

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2024

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section A-M containing organization name, address, identification numbers, and tax-exempt status.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

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.

Signature block section with fields for officer signature, preparer name, firm name, and address.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

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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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 12,925,929. including grants of \$ 11,440,544.) (Revenue \$) DONOR ADVISED: THE COMMUNITY FOUNDATION MANAGES 399 DONOR-ADVISED AND SCHOLARSHIP FUNDS WHICH ENABLE RESIDENTS OF GREATER GREENSBORO TO ACHIEVE THEIR INDIVIDUAL CHARITABLE GOALS. DURING 2024, MORE THAN 2,850 GRANTS WERE DISBURSED IN SUPPORT OF FAITH BASED, HEALTH & HUMAN SERVICE, EDUCATIONAL AND OTHER COMMUNITY SERVICE ORGANIZATIONS.

4b (Code:) (Expenses \$ 3,203,115. including grants of \$ 2,471,442.) (Revenue \$ 131,483.) 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 2024 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 \$ 1,633,483. including grants of \$ 1,445,771.) (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 17,762,527.

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 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>		X
4 Section 501(c)(3) organizations. 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>	X	
5 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>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 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>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a 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>	X	
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>	X	
c 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>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 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>		X
19 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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Part IV Checklist of Required Schedules *(continued)*

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

Note: All Form 990 filers are required to complete Schedule O

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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	83
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		23
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
d	If "Yes," indicate the number of Forms 8282 filed during the year		1
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 31		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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		X

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

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

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
BRIAN GRAHAM - 336-379-9100
301 NORTH ELM STREET, SUITE 100, GREENSBORO, NC 27401

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - 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			278,699.	0.	31,636.	
(2) BRANDON ZIEGLER CHIEF IMPACT OFFICER/VP, GRANTS & IN	40.00 0.00				X		182,228.	0.	11,542.	
(3) MARCI PEACE CHIEF FINANCIAL OFFICER	40.00 2.00			X			168,234.	0.	20,809.	
(4) CATHY KNOWLES VP, DEV. & DONOR ENGAGEMENT	40.00 0.00				X		152,342.	0.	19,271.	
(5) MARTIN ACEVEDO VP, MARKETING AND COMM.	40.00 0.00				X		127,584.	0.	19,861.	
(6) EMILY THOMPSON AVP, DONOR ENGAGEMENT	40.00 0.00				X		108,798.	0.	15,380.	
(7) ANNE FLYNT DIRECTOR, GAP AND ETWI	40.00 0.00				X		100,498.	0.	19,497.	
(8) LAWRENCE CZARDA CHAIR	2.00 1.00	X		X			0.	0.	0.	
(9) JENNIFER HALL TREASURER	1.00 0.00	X		X			0.	0.	0.	
(10) AFI JOHNSON-PARRIS SECRETARY/CHAIR-ELECT	1.00 0.00	X		X			0.	0.	0.	
(11) DAVID ALLEN DIRECTOR	0.50 0.00	X					0.	0.	0.	
(12) RHONDA ANDERSON DIRECTOR	0.50 0.00	X					0.	0.	0.	
(13) UMA AVVA EX-OFFICIO	0.50 0.75	X					0.	0.	0.	
(14) MARISSA BENTON-BROWN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(15) CHERYL CATO-BLAKEMORE DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) ELLIE BRAUENIS DIRECTOR	0.50 0.00	X					0.	0.	0.	
(17) KATTYA CASTELLON DIRECTOR	0.50 0.00	X					0.	0.	0.	

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) SHARON DOOLEY DIRECTOR	0.50 0.00	X						0.	0.	0.
(19) BARRY FRANK DIRECTOR	0.50 1.00	X						0.	0.	0.
(20) WENDY GATLIN DIRECTOR	0.50 0.00	X						0.	0.	0.
(21) BRIAN GRAHAM DIRECTOR	0.50 0.00	X						0.	0.	0.
(22) KEVIN JAMES DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) RABBI ANDY KOREN DIRECTOR	0.50 0.00	X						0.	0.	0.
(24) ASHLEY MADDEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) KEN MAYER DIRECTOR	0.50 1.50	X						0.	0.	0.
(26) NATALIE MILLER DIRECTOR	0.50 0.00	X						0.	0.	0.
1b Subtotal								1,118,383.	0.	137,996.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,118,383.	0.	137,996.

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 7

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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	
5 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
BROWN BROTHERS HARRIMAN, 227 W. TRADE STREET, STE. 2100, CHARLOTTE, NC 28202	INVESTMENT MANAGEMENT	333,179.

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 1

SEE PART VII, SECTION A CONTINUATION SHEETS

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	135,094.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,000,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	10,981,736.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,113,245.				
	h Total. Add lines 1a-1f			12,116,830.			
Program Service Revenue	2 a EVENT INCOME	Business Code					
		900099	116,602.	116,602.			
	b ADMIN FEE INCOME	561000	-26,744.	-26,744.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue	900099	41,625.	41,625.			
g Total. Add lines 2a-2f			131,483.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		5,442,281.		105,204.	5337077.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	114,745,410.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	113,227,603.	1,331.			
	c Gain or (loss)	7c	1,517,807.	-1,331.			
d Net gain or (loss)			1,516,476.		1516476.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			19,207,070.	131,483.	105,204.	6853553.	

