.	<b>32</b>	230,868,487.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	253,841,949.	<b>33</b>	268,212,461.

Form **990** (2021)

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

Form 990 (2021)

56-1380249 Page **12**

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	40,395,887.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	20,634,793.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	19,761,094.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	213,984,032.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,255,523.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-621,116.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	230,868,487.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

Employer identification number  
**56-1380249**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An 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 university: \_\_\_\_\_
- 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19388446.	14071575.	23400816.	84341574.	22052849.	163255260
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	19388446.	14071575.	23400816.	84341574.	22052849.	163255260
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) .....						76243548.
6 <b>Public support.</b> Subtract line 5 from line 4.						87011712.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 .....	19388446.	14071575.	23400816.	84341574.	22052849.	163255260
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3130532.	3496735.	3761719.	2449538.	2446337.	15284861.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	14,878.	3,374.	22,521.			40,773.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
11 <b>Total support.</b> Add lines 7 through 10						178580894
12 Gross receipts from related activities, etc. (see instructions) .....					12	761,202.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						► <input type="checkbox"/>

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

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	48.72 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	48.05 %
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		► <input type="checkbox"/>



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

Schedule A (Form 990) 2021

56-1380249 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

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

Schedule A (Form 990) 2021

56-1380249 Page 5

**Part IV Supporting Organizations** *(continued)*

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

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

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Schedule A (Form 990) 2021

56-1380249 Page 7

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

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.

Employer identification number

56-1380249

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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 additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>485,012.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>729,275.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>528,764.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>2,848,962.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,336,946.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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 additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>		\$ <u>1,206,933.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>		\$ <u>916,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>9</u>		\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>10</u>		\$ <u>2,166,908.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>11</u>		\$ <u>773,324.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>12</u>		\$ <u>607,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.

Employer identification number

56-1380249

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK _____ _____ _____	\$ 485,012.	12/03/21
3	STOCK _____ _____ _____	\$ 528,764.	12/10/21
11	STOCK _____ _____ _____	\$ 683,324.	03/18/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization

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

Employer identification number

**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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
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 Tax) (See separate instructions), then**

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

LHA

COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures		19,478,146.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		19,478,146.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

**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 of the lobbying activity.

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

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

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

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

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

**Part IV** Supplemental Information

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

SCHEDULE C, PART II-A, LINE 1C:

THE ORGANIZATION DID NOT INCUR ANY LOBBYING EXPENSES DURING THE 2021

CALENDAR YEAR.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021****Open to Public Inspection****Name of the organization** **COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.****Employer identification number**  
**56-1380249****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	378	
2 Aggregate value of contributions to (during year) .....	17,009,012.	
3 Aggregate value of grants from (during year) .....	11,065,622.	
4 Aggregate value at end of year .....	102,284,251.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☒ Public exhibition **d** ☐ Loan or exchange program  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☒ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	94,338,687.	53,420,966.	45,752,864.	53,894,481.	45,033,299.
<b>b</b> Contributions	12,617,969.	35,771,841.	3,549,374.	824,897.	3,907,305.
<b>c</b> Net investment earnings, gains, and losses	11,326,214.	8,344,494.	8,185,389.	-3,490,164.	7,184,556.
<b>d</b> Grants or scholarships	2,248,310.	2,136,792.	3,202,459.	4,501,956.	1,621,416.
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	1,961,808.	1,061,822.	864,202.	974,394.	609,263.
<b>g</b> End of year balance	114,072,752.	94,338,687.	53,420,966.	45,752,864.	53,894,481.

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

- a** Board designated or quasi-endowment ☐ .0000 %  
**b** Permanent endowment ☐ 100 %  
**c** Term endowment ☐ .0000 %

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

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

- (i)** Unrelated organizations  
**(ii)** Related organizations

	Yes	No
<b>3a(i)</b>		<input checked="" type="checkbox"/>
<b>3a(ii)</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		1,632,117.	116,580.	1,515,537.
<b>d</b> Equipment		553,647.	383,958.	169,689.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,685,226.



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

Schedule D (Form 990) 2021

56-1380249 Page **3**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) <b>ALTERNATIVE ASSETS -</b>		
(B) <b>HEDGE FUNDS</b>	<b>91,274,217.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	<b>91,274,217.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" 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) <b>FUNDS HELD AS ORGANIZATIONAL FUNDS</b>	<b>26,918,574.</b>
(3) <b>LIABILITIES UNDER SPLIT-INTEREST</b>	
(4) <b>AGREEMENTS</b>	<b>1,668,660.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	<b>28,587,234.</b>

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

**Schedule D (Form 990) 2021**

COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART III, LINE 4:**

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

**PART V, LINE 4:**

THE COMMUNITY FOUNDATION MANAGES ENDOWMENT AND UNRESTRICTED GRANT FUNDS  
WHICH ARE USED TO STRENGTHEN ITS COMMUNITIES FOR PRESENT AND FUTURE  
GENERATIONS. FOCUS AREAS FOR 2021 WERE TO PROMOTE ECONOMIC DEVELOPMENT  
THROUGH COMMUNITY INITIATIVES AND SUPPORT CAPACITY BUILDING OF NONPROFIT  
ORGANIZATIONS.

IN ADDITION, AREA RESIDENTS HAVE CREATED PERMANENT FUNDS TO SUPPORT

**Part XIII** Supplemental Information (continued)

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

THE PERCENTAGE REPORTED FOR PERMANENT ENDOWMENTS INCLUDES AMOUNTS THAT MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON SUCH AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.

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 2021 AND 2020.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**Open to Public  
Inspection

Name of the organization

COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.

Employer identification number

56-1380249

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		25,770,607.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS IN REGION		10,000.
<b>3 a Subtotal</b> .....	0	0			25,780,607.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			25,780,607.

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

Schedule F (Form 990) 2021

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

Schedule F (Form 990) 2021

**56-1380249**

Page **2**

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

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT	10,000.	WIRE TRANSFER	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 1

**3** Enter total number of other organizations or entities 0

**Schedule F (Form 990) 2021**



**Part IV Foreign Forms**

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

Part V

Supplemental Information

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

PART I, LINE 2:

THE FOREIGN GRANT WAS MADE FROM A DONOR ADVISED FUND. THE DONOR SELECTED THE ORGANIZATION BUT THE FOUNDATION DID DUE DILIGENCE TO ENSURE THAT THE ORGANIZATION WAS A QUALIFYING ORGANIZATION.

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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Employer identification number**  
**56-1380249**

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A SIMPLE GESTURE - GREENSBORO 3503 REDINGTON DR GREENSBORO, NC 27410	47-2995932	501(C)(3)	12,550.	0.			GENERAL SUPPORT
ABOLITIONNC PO BOX 4011 GREENSBORO, NC 27404	47-5171542	501(C)(3)	8,500.	0.			GENERAL SUPPORT
ACTION GREENSBORO, INC. 122 NORTH ELM STREET, SUITE 110 GREENSBORO, NC 27401	56-2251250	501(C)(3)	29,000.	0.			GENERAL SUPPORT
ADULT CENTER FOR ENRICHMENT, INC. 4100 WELL SPRING DR. GREENSBORO, NC 27410	56-1599072	501(C)(3)	102,500.	0.			GENERAL SUPPORT
AFFORDABLE HOUSING MANAGEMENT, INC. - STE B-11 330 S. GREENE STREET - GREENSBORO, NC 27401	23-7078343	501(C)(3)	9,734.	0.			GENERAL SUPPORT
ALLIANCE MEDICAL MINISTRY 101 DONALD ROSS DR. RALEIGH, NC 27610	56-2168673	501(C)(3)	8,333.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **302.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