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

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,095,564.	15,095,564.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	262,193.	262,193.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	499,379.	267,172.	232,207.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,665,124.	1,103,082.	468,238.	93,804.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	92,684.	51,681.	34,212.	6,791.
9 Other employee benefits	244,817.	135,667.	94,574.	14,576.
10 Payroll taxes	149,044.	82,076.	58,801.	8,167.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	87,103.	4,568.	82,535.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,601,289.		1,601,289.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	170,729.	115,327.	48,918.	6,484.
12 Advertising and promotion	116,891.	82,049.	30,764.	4,078.
13 Office expenses	77,790.	49,324.	25,010.	3,456.
14 Information technology	87,584.	54,044.	29,615.	3,925.
15 Royalties				
16 Occupancy	183,133.	113,964.	61,074.	8,095.
17 Travel	3,060.	2,149.	804.	107.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,061.	17,347.	6,811.	903.
20 Interest	21,108.	21,108.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	203,181.		203,181.	
23 Insurance	36,850.		36,850.	
24 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.)				
a EVENT EXPENSES	188,503.	157,910.	30,428.	165.
b STAFF/BOARD DEVELOPMENT	65,140.	37,382.	24,373.	3,385.
c DUES AND SUBSCRIPTIONS	49,080.	1,778.	47,302.	
d _____				
e All other expenses _____	142,407.	108,142.	34,114.	151.
25 Total functional expenses. Add lines 1 through 24e	21,067,714.	17,762,527.	3,151,100.	154,087.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

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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		
Assets	1 Cash - non-interest-bearing		1			
	2 Savings and temporary cash investments	7,466,469.	2	5,443,313.		
	3 Pledges and grants receivable, net	1,953,617.	3	1,461,880.		
	4 Accounts receivable, net		4			
	5 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		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7 Notes and loans receivable, net	3,500,000.	7	3,500,000.		
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges	126,802.	9	107,672.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,003,926.				
	b Less: accumulated depreciation	10b 815,421.	1,375,262.	10c	1,188,505.	
	11 Investments - publicly traded securities	130,788,298.	11	145,075,123.		
	12 Investments - other securities. See Part IV, line 11	110,984,694.	12	121,984,281.		
	13 Investments - program-related. See Part IV, line 11	15,427.	13	7,161,769.		
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	3,893,438.	15	3,659,314.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	260,104,007.	16	289,581,857.			
Liabilities	17 Accounts payable and accrued expenses	304,859.	17	309,524.		
	18 Grants payable	3,246,834.	18	3,597,866.		
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 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		22			
	23 Secured mortgages and notes payable to unrelated third parties	272,011.	23	0.		
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 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	32,501,588.	25	41,042,055.		
	26 Total liabilities. Add lines 17 through 25	36,325,292.	26	44,949,445.		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	92,992,413.	27	71,042,929.		
	28 Net assets with donor restrictions	130,786,302.	28	173,589,483.		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	223,778,715.	32	244,632,412.		
33 Total liabilities and net assets/fund balances	260,104,007.	33	289,581,857.			

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

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,207,070.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,067,714.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,860,644.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	223,778,715.
5	Net unrealized gains (losses) on investments	5	22,598,559.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	115,782.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	244,632,412.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	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		X
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	X	
c	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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2024)

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	84341574.	22052849.	14301327.	11910951.	12116830.	144723531
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 Total. Add lines 1 through 3	84341574.	22052849.	14301327.	11910951.	12116830.	144723531
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)						78099949.
6 Public support. Subtract line 5 from line 4.						66623582.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	84341574.	22052849.	14301327.	11910951.	12116830.	144723531
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2449538.	2446337.	3462952.	4508846.	5442281.	18309954.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						163033485
12 Gross receipts from related activities, etc. (see instructions)					12	1,159,020.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	40.86 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	43.70 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c 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>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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>		
2a		
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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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>		
3a		
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>		
3b		

COMMUNITY FOUNDATION OF GREATER
GREENSBORO, INC.

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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d	
e Discount 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 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to 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.

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Table with 2 columns: Name of the organization (COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.) and Employer identification number (56-1380249)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [] 527 political organization
Form 990-PF: [] 501(c)(3) exempt private foundation, [] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [] 501(c)(3) taxable private foundation

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

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,342,048.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>759,454.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>654,644.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>599,726.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>470,993.</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
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 402,342.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 293,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 288,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 282,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 252,303.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	Employer identification number 56-1380249
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input 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
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PUBLCY TRADED SECURITIES _____ _____ _____	\$ <u>654,644.</u>	<u>01/08/24</u>
5	PUBLCY TRADED SECURITIES _____ _____ _____	\$ <u>95,038.</u>	<u>01/11/24</u>
7	PUBLCY TRADED SECURITIES _____ _____ _____	\$ <u>402,342.</u>	<u>10/11/24</u>
10	PUBLCY TRADED SECURITIES _____ _____ _____	\$ <u>128,693.</u>	<u>01/04/24</u>
12	PUBLCY TRADED SECURITIES _____ _____ _____	\$ <u>252,303.</u>	<u>03/18/24</u>
	_____ _____ _____	\$ _____	_____

Name of organization COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	Employer identification number 56-1380249
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	Employer identification number (EIN) 56-1380249
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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 EINs 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) 2024

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												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures	19,466,423.													
e Total exempt purpose expenditures (add lines 1c and 1d)	19,466,423.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN 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.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	989,701.	1,000,000.	1,000,000.	3,989,701.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,984,552.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	247,425.	250,000.	250,000.	997,425.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,496,138.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, non-deductible lobbying expenditures, and taxable amounts.

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 2024 CALENDAR YEAR.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**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	412	
2 Aggregate value of contributions to (during year)	11,205,202.	
3 Aggregate value of grants from (during year)	14,048,785.	
4 Aggregate value at end of year	102,948,123.	
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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

COMMUNITY FOUNDATION OF GREATER

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 |
|--|-----------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" 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
1a Beginning of year balance	116,593,886.	130,138,406.	114,072,752.	94,338,687.	53,420,966.
b Contributions	1,039,978.	-26,909,652.	40,804,026.	12,617,969.	35,771,841.
c Net investment earnings, gains, and losses	15,908,349.	18,466,225.	-21,616,684.	11,326,214.	8,344,494.
d Grants or scholarships	3,372,179.	3,285,500.	1,468,287.	2,248,310.	2,136,792.
e Other expenditures for facilities and programs					
f Administrative expenses	1,644,655.	1,815,593.	1,653,401.	1,961,808.	1,061,822.
g End of year balance	128,525,379.	116,593,886.	130,138,406.	114,072,752.	94,338,687.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 0.0000 %
- b** Permanent endowment 100 %
- c** Term endowment 0.0000 %
- 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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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
1a Land				
b Buildings				
c Leasehold improvements		1,662,167.	593,191.	1,068,976.
d Equipment		124,984.	96,484.	28,500.
e Other		216,775.	125,746.	91,029.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,188,505.

COMMUNITY FOUNDATION OF GREATER

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) ALTERNATIVE ASSETS -		
(B) HEDGE FUNDS	121,984,281.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	121,984,281.	

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD AS ORGANIZATIONAL FUNDS	38,163,046.
(3) LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS	1,361,531.
(4) OPERATING LEASE LIABILITIES	1,517,478.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	41,042,055.

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 ...

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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 2024 WERE TO PROMOTE ECONOMIC DEVELOPMENT THROUGH COMMUNITY INITIATIVES AND SUPPORT CAPACITY BUILDING OF NONPROFIT ORGANIZATIONS.

IN ADDITION, AREA RESIDENTS HAVE CREATED PERMANENT FUNDS TO SUPPORT SPECIFIC AREAS OF INTEREST, INCLUDING ISSUES CONCERNING OUR COMMUNITY'S 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

Part XIII Supplemental Information (continued)

DETERMINE IF THE TAX POSITION IS UNCERTAIN AND THE IMPACT, IF ANY, OF THE EFFECT OF THE UNCERTAIN TAX POSITION MAY HAVE ON THE CONSOLIDATED FINANCIAL STATEMENTS. NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED DURING THE YEARS ENDED DECEMBER 31, 2024 OR 2023.

Lined area for supplemental information.

COMMUNITY FOUNDATION OF GREATER

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 the 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 the 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 the 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 the 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 the 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 the 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.

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2ND ALARM PROJECT PO BOX 180331 TALLAHASSEE, FL 32303	86-2478335	501(C)(3)	10,000.	0.			GENERAL SUPPORT
A SIMPLE GESTURE - GREENSBORO PO BOX 4426 GREENSBORO, NC 27404	47-2995932	501(C)(3)	8,200.	0.			GENERAL SUPPORT
ABUNDANCE CAPITAL P.O. BOX 33 TRAVELERS REST, SC 29690	87-2850443	501(C)(3)	8,000.	0.			GENERAL SUPPORT
ACTION GREENSBORO, INC. 122 N. ELM ST., STE 110 GREENSBORO, NC 27401	56-2251250	501(C)(3)	35,750.	0.			GENERAL SUPPORT
AGNES SCOTT COLLEGE 141 E COLLEGE AVE DECATUR, GA 30030-9802	58-0566116	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALAMANCE COMMUNITY FOUNDATION P.O. BOX 726 BURLINGTON, NC 27216	56-1380249	501(C)(3)	1,483,282.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 275.
- 3** Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

COMMUNITY FOUNDATION OF GREATER
GREENSBORO, INC.