**Schedule I (Form 990) 2021**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ENDOWMENT FOUNDATION 5700 DARROW RD., STE. 118 HUDSON, OH 44236	34-1747398	501(C)(3)	13,094.	0.			GENERAL SUPPORT
AMERICAN FOUNDATION FOR SUICIDE PREVENTION - 199 WATER ST. 11TH FLOOR - NEW YORK, NY 10038	13-3393329	501(C)(3)	11,000.	0.			GENERAL SUPPORT
AMERICAN FRIENDS OF THE LOUVRE 12 E 49TH ST., 11TH FLOOR NEW YORK, NY 10017	52-2376786	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN HORSE TRIALS FOUNDATION, INC. - 363 N. LOOMIS ST. - SOUTHWICK, MA 01077	52-1495923	501(C)(3)	93,454.	0.			GENERAL SUPPORT
AMERICAN LONDON SYMPHONY ORCHESTRA FOUNDATION - 1350 AVENUE OF THE AMERICAS, FLOOR 2, STE. 266 - NEW YORK, NY 10019	04-2705403	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS CENTRAL PROCESSING CENTER PO BOX 37839 - BOONE, NC 50037-0839	53-0196605	501(C)(3)	5,200.	0.			GENERAL SUPPORT
AMERICAN RED CROSS - GREENSBORO CHAPTER - 1501 YANCEYVILLE ST - GREENSBORO, NC 27405	53-0196605	501(C)(3)	20,500.	0.			GENERAL SUPPORT
AMERICAN RED CROSS - PALM BEACHES TREASURE COAST REGION - 1250 NORTHPOINT PARKWAY - WEST PALM BEACH, FL 33407	53-0196605	501(C)(3)	50,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS INTERNATIONAL 430 17TH ST. NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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AMEXCAN PO BOX 2744 GREENVILLE, DC 27836-0744	94-3421627	501(C)(3)	27,000.	0.			GENERAL SUPPORT
APPALACHIAN STATE UNIVERSITY FOUNDATION, INC. - BOX 32014 - BOONE, NC 28608-2014	23-7099379	501(C)(3)	9,700.	0.			GENERAL SUPPORT
ARC OF GREENSBORO 14 OAK BRANCH DR., STE B GREENSBORO, NC 27407-2120	56-0745766	501(C)(3)	38,971.	0.			GENERAL SUPPORT
ARTSGREENSBORO P.O. BOX 877 GREENSBORO, NC 27402	56-0746180	501(C)(3)	78,554.	0.			GENERAL SUPPORT
ASHRAE, INC. 1791 TULLIE CIR. NE ATLANTA, GA 30329	13-5675095	501(C)(3)	100,000.	0.			GENERAL SUPPORT
ASPCA GIFT PROCESSING CENTER PO BOX 96926 - WASHINGTON, DC 20077-7127	13-1623829	501(C)(3)	5,200.	0.			GENERAL SUPPORT
AUTHORACARE 2500 SUMMIT AVE GREENSBORO, NC 27405-4522	56-1249146	501(C)(3)	84,700.	0.			GENERAL SUPPORT
BACKPACK BEGINNINGS 3707-D ALLIANCE DR. GREENSBORO, NC 27407	46-1251223	501(C)(3)	40,750.	0.			GENERAL SUPPORT
BANK OF AMERICA CHARITABLE GIFT FUND - PO BOX 55850 - BOSTON, MA 02205-5850	04-6010342	501(C)(3)	165,222.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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BASSET RESCUE CREW OF THE SOUTHEAST - 1740 WASH LEVER RD. - LITTLE MOUNTAIN, SC 29075	27-1204787	501(C)(3)	6,000.	0.			GENERAL SUPPORT
BELOVED ASHEVILLE PO BOX 6386 ASHEVILLE, NC 28816	84-3381632	501(C)(3)	32,813.	0.			GENERAL SUPPORT
BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL - 1725 NC 66 S - KERNERSVILLE, NC 27284	56-6021668	501(C)(3)	75,600.	0.			GENERAL SUPPORT
BLACK RIVER HEALTH SERVICES 301 S. CAMPBELL ST. BURGAU, NC 28425	23-7356223	501(C)(3)	7,813.	0.			GENERAL SUPPORT
BLAIR HOUSE RESTORATION FUND PO BOX 27208 WASHINGTON, DC 20038-7208	52-1401505	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BLUE RIDGE CONSERVANCY PO BOX 568 BOONE, NC 28607	58-2502695	501(C)(3)	7,050.	0.			GENERAL SUPPORT
BLUEPRINT NORTH CAROLINA 2912 HIGHWOODS BLVD RALEIGH, NC 27604	27-2459538	501(C)(3)	21,250.	0.			GENERAL SUPPORT
B'NAI SHALOM DAY SCHOOL 804 WINVIEW DR GREENSBORO, NC 27410	56-0952340	501(C)(3)	23,950.	0.			GENERAL SUPPORT
BOUNTIFUL CITIES PO BOX 898 ASHEVILLE, NC 28802	05-0587434	501(C)(3)	7,813.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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CALDWELL ACADEMY 2900 HORSE PEN CREEK RD GREENSBORO, NC 27410-9701	56-1898871	501(C)(3)	7,643.	0.			GENERAL SUPPORT
CAMINO RESEARCH INSTITUTE 133 STETSON DR. CHARLOTTE, NC 28262	56-2015959	501(C)(3)	7,813.	0.			GENERAL SUPPORT
CAMP CAREFREE 275 CAREFREE LN STOKESDALE, NC 27357	56-1479260	501(C)(3)	52,337.	0.			GENERAL SUPPORT
CANTERBURY SCHOOL 5400 OLD LAKE JEANETTE RD GREENSBORO, NC 27455-1322	56-1781579	501(C)(3)	114,356.	0.			GENERAL SUPPORT
CAROLINA BASSET HOUND RESCUE PO BOX 80082 CHARLESTON, SC 29416	56-2094045	501(C)(3)	29,821.	0.			GENERAL SUPPORT
CAROLINA JUSTICE POLICY CENTER PO BOX 309 DURHAM, NC 27702	59-1755809	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CAROLINA THEATRE OF GREENSBORO, INC. - 310 S GREENE ST - GREENSBORO, NC 27401-2616	04-3781645	501(C)(3)	23,600.	0.			GENERAL SUPPORT
CENTER FOR HOUSING AND COMMUNITY STUDIES - UNCG SUITE 3605 MHRA BUILDING - GREENSBORO, NC 27212	56-6001468	501(C)(3)	40,000.	0.			GENERAL SUPPORT
CENTER FOR PARTICIPATORY CHANGE 610 HAYWOOD RD. ASHEVILLE, NC 28806	56-2126417	501(C)(3)	25,000.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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CENTRO LATINO HICKORY 2259 12TH AVE. NE HICKORY, NC 28601	56-2170931	501(C)(3)	7,813.	0.			GENERAL SUPPORT
CHATHAM HALL 800 CHATHAM HALL CIR CHATHAM, VA 24531	54-0505878	501(C)(3)	22,150.	0.			GENERAL SUPPORT
CHILDREN'S COUNCIL OF WATAUGA COUNTY - 225 BIRCH ST. STE. 3 - BOONE, NC 28607	58-1416331	501(C)(3)	25,000.	0.			GENERAL SUPPORT
CHILDREN'S HEART FOUNDATION 5 REVERE DR. NORTHBROOK, IL 60062-1500	36-4077528	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHILDREN'S THEATRE FOUNDATION 4211-A TRILLIUM LN GREENSBORO, NC 27410	84-6036093	501(C)(3)	61,759.	0.			GENERAL SUPPORT
CHRIST SCHOOL, INC. 500 CHRIST SCHOOL RD ARDEN, NC 28704	56-0615187	501(C)(3)	7,100.	0.			GENERAL SUPPORT
CHRIST UNITED METHODIST CHURCH 410 N HOLDEN RD GREENSBORO, NC 27410	56-0689239	501(C)(3)	65,929.	0.			GENERAL SUPPORT
CHURCH OF THE REDEEMER 5572 GARDEN VILLAGE WAY GREENSBORO, NC 27410	90-0784331	501(C)(3)	11,150.	0.			GENERAL SUPPORT
CHURCH WORLD SERVICE GREENSBORO 122 N. ELM ST., STE. 607 GREENSBORO, NC 27401	13-4080201	501(C)(3)	19,000.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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COLABORATIVA LA MILPA 528 EMMA RD. ASHEVILLE, NC 28806	20-8303608	501(C)(3)	34,813.	0.			GENERAL SUPPORT
COLUMBIA THEOLOGICAL SEMINARY 701 S. COLUMBIA DR. DECATUR, GA 30030	58-0566165	501(C)(3)	9,000.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF GREATER GREENSBORO - 301 N. ELM ST STE. 100 - GREENSBORO, NC 27401	56-1380249	501(C)(3)	6,000.	0.			GENERAL SUPPORT
COMMUNITY HOUSING SOLUTIONS OF GUILFORD, INC. - PO BOX 3341 - GREENSBORO, NC 27402	20-0458814	501(C)(3)	22,750.	0.			GENERAL SUPPORT
COMUNIDAD VIDA NUEVA 5824 FOREST POINT RD. RALEIGH, NC 27610-6060	20-4348860	501(C)(3)	7,813.	0.			GENERAL SUPPORT
CONE HEALTH 1200 N. ELM ST GREENSBORO, NC 27401	58-1588823	501(C)(3)	91,035.	0.			GENERAL SUPPORT
CONGREGATION BETH ISRAEL PO BOX 3456 MERIDIAN, MS 39303	64-0369373	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CONSTRUCTION PROFESSIONALS NETWORK INSTITUTE (CPNI) - 405 BATTLEGROUND AVE. STE. 204 - GREENSBORO, NC 27401	27-3751902	501(C)(3)	6,500.	0.			GENERAL SUPPORT
COURT WATCH OF NC, INC. 122 N. ELM ST., STE. 607 GREENSBORO, NC 27401	58-1685122	501(C)(3)	8,206.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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CROHN'S & COLITIS FOUNDATION OF AMERICA, INC. - 1100 S MINT ST, STE. 204 - CHARLOTTE, NC 28203	13-6193105	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DAVIDSON COLLEGE DONOR RELATIONS OFFICE BOX 7174 DAVIDSON, NC 28035-7174	56-0529961	501(C)(3)	18,300.	0.			GENERAL SUPPORT
DIAPER BANK OF NC 1311 E. CLUB BLVD. DURHAM, NC 27704	32-0401621	501(C)(3)	42,000.	0.			GENERAL SUPPORT
DIOCESE OF CHARLOTTE 1123 S CHURCH ST CHARLOTTE, NC 28203	56-1000633	501(C)(3)	5,500.	0.			GENERAL SUPPORT
DIPLOMACY CENTER FOUNDATION 1990 K. ST, NW, STE. 315 WASHINGTON, DC 20006	51-0398806	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS - MEDECINS SANS FRONTIERES - PO BOX 5030 - HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	13,650.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA 40 RECTOR ST., 16TH FLOOR NEW YORK, NY 10006-1705	13-3433452	501(C)(3)	8,150.	0.			GENERAL SUPPORT
DOWNTOWN GREENSBORO FOUNDATION 536 S. ELM GREENSBORO, NC 27406	56-2242416	501(C)(3)	8,850.	0.			GENERAL SUPPORT
DOWNTOWN GREENWAY 122 NORTH ELM STREET, STE. 110 GREENSBORO, NC 27401	56-2251250	501(C)(3)	69,709.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**