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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
ALLAGCONSIDERED.ORG 3808 MADISON AVE. GREENSBORO, NC 27403	92-1021030	501(C)(3)	9,000.	0.			GENERAL SUPPORT
ALLEN JAY PREPATORY ACADEMY 1201 EAST FAIRFIELD RD HIGH POINT, NC 27263-1613	56-6000522	GOV'T	12,000.	0.			GENERAL SUPPORT
ALS UNITED GREATER CHICAGO 5315 N CLARK ST, #650 CHICAGO, IL 60640	56-1609591	501(C)(3)	14,000.	0.			GENERAL SUPPORT
ALZHEIMERS ASSOCIATION 225 N. MICHIGAN AVE., FLOOR 17 CHICAGO, IL 60601	13-3039601	501(C)(3)	6,400.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY P.O. BOX 6704 HAGERSTOWN, MD 21741	13-1788491	501(C)(3)	5,400.	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 - PIEDMONT CAROLINA CHAPTER - 1501 YANCEYVILLE ST. - GREENSBORO, NC 27405	53-0196605	501(C)(3)	6,600.	0.			GENERAL SUPPORT
AMERICAN RED CROSS CENTRAL PROCESSING CENTER - PO BOX 37839 - BOONE, IA 50037-0839	53-0196605	501(C)(3)	21,150.	0.			GENERAL SUPPORT
AMERICAN RED CROSS CHARLOTTE METRO CHAPTER - 2425 PARK RD. - CHARLOTTE, NC 28203	53-0196605	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS WESTERN NORTH CAROLINA CHAPTER - 100 EDGEWOOD ROAD - ASHEVILLE, NC 28804	53-0196605	501(C)(3)	6,500.	0.			GENERAL SUPPORT
ANCHOR HOPE 2715-D GRANDVIEW AVE., #115 GREENSBORO, NC 27408	83-0737584	501(C)(3)	5,250.	0.			GENERAL SUPPORT
APPALACHIAN STATE UNIVERSITY ADVANCEMENT OFFICE - BOX 32014 - BOONE, NC 28608-2014	23-7099379	501(C)(3)	25,500.	0.			GENERAL SUPPORT
ARC OF GREENSBORO 28 BATTLEGROUND CT. GREENSBORO, NC 27408	56-0745766	501(C)(3)	40,525.	0.			GENERAL SUPPORT
ARTS COUNCIL OF GREATER GREENSBORO PO BOX 877 GREENSBORO, NC 27402-0877	56-0746180	501(C)(3)	43,657.	0.			GENERAL SUPPORT
ASHEVILLE HUMANE SOCIETY - BUNCOMBE COUNTY FRIENDS OF ANIMALS - 81 THOMPSON STREET - ASHEVILLE, NC 28803	56-1444098	501(C)(3)	7,000.	0.			GENERAL SUPPORT
ASPCA 424 EAST 92ND STREET NEW YORK, NY 10128	13-1623829	501(C)(3)	5,500.	0.			GENERAL SUPPORT
AUTHORACARE 2500 SUMMIT AVENUE GREENSBORO, NC 27405-4522	56-1249146	501(C)(3)	106,666.	0.			GENERAL SUPPORT
BACKPACK BEGINNINGS 3711 ALLIANCE DR. GREENSBORO, NC 27407	46-1251223	501(C)(3)	36,170.	0.			GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANNER ELK PRESBYTERIAN CHURCH PO BOX 158 BANNER ELK, NC 28604	56-1176717	501(C)(3)	7,750.	0.			GENERAL SUPPORT
BEL CANTO COMPANY OF GREENSBORO 200 N. DAVIE ST., BOX 8 GREENSBORO, NC 27401-2865	58-1518691	501(C)(3)	5,730.	0.			GENERAL SUPPORT
BIKE DURHAM 112 BROADWAY ST., SUITE B DURHAM, NC 27701	46-5356944	501(C)(3)	8,000.	0.			GENERAL SUPPORT
BIKEWALK NC PO BOX 531 CARY, NC 27512	32-0250783	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BISHOP MCGUINNESS CATHOLIC HIGH SCHOOL - 1725 NC 66 S - KERNERSVILLE, NC 27284	56-6021668	501(C)(3)	5,500.	0.			GENERAL SUPPORT
BLACK CHILD DEVELOPMENT OF GREENSBORO, INC. - 415 N. EDGEWORTH STREET, STE 230 - GREENSBORO, NC 27401	56-1524964	501(C)(3)	11,693.	0.			GENERAL SUPPORT
BLAIR HOUSE FOUNDATION PO BOX 27208 WASHINGTON, DC 20038-7208	52-1401505	501(C)(3)	222,625.	0.			GENERAL SUPPORT
BLUE RIDGE CONSERVANCY P.O. BOX 568 BOONE, NC 28607	58-2502695	501(C)(3)	8,424.	0.			GENERAL SUPPORT
B'NAI SHALOM DAY SCHOOL 804 A WINVIEW DRIVE GREENSBORO, NC 27410-4642	56-0952340	501(C)(3)	42,080.	0.			GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF PALM BEACH COUNTY - 800 NORTHPOINT PARKWAY SUITE 204 - WEST PALM BEACH, FL 33407	23-7060561	501(C)(3)	12,500.	0.			GENERAL SUPPORT
BREAKTHROUGH T1D- PIEDMONT TRIAD PO BOX 1550 HAGERSTOWN, MD 21741	23-1907729	501(C)(3)	12,500.	0.			GENERAL SUPPORT
BUFFALO PRESBYTERIAN CHURCH 803 16TH STREET GREENSBORO, NC 27405	56-0812573	501(C)(3)	8,218.	0.			GENERAL SUPPORT
CAMBODIAN CULTURAL CENTER OF NORTH CAROLINA - 2809 LIBERTY RD. - GREENSBORO, NC 27406	47-4077086	501(C)(3)	14,000.	0.			GENERAL SUPPORT
CAMP CAREFREE 275 CAREFREE LANE STOKESDALE, NC 27357	56-1479260	501(C)(3)	51,252.	0.			GENERAL SUPPORT
CAMP JUDAEA, INC. 1440 SPRING ST., NW ATLANTA, GA 30309-2832	58-6014651	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CANTERBURY SCHOOL 5400 OLD LAKE JEANNETTE ROAD GREENSBORO, NC 27455	56-1781579	501(C)(3)	55,859.	0.			GENERAL SUPPORT
CAROLINA ADOPTION SERVICES PO BOX 2993 GREENSBORO, NC 27402	56-1839309	501(C)(3)	5,500.	0.			GENERAL SUPPORT
CAROLINA BASSET HOUND RESCUE INC PO BOX 80082 CHARLESTON, SC 29416	56-2094045	501(C)(3)	35,000.	0.			GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAROLINA BEACON 2317 OAKHURST TRAIL HILLSBOROUGH, NC 27278	56-1162341	501(C)(3)	128,500.	0.			GENERAL SUPPORT
CAROLINA FEDERATION FUND PO BOX 62212 DURHAM, NC 27715	84-2537864	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CAROLINA FORWARD FOUNDATION PO BOX 452 CARRBORO, NC 27510	87-1921377	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CASA AZUL OF GREENSBORO P.O BOX 10178 GREENSBORO, NC 27404	81-2850043	501(C)(3)	40,000.	0.			GENERAL SUPPORT
CENTER CITY CHURCH 421 W SMITH ST GREENSBORO, NC 27401	11-3742936	501(C)(3)	48,726.	0.			GENERAL SUPPORT
CHAPEL HILL - CARRBORO PUBLIC SCHOOL FOUNDATION - PO BOX 877 - CARRBORO, NC 27510	56-1421977	501(C)(3)	7,500.	0.			GENERAL SUPPORT
CHATHAM HALL 800 CHATHAM HALL CIRCLE CHATHAM, VA 24531-3084	54-0505878	501(C)(3)	20,650.	0.			GENERAL SUPPORT
CHILDREN'S CANCER PARTNERS OF THE CAROLINAS - 900 S.PINE STREET SUITE F - SPARTANBURG, SC 29302-2140	20-2511033	501(C)(3)	16,500.	0.			GENERAL SUPPORT
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA - P.O. BOX 14608 - GREENSBORO, NC 27415-4608	56-0529946	501(C)(3)	9,450.	0.			GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHORDOMA FOUNDATION, INC. PO BOX 2127 DURHAM, NC 27702	20-8423943	501(C)(3)	50,000.	0.			GENERAL SUPPORT
CHRIST SCHOOL, INC. 500 CHRIST SCHOOL RD ARDEN, NC 28704	56-0615187	501(C)(3)	11,500.	0.			GENERAL SUPPORT
CHRIST UNITED METHODIST CHURCH 410 N HOLDEN RD GREENSBORO, NC 27410	56-0689239	501(C)(3)	52,145.	0.			GENERAL SUPPORT
CHURCH OF THE REDEEMER 5572 GARDEN VILLAGE WAY GREENSBORO, NC 27410	90-0784331	501(C)(3)	24,393.	0.			GENERAL SUPPORT
COLLEGE PATHWAYS OF THE TRIAD 111 BAIN STREET, #355 GREENSBORO, NC 27406	88-2392657	501(C)(3)	18,000.	0.			GENERAL SUPPORT
COMBAT FEMALE VETERANS FAMILIES UNITED - PO BOX 16332 - GREENSBORO, NC 27416	82-2065754	501(C)(3)	7,000.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA - 4 VANDERBILT PARK DR, STE 300 - ASHEVILLE, NC 28803	56-1223384	501(C)(3)	28,595.	0.			GENERAL SUPPORT
COMMUNITY HOUSING SOLUTIONS OF GUILFORD, INC. - PO BOX 3341 - GREENSBORO, NC 27402-3341	20-0458814	501(C)(3)	324,600.	0.			GENERAL SUPPORT
COMMUNITY THEATRE OF GREENSBORO 520 S. ELM STREET GREENSBORO, NC 27406	56-6085349	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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CONE HEALTH PHILANTHROPY 1200 N. ELM ST. GREENSBORO, NC 27401	58-1588823	501(C)(3)	24,000.	0.			GENERAL SUPPORT
CONSTANTINIAN ORDER, ROYAL ORDER OF FRANCIS I - 301 NJ 17, SUITE 831 - RUTHERFORD, NJ 07070	76-0294275	501(C)(3)	30,000.	0.			GENERAL SUPPORT
COURT WATCH OF NORTH CAROLINA 1451 S ELM-EUGENE ST., #2110 GREENSBORO, NC 27406	58-1685122	501(C)(3)	24,129.	0.			GENERAL SUPPORT
CROHN'S & COLITIS FOUNDATION OF AMERICA, INC. - 8508 PARK RD. #157 - CHARLOTTE, NC 28210	13-6193105	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CWS-GREENSBORO 330 S GREENE ST., STE 100A GREENSBORO, NC 27401	13-4080201	501(C)(3)	51,130.	0.			GENERAL SUPPORT
DAVIDSON COLLEGE BOX 7170 DAVIDSON, NC 28035-7170	56-0529961	501(C)(3)	24,510.	0.			GENERAL SUPPORT
DEPRESSED WHILE BLACK 4406 MEADWOCROFT RD GREENSBORO, NC 27406	85-1554703	501(C)(3)	10,000.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	31,000.	0.			GENERAL SUPPORT
DOWNTOWN GREENSBORO FOUNDATION 532 S. ELM ST. GREENSBORO, NC 27406	56-2242416	501(C)(3)	5,250.	0.			GENERAL SUPPORT