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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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DUKE UNIVERSITY ALUMNI AND DEVELOPMENT RECORDS OFFICE PO BOX 90581 - DURHAM, NC 27708	56-0532129	501(C)(3)	23,372.	0.			GENERAL SUPPORT
EASTERN CABARRUS HISTORICAL SOCIETY - PO BOX 1299 - MT. PLEASANT, NC 28124-1299	23-7361913	501(C)(3)	12,494.	0.			GENERAL SUPPORT
EASTERN MUSIC FESTIVAL PO BOX 22026 GREENSBORO, NC 27420	56-0771005	501(C)(3)	28,018.	0.			GENERAL SUPPORT
EASTLAKE COMMUNITY CHURCH 1201 TIMBERWOOD LN MONETA, VA 24121	20-3373715	501(C)(3)	10,000.	0.			GENERAL SUPPORT
EL CENTRO HISPANO 2000 CHAPEL HILL RD., STE. 26A DURHAM, NC 27707	56-2011661	501(C)(3)	49,500.	0.			GENERAL SUPPORT
EL PUEBLO 2321 CRABTREE BLVD., STE. 105 RALEIGH, NC 27604	56-1934310	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ELIZABETH DOLE CHARITABLE FOUNDATION - 600 NEW HAMPSHIRE AVE. STE 1020 - WASHINGTON, DC 20037	52-2071982	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ELIZA'S HELPING HANDS 1225 E 5TH ST. WINSTON-SALEM, NC 27101	47-3657422	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ELSEWHERE, INC. 606 S. ELM ST. GREENSBORO, NC 27406	20-1026041	501(C)(3)	13,756.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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ENRICHMENT FUND FOR GUILFORD COUNTY SCHOOLS - PO BOX 10208 - GREENSBORO, NC 27404	56-6000522	501(C)(3)	27,405.	0.			GENERAL SUPPORT
EPISCOPAL CHURCH OF THE HOLY SPIRIT - PO BOX 956 - MARS HILL, NC 28754	56-1682351	501(C)(3)	15,000.	0.			GENERAL SUPPORT
EPISCOPAL DIOCESE OF EAST CAROLINA PO BOX 1336 KINSTON, NC 28503	20-4942554	501(C)(3)	27,000.	0.			GENERAL SUPPORT
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST. MONTGOMERY, AK 36104	63-1135091	501(C)(3)	16,350.	0.			GENERAL SUPPORT
FAITHACTION INTERNATIONAL HOUSE 705 N. GREENE ST. GREENSBORO, NC 27401	56-1993490	501(C)(3)	31,694.	0.			GENERAL SUPPORT
FAMILY SERVICE OF GREENSBORO FOUNDATION - 902 BONNER DR. - JAMESTOWN, NC 27282	56-0547459	501(C)(3)	43,286.	0.			GENERAL SUPPORT
FAMILY SERVICE OF THE PIEDMONT 902 BONNER DRIVE JAMESTOWN, NC 27282	56-2061741	501(C)(3)	21,989.	0.			GENERAL SUPPORT
FELLOWSHIP HALL 5140 DUNSTAN ROAD GREENSBORO, NC 27405	56-0949273	501(C)(3)	7,625.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 8 DUNDAS CR. GREENSBORO, NC 27407	44-0610626	501(C)(3)	10,000.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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FIDELITY INVESTMENTS CHARITABLE GIFT FUND - PO BOX 770001 - CINCINNATI, OH 45227-0053	11-0303001	501(C)(3)	20,724.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH 1000 W FRIENDLY AVE GREENSBORO, NC 27401	56-0591300	501(C)(3)	31,700.	0.			GENERAL SUPPORT
FIRST BAPTIST HARTSVILLE PO BOX 291 HARTSVILLE, TN 37074	62-0968437	501(C)(3)	6,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 617 N ELM ST GREENSBORO, NC 27401-2095	23-6393377	501(C)(3)	159,383.	0.			GENERAL SUPPORT
FRIENDS FOR AN EARLIER BREAST CANCER TEST - PO BOX 10363 - GREENSBORO, NC 27404-0363	56-1948104	501(C)(3)	6,500.	0.			GENERAL SUPPORT
FRIENDS HOMES, INC. 925 NEW GARDEN ROAD GREENSBORO, NC 27410	56-0754599	501(C)(3)	12,000.	0.			GENERAL SUPPORT
FRIENDS WITH FLOWERS 1616 BATTLEGROUND AVE., STE. D1 GREENSBORO, NC 27408	20-1197768	501(C)(3)	5,300.	0.			GENERAL SUPPORT
FUERZA Y UNION MULTIPLE PO BOX 1281 HENDERSON, NC 27537	36-4939343	501(C)(3)	17,813.	0.			GENERAL SUPPORT
FULL FRAME DOCUMENTARY FILM FESTIVAL - 320 BLACKWELL ST., STE. 101 - DURHAM, NC 27701	56-1655039	501(C)(3)	10,000.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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GEORGE W. BUSH FOUNDATION 2943 SMU BLVD. DALLAS, TX 75205	20-4119317	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GREATER GREENSBORO BUILDERS ASSN. PO BOX 41135 GREENSBORO, NC 27404-1135	56-0729447	501(C)(3)	14,103.	0.			GENERAL SUPPORT
GREATER GREENSBORO SOCIETY OF MEDICINE ALLIANCE - PO BOX 4451 - GREENSBORO, NC 27404	56-1139933	501(C)(3)	7,444.	0.			GENERAL SUPPORT
GREEN HILL CENTER FOR NORTH CAROLINA ART - 200 N DAVIE ST BOX 4 - GREENSBORO, NC 27401	51-0190827	501(C)(3)	30,572.	0.			GENERAL SUPPORT
GREENSBORO BEAUTIFUL, INC. 2800 E. GATE CITY BLVD. GREENSBORO, NC 27401	23-7099248	501(C)(3)	59,194.	0.			GENERAL SUPPORT
GREENSBORO CEREBRAL PALSY ASSOCIATION - 3205 EAST WENDOVER AVENUE - GREENSBORO, NC 27405	56-0591312	501(C)(3)	45,055.	0.			GENERAL SUPPORT
GREENSBORO CHAMBER OF COMMERCE FOUNDATION - PO BOX 3246 - GREENSBORO, NC 27402	23-7181435	501(C)(3)	52,780.	0.			GENERAL SUPPORT
GREENSBORO CHILDREN'S MUSEUM 220 NORTH CHURCH STREET GREENSBORO, NC 27401-2918	56-1959695	501(C)(3)	22,775.	0.			GENERAL SUPPORT
GREENSBORO COLISEUM 1921 GATE CITY BLVD. GREENSBORO, NC 27403	56-6000230	501(C)(3)	46,819.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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GREENSBORO COLLEGE 815 W MARKET ST GREENSBORO, NC 27401-1875	56-0532144	501(C)(3)	303,641.	0.			GENERAL SUPPORT
GREENSBORO DAY SCHOOL 5401 LAWDALE DR GREENSBORO, NC 27455	56-0949932	501(C)(3)	143,235.	0.			GENERAL SUPPORT
GREENSBORO DOWNTOWN PARKS, INC. 200 N. DAVIE ST. BOX 22 GREENSBORO, NC 27401	47-4953789	501(C)(3)	50,883.	0.			GENERAL SUPPORT
GREENSBORO FARMERS MARKET, INC. 501 YANCEYVILLE ST. GREENSBORO, NC 27405	45-3819685	501(C)(3)	10,250.	0.			GENERAL SUPPORT
GREENSBORO HISTORICAL MUSEUM, INC. 130 SUMMIT AVE GREENSBORO, NC 27401	56-0629340	501(C)(3)	33,606.	0.			GENERAL SUPPORT
GREENSBORO HOUSING COALITION, INC. TRITON BUILDING 1031 SUMMIT AVE., STE. 1E-2 - GREENSBORO, NC 27405	56-1727193	501(C)(3)	36,000.	0.			GENERAL SUPPORT
GREENSBORO JEWISH FEDERATION 5509 - C W. FRIENDLY AVE, GREENSBORO, NC 27410-4211	23-7107693	501(C)(3)	58,782.	0.			GENERAL SUPPORT
GREENSBORO LITERARY ORGANIZATION PO BOX 5256 GREENSBORO, NC 27435	82-1231324	501(C)(3)	7,500.	0.			GENERAL SUPPORT
GREENSBORO OPERA COMPANY 200 N DAVIE ST. BOX 17, STE 307 GREENSBORO, NC 27401	58-1379465	501(C)(3)	65,045.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENSBORO POLICE DEPARTMENT PO BOX 3136 GREENSBORO, NC 27402	56-6000230	501(C)(3)	37,164.	0.			GENERAL SUPPORT
GREENSBORO POLICE FOUNDATION 320 FEDERAL PLACE GREENSBORO, NC 27401	45-3815105	501(C)(3)	53,600.	0.			GENERAL SUPPORT
GREENSBORO SCIENCE CENTER 4301 LAWDALE DRIVE GREENSBORO, NC 27455	56-0885727	501(C)(3)	114,145.	0.			GENERAL SUPPORT
GREENSBORO SPORTS FOUNDATION 2411 WEST GATE CITY BLVD. GREENSBORO, NC 27403	82-2986873	501(C)(3)	41,400.	0.			GENERAL SUPPORT
GREENSBORO SYMPHONY ORCHESTRA 200 N DAVIE ST, STE 301 GREENSBORO, NC 27401	56-6063111	501(C)(3)	24,225.	0.			GENERAL SUPPORT
GREENSBORO URBAN MINISTRY 305 WEST GATE CITY BLVD. GREENSBORO, NC 27406-1240	56-0890545	501(C)(3)	321,419.	0.			GENERAL SUPPORT
GUILD OF FAMILY SERVICE OF GREENSBORO - PO BOX 4424 - GREENSBORO, NC 27404	56-0547459	501(C)(3)	7,000.	0.			GENERAL SUPPORT
GUILFORD CHILD DEVELOPMENT 1200 ARLINGTON STREET GREENSBORO, NC 27406	56-0863474	501(C)(3)	20,000.	0.			GENERAL SUPPORT
GUILFORD COLLEGE 5800 W. FRIENDLY AVE GREENSBORO, NC 27410	56-0529982	501(C)(3)	292,191.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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GUILFORD COUNTY COUNCIL OF PTAS 712 N. EUGENE ST. GREENSBORO, NC 27401	56-1824327	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GUILFORD COUNTY SCHOOLS 712 N. EUGENE ST. GREENSBORO, NC 27401	56-6000522	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GUILFORD EDUCATION ALLIANCE 311 POMONA DR., STE. E GREENSBORO, NC 27407	20-0328746	501(C)(3)	28,855.	0.			GENERAL SUPPORT
GUILFORD GREEN FOUNDATION 121 NORTH GREENE STREET GREENSBORO, NC 27401	56-2091293	501(C)(3)	69,912.	0.			GENERAL SUPPORT
GUILFORD PARK PRESBYTERIAN CHURCH 2100 FERNWOOD DR GREENSBORO, NC 27408-5500	56-6015646	501(C)(3)	15,819.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL 322 WEST LAMAR STREET AMERICUS, GA 31709-3543	91-1914868	501(C)(3)	5,300.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF GREATER GREENSBORO - 1031 SUMMIT AVE., STE. 2W-2 - GREENSBORO, NC 27405	56-1586870	501(C)(3)	5,820.	0.			GENERAL SUPPORT
HARVARD BUSINESS SCHOOL PO BOX 412275 BOSTON, MA 02241-2275	04-2103580	501(C)(3)	25,500.	0.			GENERAL SUPPORT
HEALING TRANSITIONS INTERNATIONAL 1251 GOODE ST. RALEIGH, NC 27603	56-2135246	501(C)(3)	17,000.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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HIGH COUNTRY CHARITABLE FOUNDATION 610 BANNER ELK HWY BANNER ELK, NC 28604	47-3891153	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HIGH POINT UNIVERSITY 833 MONTLIEU AVE. HIGH POINT, NC 27262	56-0529999	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HISPANIC LEAGUE 418 MARSHALL ST. N WINSTON-SALEM, NC 27101	56-1791215	501(C)(3)	12,500.	0.			GENERAL SUPPORT
HISPANIC LIAISON/EL VINCULO HISPANO - 200 N. CHATHAM AVE. - SILER CITY, NC 27344	56-1974043	501(C)(3)	25,000.	0.			GENERAL SUPPORT
HOGAR DEL INMIGRANTE INC 1225 E 5TH ST. WINSTON-SALEM, NC 27101	86-2865118	501(C)(3)	7,813.	0.			GENERAL SUPPORT
HOLY TRINITY DAY SCHOOL 607 N. GREENE ST GREENSBORO, NC 27401	56-0530002	501(C)(3)	7,000.	0.			GENERAL SUPPORT
HOLY TRINITY EPISCOPAL CHURCH 607 N. GREENE STREET GREENSBORO, NC 27401	56-0530002	501(C)(3)	94,402.	0.			GENERAL SUPPORT
HOPE ACADEMY 1403 WEST FLORIDA STREET GREENSBORO, NC 27403	01-0930709	501(C)(3)	41,200.	0.			GENERAL SUPPORT
HOPE TO WALK 125 N. MAIN ST. STE. 500-188 - BLACKSBURG, VA 24060	47-3345678	501(C)(3)	10,000.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**