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DUKE UNIVERSITY ALUMNI AND DEVELOPMENT RECORDS OFFICE - PO BOX 90581 - DURHAM, NC 27708	56-0532129	501(C)(3)	21,603.	0.			GENERAL SUPPORT
EASTERN CABARRUS HISTORICAL SOCIETY - PO BOX 1299 - MOUNT PLEASANT, NC 28124	23-7361913	501(C)(3)	12,338.	0.			GENERAL SUPPORT
EASTERN MUSIC FESTIVAL P.O. BOX 22026 GREENSBORO, NC 27420	56-0771005	501(C)(3)	32,748.	0.			GENERAL SUPPORT
ELIZABETH DOLE CHARITABLE FOUNDATION - 600 NEW HAMPSHIRE AVE., STE 1020 - WASHINGTON, DC 20037	52-2071982	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ENRICHMENT FUND FOR GUILFORD COUNTY SCHOOLS - PO BOX 10208 - GREENSBORO, NC 27404	56-1839830	501(C)(3)	27,012.	0.			GENERAL SUPPORT
FAMILY ROOM 204 S. WESTGATE DR., STE C GREENSBORO, NC 27407	83-3448564	501(C)(3)	15,000.	0.			GENERAL SUPPORT
FAMILY SERVICE OF GREENSBORO FOUNDATION - 902 BONNER DR - JAMESTOWN, NC 27282	56-0547459	501(C)(3)	9,173.	0.			GENERAL SUPPORT
FAMILY SERVICE OF THE PIEDMONT 902 BONNER DR JAMESTOWN, NC 27282	56-2061741	501(C)(3)	56,650.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH OF GREENSBORO 1000 W. FRIENDLY AVENUE GREENSBORO, NC 27401	56-0591300	501(C)(3)	30,700.	0.			GENERAL SUPPORT