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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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HORSEPOWER THERAPEUTIC LEARNING 4537 WALPOLE RD. HIGH POINT, NC 27265	56-1907424	501(C)(3)	81,500.	0.			GENERAL SUPPORT
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVE., NW WASHINGTON, DC 20036	52-1481896	501(C)(3)	7,195.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF THE UNITED STATES - 1255 23RD ST. NW STE. 450 - WASHINGTON, DC 20037	53-0225390	501(C)(3)	12,000.	0.			GENERAL SUPPORT
I AM A QUEEN PO BOX 16282 HIGH POINT, NC 27261	27-4847273	501(C)(3)	10,000.	0.			GENERAL SUPPORT
IGLESIA LA SEMILLA 806 CLARENDON STREET DURHAM, NC 27705	56-6001441	501(C)(3)	27,000.	0.			GENERAL SUPPORT
INTERACTIVE RESOURCE CENTER PO BOX 20568 GREENSBORO, NC 27420	80-0315285	501(C)(3)	40,650.	0.			GENERAL SUPPORT
INTERNATIONAL FEDERATION OF THE RED CROSS - 420 LEXINGTON AVE. RM 905 - NEW YORK, NY 10170	13-3682664	501(C)(3)	10,000.	0.			GENERAL SUPPORT
IPPF WHR FUND 125 MAIDEN LN. 9TH FLOOR - NEW YORK, NY 10038-4730	20-2561205	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ISLA PO BOX 16278 CHAPEL HILL, NC 27516	45-5336885	501(C)(3)	20,000.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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JEWISH FOUNDATION OF GREENSBORO 5509-C WEST FRIENDLY AVE GREENSBORO, NC 27410-4211	23-7107693	501(C)(3)	1,050,000.	0.			GENERAL SUPPORT
JOSEPH MICHAEL ALBANY, JR. MEMORIAL FOUNDATION - PO BOX 5443 - HIGH POINT, NC 27262	83-2604079	501(C)(3)	13,542.	0.			GENERAL SUPPORT
JULIET'S HOUSE ANIMAL RESCUE 1111 MONTICELLO ST. GREENSBORO, NC 27410	47-3620398	501(C)(3)	10,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF THE TRIAD 3220 NORTHLINE AVE GREENSBORO, NC 27408-7606	56-0844838	501(C)(3)	9,364.	0.			GENERAL SUPPORT
JUNIOR LEAGUE OF GREENSBORO 3101 W FRIENDLY AVE GREENSBORO, NC 27408	56-0685368	501(C)(3)	14,461.	0.			GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION - 216 W MARKET ST, STE B - GREENSBORO, NC 27401	23-1907729	501(C)(3)	31,600.	0.			GENERAL SUPPORT
KELLIN FOUNDATION 2110 GOLDEN GATE DR. STE. B GREENSBORO, NC 27405	46-3497352	501(C)(3)	7,400.	0.			GENERAL SUPPORT
LATIN AMERICAN COALITION 4938 CENTRAL AVE., STE. 101 CHARLOTTE, NC 28205	58-1945776	501(C)(3)	25,000.	0.			GENERAL SUPPORT
LATINO ADVOCACY COALITION OF HENDERSON COUNTY - 508 N. GROVE ST. - HENDERSONVILLE, NC 28792	56-2267574	501(C)(3)	7,813.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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LATINK LIFE 7550 CEDAR MEADOWS LN. KERNERSVILLE, NC 27284	83-2596750	501(C)(3)	7,813.	0.			GENERAL SUPPORT
LAWNDALE BAPTIST CHURCH 3505 LAWNDALE DR GREENSBORO, NC 27408	58-0732040	501(C)(3)	10,120.	0.			GENERAL SUPPORT
LEGAL AID OF NC - GREENSBORO OFFICE - 122 N. ELM ST., STE. 700 - GREENSBORO, NC 27401	31-1784161	501(C)(3)	45,500.	0.			GENERAL SUPPORT
LEXINGTON RETIREMENT COMMUNITY 160 KENDAL DR. LEXINGTON, VA 24450	54-1795871	501(C)(3)	5,800.	0.			GENERAL SUPPORT
LIFE AROUND THE TABLE PO BOX 344 SAXAPAHAW, NC 27340	56-0727845	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LILLIAN'S LIST FOUNDATION 3117 POPLARWOOD CT. STE. 130 RALEIGH, NC 27604	85-3038203	501(C)(3)	25,000.	0.			GENERAL SUPPORT
LIVING WAY CHURCH 4433 REHOBETH CHURCH RD GREENSBORO, NC 27406	56-1161143	501(C)(3)	32,500.	0.			GENERAL SUPPORT
LUTHERAN RETIREMENT MINISTRIES-TWIN LAKES CENTER - 3701 WADE COBLE DRIVE - BURLINGTON, NC 27215	56-1270984	501(C)(3)	49,551.	0.			GENERAL SUPPORT
MAGNOLIA HOUSE FOUNDATION PO BOX 5817 GREENSBORO, NC 27406	31-1613173	501(C)(3)	16,000.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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MAKE-A-WISH FOUNDATION OF CENTRAL AND WESTERN NORTH CAROLINA - 217 E. TREMONT AVE. - CHARLOTTE, NC 28203	56-1492432	501(C)(3)	100,400.	0.			GENERAL SUPPORT
MANA NUTRITION 130 LIBRARY LN. MATTHEWS, NC 28105	27-0165743	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MARINE CORPS LEAGUE 3619 JEFFERSON DAVIS HWY, SUITE 115 STAFFORD, VA 22554	23-1598250	501(C)(3)	10,000.	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
MENTAL HEALTH GREENSBORO 700 WALTER REED DR. GREENSBORO, NC 27403	56-6076634	501(C)(3)	31,250.	0.			GENERAL SUPPORT
MIJENTE SUPPORT COMMITTEE 734 W POLK ST. PHOENIX, AZ 85007	81-3459266	501(C)(3)	27,000.	0.			GENERAL SUPPORT
MOREHEAD UNITED METHODIST CHURCH 3214 HORSE PEN CREEK RD. GREENSBORO, NC 27410	56-2630442	501(C)(3)	12,500.	0.			GENERAL SUPPORT
MOUNT ZION BAPTIST CHURCH OF GREENSBORO, INC. - 1301 ALAMANCE CHURCH ROAD - GREENSBORO, NC 27406	58-2116956	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MUSEUM OF THE BIBLE 409 3RD ST., SW WASHINGTON, DC 20024	27-3444987	501(C)(3)	50,000.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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MUSIC ACADEMY OF NORTH CAROLINA, INC. - 1327 BEAMAN PLACE - GREENSBORO, NC 27408	58-1583883	501(C)(3)	20,038.	0.			GENERAL SUPPORT
MUSTARD SEED COMMUNITY HEALTH 238 S. ENGLISH ST. GREENSBORO, NC 27401	46-4980081	501(C)(3)	31,580.	0.			GENERAL SUPPORT
NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE PIEDMONT TRIAD - 713 NORTH GREENE STREET - GREENSBORO, NC 27401	06-1753756	501(C)(3)	50,650.	0.			GENERAL SUPPORT
NATIONAL ETHNIC COALITION OF ORGANIZATIONS FOUNDATION, INC. - 110 SCHENCK BLVD - FLORAL PARK, NY 11001	11-2899820	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATURE CONSERVANCY 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 22203-1606	53-0242652	501(C)(3)	7,800.	0.			GENERAL SUPPORT
NC BAR FOUNDATION 8000 WESTON PARKWAY CARY, NC 27513	56-0767805	501(C)(3)	19,529.	0.			GENERAL SUPPORT
NC FIELD 327 NORTH QUEEN ST., STE. 306 KINSTON, NC 28501	27-4618713	501(C)(3)	28,500.	0.			GENERAL SUPPORT
NC FOLK AND HERITAGE FESTIVALS PO BOX 877 GREENSBORO, NC 27402	82-4363298	501(C)(3)	7,100.	0.			GENERAL SUPPORT
NC STATE UNIVERSITY ADVANCEMENT OFFICE - CAMPUS BOX 7474 - RALEIGH, NC 27695-7474	56-6000756	501(C)(3)	13,100.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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NC STATE UNIVERSITY STUDENT AID ASSOCIATION - PO BOX 37100 - RALEIGH, NC 27627-7100	56-6049503	501(C)(3)	119,520.	0.			GENERAL SUPPORT
NC TEXTILE FOUNDATION, INC. PO BOX 8301 RALEIGH, NC 27695	56-6045324	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NEW CREATION COMMUNITY PRESBYTERIAN CHURCH - 617 N. ELM ST. - GREENSBORO, NC 27401	56-1601858	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEW GARDEN FRIENDS MEETING 801 NEW GARDEN RD GREENSBORO, NC 27410-3231	56-0860298	501(C)(3)	5,500.	0.			GENERAL SUPPORT
NEW GARDEN FRIENDS SCHOOL 1128 NEW GARDEN RD GREENSBORO, NC 27410-3206	56-1002236	501(C)(3)	176,505.	0.			GENERAL SUPPORT
NIDO QUBEIN FOUNDATION HIGH POINT UNIVERSITY, ONE UNIVERSITY PARKWAY - HIGH POINT, NC 27268	58-2068284	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NORTH NAPLES UNITED METHODIST CHURCH - 6000 GOODLETTE ROAD - NAPLES, FL 34109	59-1383829	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NORTHWESTERN UNIVERSITY 1201 DAVIS ST EVANSTON, IL 60208	36-2167817	501(C)(3)	12,000.	0.			GENERAL SUPPORT
NORTON MUSEUM OF ART 1450 S. DIXIE HWY WEST PALM BEACH, FL 33401	59-0624432	501(C)(3)	45,000.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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OAK RIDGE UNITED METHODIST CHURCH 2424 OAK RIDGE ROAD OAK RIDGE, NC 27310	56-1293108	501(C)(3)	6,200.	0.			GENERAL SUPPORT
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HWY NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	7,000.	0.			GENERAL SUPPORT
OLD NORTH STATE COUNCIL OF BOY SCOUTS OF AMERICA - PO BOX 29046 - GREENSBORO, NC 27429	56-1762001	501(C)(3)	66,250.	0.			GENERAL SUPPORT
OPERATION XCEL PO BOX 412 STOKESDALE, NC 27357	26-3948215	501(C)(3)	10,000.	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 PO BOX 4331 GREENSBORO, NC 27404	27-2772988	501(C)(3)	5,750.	0.			GENERAL SUPPORT
PACIFIC LINKS FOUNDATION 534 VALLEY WAY MILPITAS, CA 95035	94-3397768	501(C)(3)	100,000.	0.			GENERAL SUPPORT
PALM BEACH ATLANTIC UNIVERSITY DEVELOPMENT OFFICE PO BOX 24708 - WEST PALM BEACH, FL 33416-9893	59-1092732	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PALM BEACH SYMPHONY SOCIETY 44 COCOANUT ROW, M207-B PALM BEACH, FL 33480	59-1542539	501(C)(3)	32,500.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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PARK CITY COMMUNITY FOUNDATION, INC. - PO BOX 681499 - PARK CITY, UT 84068	30-0171971	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PARTNERS ENDING HOMELESSNESS 1500 YANCEYVILLE STREET GREENSBORO, NC 27405	20-1798198	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PEACE HOUSE, INC. PO BOX 682141 PARK CITY, UT 84068	87-0500067	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PEACEHAVEN FARM, INC. 1458 HIGHWAY 61 WHITSETT, NC 27377	26-1388416	501(C)(3)	5,200.	0.			GENERAL SUPPORT
PEAK ADVENTURE MINISTRIES, INC. 1818 BULL RUN CT. GREENSBORO, NC 27407	20-5638427	501(C)(3)	10,200.	0.			GENERAL SUPPORT
PHILLIPS ACADEMY 180 MAIN ST. ANDOVER, MA 01810	04-2103579	501(C)(3)	172,000.	0.			GENERAL SUPPORT
PIEDMONT BUSINESS CAPITAL 1451 S. ELM-EUGENE ST., STE. 2121 GREENSBORO, NC 27406	56-1872877	501(C)(3)	32,500.	0.			GENERAL SUPPORT
PIEDMONT LAND CONSERVANCY 1515 W CORNWALLIS, STE 205 GREENSBORO, NC 27408	56-1704433	501(C)(3)	172,056.	0.			GENERAL SUPPORT
PIEDMONT TRIAD CHARITABLE FOUNDATION - 416 GALLIMORE DAIRY RD., STE. M - GREENSBORO, NC 27409	56-6085407	501(C)(3)	106,185.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**



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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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PLANNED PARENTHOOD SOUTH ATLANTIC 100 S. BOYLAN RALEIGH, NC 27603	56-1282557	501(3)	15,500.	0.			GENERAL SUPPORT
POSITIVE DIRECTION FOR YOUTH AND FAMILIES - 2207 E CONE BLVD - GREENSBORO, NC 27405	56-1872937	501(3)	22,500.	0.			GENERAL SUPPORT
PRESERVATION GREENSBORO INC. PO BOX 13136 GREENSBORO, NC 27415-3136	56-6086217	501(3)	27,406.	0.			GENERAL SUPPORT
RANDOLPH COUNTY PARTNERSHIP FOR CHILDREN - 349 SUNSET AVE - ASHEBORO, NC 27203-5611	31-1612024	501(3)	9,076.	0.			GENERAL SUPPORT
RANDOLPH-MACON COLLEGE PO BOX 5005 ASHLAND, VA 23005-5505	54-0505940	501(3)	5,800.	0.			GENERAL SUPPORT
RED DOG FARM ANIMAL RESCUE NETWORK 8653 NC HWY 65 STOKESDALE, NC 27357	20-5428178	501(3)	12,050.	0.			GENERAL SUPPORT
RESTORATION PLACE COUNSELING PO BOX 38787 GREENSBORO, NC 27438	25-1915667	501(3)	17,000.	0.			GENERAL SUPPORT
ROMAN CATHOLIC DIOCESE OF CHARLOTTE - 1123 SOUTH CHURCH ST - CHARLOTTE, NC 28203	56-1000633	501(3)	60,558.	0.			GENERAL SUPPORT
ROOM AT THE INN OF THE TRIAD PO BOX 13936 GREENSBORO, NC 27415	56-2152520	501(3)	5,250.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROTARY CLUB OF GREENSBORO FOUNDATION, INC. - 330 S. GREENE ST., STE. 304 - GREENSBORO, NC 27401	56-2046035	501(3)	11,000.	0.			GENERAL SUPPORT
SAFECHILD 864 W. MORGAN ST. RALEIGH, NC 27603	56-1817816	501(3)	33,333.	0.			GENERAL SUPPORT
SALEM ACADEMY AND COLLEGE 601 S CHURCH ST WINSTON-SALEM, NC 27101	56-0530005	501(3)	20,821.	0.			GENERAL SUPPORT
SALVATION ARMY 1311 S. EUGENE ST. GREENSBORO, NC 27406	58-0660607	501(3)	58,070.	0.			GENERAL SUPPORT
SALVATION ARMY GREENSBORO 1311 S. EUGENE ST. GREENSBORO, NC 27406	58-0660607	501(3)	17,400.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607-3000	58-1437002	501(3)	22,920.	0.			GENERAL SUPPORT
SANCTUARY HOUSE 518 N ELM ST GREENSBORO, NC 27401	56-2257832	501(3)	40,800.	0.			GENERAL SUPPORT
SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 06470	46-1657101	501(3)	6,000.	0.			GENERAL SUPPORT
SAY YES GUILFORD PO BOX 309 JAMESTOWN, NC 27282	47-5634044	501(3)	1,242,319.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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SEARCH MINISTRIES PO BOX 165029 FORT WORTH, TX 76161-5029	75-1627393	501(3)	12,500.	0.			GENERAL SUPPORT
SECOND HARVEST FOOD BANK OF NORTHWEST NC - 3655 REED ST. - WINSTON-SALEM, NC 27107	58-1457912	501(3)	78,306.	0.			GENERAL SUPPORT
SENIOR RESOURCES OF GUILFORD PO BOX 21993 GREENSBORO, NC 27420	56-1181577	501(3)	11,017.	0.			GENERAL SUPPORT
SHRM FOUNDATION PO BOX 79116 BALTIMORE, MD 21279-0116	34-6610067	501(3)	10,000.	0.			GENERAL SUPPORT
SOUTHERN VISION ALLIANCE PO BOX 51698 DURHAM, NC 27717	61-1639641	501(3)	34,813.	0.			GENERAL SUPPORT
ST. MARY'S SCHOOL 900 HILLSBOROUGH STREET RALEIGH, NC 27603	56-0532314	501(3)	257,950.	0.			GENERAL SUPPORT
ST. PIUS X CATHOLIC SCHOOL 2200 N. ELM ST. GREENSBORO, NC 27408	56-0554221	501(3)	6,666.	0.			GENERAL SUPPORT
ST. PIUS X CHURCH 2210 NORTH ELM STREET GREENSBORO, NC 27408-5198	56-0554221	501(3)	25,900.	0.			GENERAL SUPPORT
STEPUP GREENSBORO 707 N GREENE ST GREENSBORO, NC 27401	45-2184316	501(3)	11,600.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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STRATEGIC RENEWAL INTERNATIONAL PO BOX 370233 DENVER , CO 80237	68-0422375	501(3)	19,400.	0.			GENERAL SUPPORT
STUDENT ACTION WITH FARMWORKERS (SAF) - 1317 W. PETTIGREW STREET - DURHAM, NC 27705	56-1789014	501(3)	20,000.	0.			GENERAL SUPPORT
SUNRISE-AMANECER 308 POMONA DR., STE. A GREENSBORO, NC 27407	83-4663924	501(3)	30,313.	0.			GENERAL SUPPORT
SUPER HEROES IN RIPPED JEANS 697 WINNEY HILL RD. ONEONTA, NY 13820	82-2806573	501(3)	11,793.	0.			GENERAL SUPPORT
TEMPLE EMANUEL 1129 JEFFERSON ROAD GREENSBORO, NC 27410	56-0543235	501(3)	48,965.	0.			GENERAL SUPPORT
TEWA WOMEN UNITED PO BOX 397 SANTA CRUZ, NM 87567	85-0480836	501(3)	10,000.	0.			GENERAL SUPPORT
THE EDUCATIONAL FOUNDATION, INC. PO BOX 2446 CHAPEL HILL, NC 27515-2446	59-1711424	501(3)	33,000.	0.			GENERAL SUPPORT
THE FILM COLLABORATIVE 3405 CAZADOR ST LOS ANGELES, CA 90065	32-0295081	501(3)	10,000.	0.			GENERAL SUPPORT
THE FOUNDATION FOR CITY COLLEGE 160 CONVENT AVE. SHEPARD HALL, ROOM 154 - NEW YORK, NY 10031	13-3850823	501(3)	10,000.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOUNDATION FOR EVANGELISM PO BOX 985 LAKE JUNALUSKA, NC 28745	62-6040109	501(3)	100,000.	0.			GENERAL SUPPORT
THE HORATIO ALGER ASSOCIATION OF DISTINGUISHED AMERICANS - 99 CANAL CENTER PLAZA, STE 320 - ALEXANDRIA, VA 22314	13-1669975	501(3)	10,000.	0.			GENERAL SUPPORT
THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS - PO BOX 101510 - ARLINGTON, VA 22210	53-0245017	501(3)	75,000.	0.			GENERAL SUPPORT
THE NATURE CONSERVANCY NC CHAPTER 334 BLACKWELL ST., STE. 300 DURHAM, NC 27701	53-0242652	501(3)	6,000.	0.			GENERAL SUPPORT
THE NUSSBAUM CENTER FOR ENTREPRENEURSHIP, INC. - 1451 S. ELM-EUGENE ST - GREENSBORO, NC 27406	56-1577495	501(3)	335,000.	0.			GENERAL SUPPORT
THE ROYAL POINCIANA CHAPEL 60 COCOANUT ROW PALM BEACH, FL 33480	59-6032877	501(3)	75,000.	0.			GENERAL SUPPORT
THE SERVANT CENTER, INC. 1312 LEXINGTON AVE GREENSBORO, NC 27403	56-1834197	501(3)	11,100.	0.			GENERAL SUPPORT
THE SHEPHERD'S CENTER OF GREENSBORO - 302 W MARKET ST, ROOM 103 - GREENSBORO, NC 27401-6132	56-1591924	501(3)	16,459.	0.			GENERAL SUPPORT
THE SOCIETY OF THE FOUR ARTS 100 FOUR ARTS PLAZA PALM BEACH, FL 33480	59-0454318	501(3)	25,000.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SPARROW'S NEST, INC. 908-A N. JOSEPHINE BOYD GREENSBORO, NC 27408	56-2274692	501(3)	12,401.	0.			GENERAL SUPPORT
THEATRE ART GALLERIES, INC. 220 E COMMERCE AVE HIGH POINT, NC 27260	56-1784862	501(3)	10,000.	0.			GENERAL SUPPORT
TRIAD HEALTH PROJECT PO BOX 5716 GREENSBORO, NC 27435	58-1705502	501(3)	34,118.	0.			GENERAL SUPPORT
TRIAD HONOR FLIGHT PO BOX 16132 HIGH POINT, NC 27261	85-0603095	501(3)	6,400.	0.			GENERAL SUPPORT
TRUE RIDGE 110 EDNEY ST., UNIT A HENDERSONVILLE, NC 28792	82-1094679	501(3)	20,000.	0.			GENERAL SUPPORT
TRUST FOR PUBLIC LAND 101 MONTGOMERY ST., STE. 900 SAN FRANCISCO, CA 94104	23-7222333	501(3)	5,100.	0.			GENERAL SUPPORT
UNC CENTER FOR PUBLIC TELEVISION PO BOX 600067 RESEARCH TRIANGLE PARK, NC 27675-6067	56-6001393	501(3)	8,250.	0.			GENERAL SUPPORT
UNC HEALTH FOUNDATION PO BOX 309 CHAPEL HILL, NC 27514-0309	56-6057494	501(3)	1,186,410.	0.			GENERAL SUPPORT
UNC-CH OFFICE OF DEVELOPMENT PO BOX 309 CHAPEL HILL, NC 27514-0309	56-6001393	501(3)	115,855.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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UNC-CH SCHOOL OF LAW PO BOX 309 CHAPEL HILL, NC 27514-0309	56-6001393	501(3)	7,850.	0.			GENERAL SUPPORT
UNC-CHAPEL HILL OFFICE OF DEVELOPMENT - PO BOX 309 - CHAPEL HILL, NC 27514-0309	56-6001393	501(3)	7,242.	0.			GENERAL SUPPORT
UNCG EXCELLENCE FOUNDATION UNCG ADVANCEMENT SERVICES PO BOX 26170 - GREENSBORO, NC 27402-6170	56-6086393	501(3)	757,007.	0.			GENERAL SUPPORT
UNCG OFFICE OF ADVANCEMENT SERVICES - PO BOX 26170 - GREENSBORO, NC 27402-6170	56-6001468	501(3)	101,106.	0.			GENERAL SUPPORT
UNCG SPARTAN CLUB PO BOX 26168 GREENSBORO, NC 27402-6168	56-6001468	501(3)	9,000.	0.			GENERAL SUPPORT
UNCG WEATHERSPOON ART MUSEUM PO BOX 26170 GREENSBORO, NC 27402-6170	58-1852178	501(3)	22,571.	0.			GENERAL SUPPORT
UNION THEOLOGICAL SEMINARY 3041 BROADWAY, BOX 47 NEW YORK, NY 10027	13-1624238	501(3)	15,000.	0.			GENERAL SUPPORT
UNITED WAY OF CUMBERLAND COUNTY 222 MAIDEN LANE FAYETTEVILLE, NC 28301	56-0564342	501(3)	10,000.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE ST GREENSBORO, NC 27405-6932	56-0668555	501(3)	509,919.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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UNITED WAY OF INDIAN RIVER COUNTY PO BOX 1960 VERO BEACH, FL 32961	59-1087090	501(3)	10,000.	0.			GENERAL SUPPORT
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION - 12424 RESEARCH PKY STE. 250 - ORLANDO, FL 32826	59-6211832	501(3)	10,000.	0.			GENERAL SUPPORT
UNIVERSITY OF UTAH HEALTH - ORTHOPAEDICS - 332 S. 1400 E - SALT LAKE CITY, UT 84112	87-6000525	501(3)	35,000.	0.			GENERAL SUPPORT
UNIVERSITY OF VIRGINIA P.O. BOX 37963 BOONE, NC 50037	54-2009312	501(3)	200,500.	0.			GENERAL SUPPORT
VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889	23-2888152	501(3)	718,662.	0.			GENERAL SUPPORT
VICTORY JUNCTION GANG CAMP 4500 ADAM'S WAY RANDLEMAN, NC 27317	56-2215292	501(3)	11,000.	0.			GENERAL SUPPORT
VIRGINIA EPISCOPAL SCHOOL 400 VES RD. LYNCHBURG, VA 24503	54-0506431	501(3)	22,700.	0.			GENERAL SUPPORT
VITAL VOICES GLOBAL PARTNERSHIP 1101 WILSON BLVD., 6TH FLOOR ARLINGTON, VA 22209	52-2151557	501(3)	25,000.	0.			GENERAL SUPPORT
WASHINGTON & LEE UNIVERSITY OFFICE OF DEVELOPMENT 204 W WASHINGTON ST - LEXINGTON, VA 24450	54-0505977	501(3)	15,000.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**