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FIRST PRESBYTERIAN CHURCH OF ATLANTA - 1328 PEACHTREE ST. NE - ATLANTA, GA 30309	58-0566180	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF GREENSBORO - 617 NORTH ELM STREET - GREENSBORO, NC 27401-2095	23-6393377	501(C)(3)	382,116.	0.			GENERAL SUPPORT
FIRST SERVE USA PO BOX 1353 WEST PALM BEACH, FL 33402	65-0400164	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FIRST TEE CENTRAL CAROLINA PO BOX 236 CLEMMONS, NC 27012	20-8114680	501(C)(3)	8,728.	0.			GENERAL SUPPORT
FISHIN' FOR A CURE PO BOX 4631 EMERALD ISLE, NC 28594	46-3378970	501(C)(3)	8,000.	0.			GENERAL SUPPORT
FOOTBRIDGE FOUNDATION 431 KING WILLIAM SAN ANTONIO, TX 78204	82-4079560	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FORGE CHURCH 2116 MCKNIGHT MILL RD. GREENSBORO, NC 27405	56-1395441	501(C)(3)	6,498.	0.			GENERAL SUPPORT
FOUNDATION OF HOPE 9401 GLENWOOD AVENUE RALEIGH, NC 27617	56-6246626	501(C)(3)	13,000.	0.			GENERAL SUPPORT
FREE CLINIC OF ROCKINGHAM COUNTY, INC. - 315 S MAIN ST - REIDSVILLE, NC 27323	56-2003143	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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FRIENDS OF GUILFORD COUNTY ANIMAL SHELTER - PO BOX 866 - JAMESTOWN, NC 27284	87-2300412	501(C)(3)	9,489.	0.			GENERAL SUPPORT
FULL FRAME DOCUMENTARY FILM FESTIVAL - 1317 W PETTIGREW ST - DURHAM, NC 27705	56-1655039	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GGBA BENEFIT TRUST 115 S. WESTGATE DRIVE GREENSBORO, NC 27407	56-1745010	501(C)(3)	14,367.	0.			GENERAL SUPPORT
GOODWOOD MUSEUM AND GARDENS 1600 MICCOSUKEE RD. TALLAHASSEE, FL 32308	31-1539800	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GRACE COMMUNITY CHURCH 643 W. GATE CITY BLVD. GREENSBORO, NC 27403	56-1586695	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GREENHILL CENTER FOR NORTH CAROLINA ART - 200 N. DAVIE STREET - GREENSBORO, NC 27401	51-0190827	501(C)(3)	57,019.	0.			GENERAL SUPPORT
GREENSBORO BOUND/GREENSBORO LITERARY ORGANIZATION - PO BOX 5256 - GREENSBORO, NC 27435	82-1231324	501(C)(3)	14,200.	0.			GENERAL SUPPORT
GREENSBORO CHAMBER OF COMMERCE FOUNDATION - P.O. BOX 3246 - GREENSBORO, NC 27402	23-7181435	501(C)(3)	15,355.	0.			GENERAL SUPPORT
GREENSBORO COLLEGE 815 W. MARKET ST. GREENSBORO, NC 27401-1875	56-0532144	501(C)(3)	306,338.	0.			GENERAL SUPPORT

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GREENSBORO DAY SCHOOL 5401 LAWDALE DR GREENSBORO, NC 27455-2100	56-0949932	501(C)(3)	357,621.	0.			GENERAL SUPPORT
GREENSBORO DOWNTOWN PARKS, INC. 200 N. DAVIE STREET, BOX 22 GREENSBORO, NC 27401	47-4953789	501(C)(3)	58,671.	0.			GENERAL SUPPORT
GREENSBORO FARMERS MARKET 501 YANCEYVILLE ST. GREENSBORO, NC 27405	45-3819685	501(C)(3)	16,500.	0.			GENERAL SUPPORT
GREENSBORO HISTORY MUSEUM 130 SUMMIT AVENUE GREENSBORO, NC 27401-3016	56-0629340	501(C)(3)	138,286.	0.			GENERAL SUPPORT
GREENSBORO JEWISH FEDERATION 5509-C WEST FRIENDLY AVENUE GREENSBORO, NC 27410-4211	23-7107693	501(C)(3)	12,350.	0.			GENERAL SUPPORT
GREENSBORO PARKS FOUNDATION 301 S. GREENE ST., STE 300 GREENSBORO, NC 27401	20-5638297	501(C)(3)	7,388.	0.			GENERAL SUPPORT
GREENSBORO POLICE FOUNDATION 320 FEDERAL PLACE GREENSBORO, NC 27401	45-3815105	501(C)(3)	6,000.	0.			GENERAL SUPPORT
GREENSBORO SCIENCE CENTER 4301 LAWDALE DR GREENSBORO, NC 27455	56-0885727	501(C)(3)	149,580.	0.			GENERAL SUPPORT
GREENSBORO SYMPHONY ORCHESTRA 200 N DAVIE ST, BOX 10 GREENSBORO, NC 27401	56-6063111	501(C)(3)	101,357.	0.			GENERAL SUPPORT