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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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WELL SPRING GROUP 4100 WELL SPRING DR. GREENSBORO, NC 27410	90-0885759	501(3)	16,450.	0.			GENERAL SUPPORT
WELL SPRING SOLUTIONS 4100 WELL SPRING DR GREENSBORO, NC 27410	56-1497371	501(3)	5,500.	0.			GENERAL SUPPORT
WELLSRING, A LIFE PLAN COMMUNITY 4100 WELL SPRING DR GREENSBORO, NC 27410	56-1497371	501(3)	9,650.	0.			GENERAL SUPPORT
WEST MARKET STREET UNITED METHODIST CHURCH - 302 W MARKET ST - GREENSBORO, NC 27401	56-0543248	501(3)	172,100.	0.			GENERAL SUPPORT
WESTERN GUILFORD HIGH SCHOOL 409 FRIENDWAY DRIVE GREENSBORO, NC 27410	56-6000522	501(3)	12,000.	0.			GENERAL SUPPORT
WESTERN NORTH CAROLINA WORKER CENTER - PO BOX 3 - HICKORY, NC 28603	86-1120732	501(3)	25,000.	0.			GENERAL SUPPORT
WESTERN NORTH CAROLINA WORKERS CENTER - PO BOX 3 - HICKORY, NC 28603	86-1120732	501(3)	34,813.	0.			GENERAL SUPPORT
WESTMINSTER PRESBYTERIAN CHURCH 3906 W. FRIENDLY AVENUE GREENSBORO, NC 27410	56-0547525	501(3)	89,903.	0.			GENERAL SUPPORT
WESTOVER CHURCH, INC. 505 MUIRS CHAPEL ROAD GREENSBORO, NC 27410-5325	56-0629347	501(3)	22,600.	0.			GENERAL SUPPORT

**Schedule I (Form 990)**

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

Schedule I (Form 990)

**56-1380249**

Page 1

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

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WFDD PUBLIC RADIO AT WAKE FOREST UNIVERSITY - 1834 WAKE FOREST RD #8850 - WINSTON-SALEM, NC 27901-6000	56-0532138	501(3)	12,190.	0.			GENERAL SUPPORT
WHEELS4HOPE 110 S. WALNUT CIRCLE GREENSBORO, NC 27409	56-2196676	501(3)	17,500.	0.			GENERAL SUPPORT
WHITE HOUSE HISTORICAL ASSOCIATION PO BOX 27624 WASHINGTON, DC 20038	52-0749685	501(3)	10,000.	0.			GENERAL SUPPORT
WOMEN'S RESOURCE CENTER OF GREENSBORO, INC. - 628 SUMMIT AVE - GREENSBORO, NC 27405-7742	56-1891618	501(3)	54,291.	0.			GENERAL SUPPORT
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590	501(3)	7,189.	0.			GENERAL SUPPORT
WORLD WILDLIFE FUND 1250 TWENTY-FOURTH STREET, NW PO BOX 97180 - WASHINGTON, DC 20090-7180	52-1693387	501(3)	5,500.	0.			GENERAL SUPPORT
YMCA CAMP WEAVER 4924 TAPAWINGO TRAIL GREENSBORO, NC 27406	56-0543243	501(3)	20,000.	0.			GENERAL SUPPORT
YWCA OF GREENSBORO 1807 E. WENDOVER AVE. GREENSBORO, NC 27405	56-0529936	501(3)	26,765.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF GREATER  
GREENSBORO, INC.

56-1380249

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

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

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

## PART I, LINE 2:

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

**Part IV** Supplemental Information

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

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

Employer identification number

**56-1380249**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>	<b>X</b>	
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2021

## Schedule J (Form 990) 2021

Page 2

**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.

Schedule J (Form 990) 2021

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

THE FOUNDATION PROVIDED YEAR END BONUSES FOR ALL STAFF. THE BONUSES WERE  
BASED ON A NUMBER OF FACTORS AND WERE APPROVED BY THE PERSONNEL COMMITTEE  
AND BOARD.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

- ▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	<b>X</b>	<b>143</b>	<b>6,315,736.</b>	<b>FMV</b>
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

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

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

**Schedule M (Form 990) 2021**



## Part II

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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 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  
PERSONAL INFLUENCE IN CONNECTION THEREWITH.

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

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

Schedule O (Form 990) 2021

Name of the organization	COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	Employer identification number	56-1380249
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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 FORMS 990 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 ORGANIZATION'S WEBSITE. OTHER GOVERNANCE DOCUMENTS ARE AVAILABLE ON REQUEST.

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

Employer identification number  
**56-1380249**

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -167,031.

PROVISION FOR LOSSES ON UNCOLLECTIBLE PLEDGES -454,085.

TOTAL TO FORM 990, PART XI, LINE 9 -621,116.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization	<b>COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.</b>	Employer identification number <b>56-1380249</b>
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**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 301 NORTH ELM STREET, STE. 100 GREENSBORO, NC 27401	ADMINISTER PLEDGES AND COORDINATE GRANTS TO BUILD PERFORMING ARTS CENTER	NORTH CAROLINA	354,658.	4,151,764.	COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
STANLEY & DOROTHY FRANK FAMILY FOUNDATION - 56-6513308, 301 NORTH ELM STREET, STE. 100, GREENSBORO, NC 27401	GRANTS	NORTH CAROLINA	501(C)(3)	LINE 12A, I	COMMUNITY FOUNDATION OF GREATER	X	
COMMUNITY FOUNDATION REAL ESTATE MANAGEMENT FUND, INC. - 56-2035757, 301 NORTH ELM STREET, STE. 100, GREENSBORO, NC 27401	TO ADMINISTER CHARITABLE FUNDS RELATING TO REAL PROPERTY	NORTH CAROLINA	501(C)(3)	LINE 12A, I	COMMUNITY FOUNDATION OF GREATER	X	

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

Schedule R (Form 990) 2021

SEE PART VII FOR CONTINUATIONS

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

Schedule R (Form 990) 2021

**56-1380249** Page **2**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUSTS (7)	REMAINDER TRUSTS	NC	N/A	TRUST	N/A	N/A	N/A		X

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

Schedule R (Form 990) 2021

56-1380249 Page 3

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	<b>1a</b>	<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	<b>X</b>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	<b>X</b>
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	<b>X</b>
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	<b>X</b>
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	<b>X</b>
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	<b>X</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	<b>X</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	<b>X</b>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	<b>X</b>

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
STANLEY AND DOROTHY FRANK FAMILY (1) FOUNDATION	L	107,124.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

## Schedule R (Form 990) 2021

Page 4

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.

[illegible]



**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 &amp; DOROTHY FRANK FAMILY FOUNDATION

DIRECT CONTROLLING ENTITY: COMMUNITY FOUNDATION OF GREATER GREENSBORO

NAME OF RELATED ORGANIZATION:

COMMUNITY FOUNDATION REAL ESTATE MANAGEMENT FUND, INC.

DIRECT CONTROLLING ENTITY: COMMUNITY FOUNDATION OF GREATER GREENSBORO