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GREENSBORO URBAN MINISTRY 305 WEST GATE CITY BLVD. GREENSBORO, NC 27406	56-0890545	501(C)(3)	509,995.	0.			GENERAL SUPPORT
GREENSBORO WOMAN'S CLUB, INC. 223 N EDGEWORTH GREENSBORO, NC 27401	56-6062538	501(C)(3)	7,000.	0.			GENERAL SUPPORT
GRIMSLEY HIGH SCHOOL 801 JOSEPHINE BOYD ST. GREENSBORO, NC 27408	56-6000522	501(C)(3)	9,500.	0.			GENERAL SUPPORT
GROWING CONNECTIONS FOR PEDIATRIC ACHIEVEMENTS (GCPA) - 3205 EAST WENDOVER AVENUE - GREENSBORO, NC 27405	56-0591312	501(C)(3)	249,079.	0.			GENERAL SUPPORT
GUATEMALA WATER FOUNDATION 16 HANCOCK ROAD WINDHAM, NH 03087	82-1510352	501(C)(3)	25,000.	0.			GENERAL SUPPORT
GUILFORD COLLEGE OFFICE OF ADVANCEMENT - 5800 W. FRIENDLY AVE - GREENSBORO, NC 27410	56-0529982	501(C)(3)	22,050.	0.			GENERAL SUPPORT
GUILFORD EDUCATION ALLIANCE 311 POMONA DRIVE, SUITE E GREENSBORO, NC 27407	20-0328746	501(C)(3)	9,766.	0.			GENERAL SUPPORT
GUILFORD GREEN FOUNDATION 121 N. GREENE ST. GREENSBORO, NC 27401	56-2091293	501(C)(3)	103,767.	0.			GENERAL SUPPORT
GUILFORD PARK PRESBYTERIAN CHURCH 2100 FERNWOOD DR GREENSBORO, NC 27408-5500	56-6015646	501(C)(3)	7,944.	0.			GENERAL SUPPORT

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GUILROCK CAMP, INC. 531 BEVILLE RD REIDSVILLE, NC 27320	23-7170188	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF GREATER GREENSBORO - 3826 W. GATE CITY BLVD. - GREENSBORO, NC 27407	56-1586870	501(C)(3)	5,170.	0.			GENERAL SUPPORT
HANNAH'S HAVEN, INC. PO BOX 14724 GREENSBORO, NC 27415	20-0646135	501(C)(3)	7,500.	0.			GENERAL SUPPORT
HARVARD BUSINESS SCHOOL PO BOX 412275 BOSTON, MA 02241-2275	04-2103580	501(C)(3)	25,000.	0.			GENERAL SUPPORT
HEARTS WITH HANDS PO BOX 6444 ASHEVILLE, NC 28816	56-2073075	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HIGH POINT CENTRAL HIGH SCHOOL 801 FERNDAL BLVD. HIGH POINT, NC 27262	56-6000522	GOV'T	12,000.	0.			GENERAL SUPPORT
HIGH POINT UNIVERSITY ONE UNIVERSITY PARKWAY, DRAWER 29 HIGH POINT, NC 27268	56-0529999	501(C)(3)	20,250.	0.			GENERAL SUPPORT
HIRSCH WELLNESS NETWORK STUDIO 130 GREENSBORO, NC 27405	27-0244419	501(C)(3)	10,720.	0.			GENERAL SUPPORT
HOLY FAMILY HOSPITAL OF BETHLEHEM FOUNDATION - 2000 P ST., NW, STE 310 - WASHINGTON, DC 20036	52-2050117	501(C)(3)	50,650.	0.			GENERAL SUPPORT

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HOLY TRINITY EPISCOPAL CHURCH 607 N. GREENE ST. GREENSBORO, NC 27401	56-0530002	501(C)(3)	325,586.	0.			GENERAL SUPPORT
HOPE ACADEMY 1403 W. FLORIDA ST. GREENSBORO, NC 27403	01-0930709	501(C)(3)	11,250.	0.			GENERAL SUPPORT
HORSEPOWER THERAPEUTIC LEARNING 4537 WALPOLE RD. HIGH POINT, NC 27265	56-1907424	501(C)(3)	32,946.	0.			GENERAL SUPPORT
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVE., NW WASHINGTON, DC 20036	52-1481896	501(C)(3)	5,638.	0.			GENERAL SUPPORT
IMPACTASSETS 4340 EAST WEST HIGHWAY, STE 210 BETHESDA, MD 20814	26-2048480	501(C)(3)	100,000.	0.			GENERAL SUPPORT
INTERACTIVE RESOURCE CENTER PO BOX 20568 GREENSBORO, NC 27420	80-0315285	501(C)(3)	24,700.	0.			GENERAL SUPPORT
INTERNATIONAL COMMITTEE OF THE RED CROSS - 1100 CONNECTICUT AVE. NW, STE 500 - WASHINGTON, DC 20036	98-6001029	501(C)(3)	20,000.	0.			GENERAL SUPPORT
JEWISH FOUNDATION OF GREENSBORO 5509 - C W FRIENDLY AVE GREENSBORO, NC 27410-4211	23-7107693	501(C)(3)	120,720.	0.			GENERAL SUPPORT
JIN SHIN JYUTSU SMB 19 PARK DR WOODSTOCK, NY 12498	87-2154324	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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JOURNEY ADULT DAY CENTER 3105 YANCEYVILLE, ST. GREENSBORO, NC 27405	84-3009946	501(C)(3)	25,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF THE TRIAD 3220 NORTHLINE AVENUE GREENSBORO, NC 27408	56-0844838	501(C)(3)	13,180.	0.			GENERAL SUPPORT
JUNIOR LEAGUE OF GREENSBORO 3101 W FRIENDLY AVE GREENSBORO, NC 27408	56-0685368	501(C)(3)	9,500.	0.			GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION NATIONAL - 200 VESEY ST., 28TH FLOOR - NEW YORK, NY 10281	23-1907729	501(C)(3)	27,500.	0.			GENERAL SUPPORT
KALEIDEUM 120 WEST 3RD ST WINSTON-SALEM, NC 27101	56-0815746	501(C)(3)	10,345.	0.			GENERAL SUPPORT
KASSER MOCHARY FAMILY FOUNDATION 26 PARK STREET, SUITE 101 MONTCLAIR, NJ 07042	23-7043288	501(C)(3)	25,000.	0.			GENERAL SUPPORT
KELLIN FOUNDATION 4010 WALKER AVENUE GREENSBORO, NC 27403	46-3497352	501(C)(3)	542,250.	0.			GENERAL SUPPORT
LAWNDALE BAPTIST CHURCH 3505 LAWNDALE DRIVE GREENSBORO, NC 27408	58-0732040	501(C)(3)	6,500.	0.			GENERAL SUPPORT
LEES-MCRAE COLLEGE BOX 128 BANNER ELK, NC 28604	56-0529953	501(C)(3)	9,500.	0.			GENERAL SUPPORT

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LEGAL AID OF NC - GREENSBORO 122 NORTH ELM STREET, SUITE 700 GREENSBORO, NC 27401	31-1784161	501(C)(3)	5,500.	0.			GENERAL SUPPORT
LILLIAN'S LIST FOUNDATION 3117 POPLARWOOD CT., STE 130 RALEIGH, NC 27604	85-3038203	501(C)(3)	85,000.	0.			GENERAL SUPPORT
LIVING WAY CHURCH 4433 REHOBETH CHURCH RD GREENSBORO, NC 27406	56-1161143	501(C)(3)	70,000.	0.			GENERAL SUPPORT
MAGNOLIA HOUSE FOUNDATION PO BOX 5817 GREENSBORO, NC 27435	31-1613173	501(C)(3)	32,000.	0.			GENERAL SUPPORT
MAKE A WISH FOUNDATION OF CENTRAL AND WESTERN NC - 6324 FAIRVIEW RD, #500 - CHARLOTTE, NC 28210	56-1492432	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MAKE-A-WISH FOUNDATION PO BOX 97104 WASHINGTON, DC 20090-7104	86-0481941	501(C)(3)	25,950.	0.			GENERAL SUPPORT
MARINE CORPS LEAGUE 260 PO BOX 10227 GREENSBORO, NC 27404	23-1598250	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MARINE CORPS SCHOLARSHIP FOUNDATION - 909 N. WASHINGTON ST, STE 400 - ALEXANDRIA, VA 22314	23-1598250	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MERCY HILL CHURCH PO BOX 39209 GREENSBORO, NC 27438	45-5080774	501(C)(3)	20,500.	0.			GENERAL SUPPORT

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MIRIAM P. BRENNER CHILDREN'S MUSEUM - 220 N. CHURCH ST. - GREENSBORO, NC 27401-2918	56-1959695	501(C)(3)	74,369.	0.			GENERAL SUPPORT
MOREHEAD UNITED METHODIST CHURCH 3214 HORSE PEN CREEK RD. GREENSBORO, NC 27410	56-2630442	501(C)(3)	12,000.	0.			GENERAL SUPPORT
MOUNT ZION DEVELOPMENT COMPANY 1301 ALAMANCE CHURCH ROAD GREENSBORO, NC 27214	99-2780472	501(C)(3)	100,000.	0.			GENERAL SUPPORT
MUSEUM OF MODERN ART 11 WEST 53 ST. NEW YORK, NY 10019	13-1624100	501(C)(3)	25,000.	0.			GENERAL SUPPORT
MUSEUM OF THE BIBLE 409 3RD ST., SW WASHINGTON, DC 20024	27-3444987	501(C)(3)	50,000.	0.			GENERAL SUPPORT
MUSTARD SEED COMMUNITY HEALTH 238 S. ENGLISH ST. GREENSBORO, NC 27401	46-4980081	501(C)(3)	69,269.	0.			GENERAL SUPPORT
NATIONAL GALLERY OF ART 2000 SOUTH CLUB DRIVE LANDOVER, MD 20785	53-6001666	501(C)(3)	25,000.	0.			GENERAL SUPPORT
NATIONAL INSTITUTE OF MINORITY ECONOMIC DEVELOPMENT - PO BOX 1331 - DURHAM, NC 27701	56-1579041	501(C)(3)	60,000.	0.			GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER CAROLINAS CHAPTER - P.O. BOX 289 - CANTON, MA 02021	13-5661935	501(C)(3)	6,750.	0.			GENERAL SUPPORT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL SPORTS MEDIA ASSOCIATION PO BOX 5394 WINSTON-SALEM, NC 27113	51-0178824	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NC FOLK FESTIVAL PO BOX 5364 GREENSBORO, NC 27435	82-4363298	501(C)(3)	85,550.	0.			GENERAL SUPPORT
NC JUSTICE CENTER PO BOX 28068 RALEIGH, NC 27611	56-1348186	501(C)(3)	13,100.	0.			GENERAL SUPPORT
NC MUSEUM OF HISTORY FOUNDATION 5 E. EDENTON ST. RALEIGH, NC 27601	20-0988951	501(C)(3)	25,100.	0.			GENERAL SUPPORT
NC OF MALTA 3 BROADLEAVE CT SUMMERFIELD, NC 27358	26-3701623	501(C)(3)	7,500.	0.			GENERAL SUPPORT
NC STATE ENGINEERING FOUNDATION CAMPUS BOX 7901 RALEIGH, NC 27695	56-6046987	501(C)(3)	11,000.	0.			GENERAL SUPPORT
NC STATE UNIVERSITY ADVANCEMENT OFFICE - CAMPUS BOX 7474 - RALEIGH, NC 27695-7474	56-6001393	501(C)(3)	9,300.	0.			GENERAL SUPPORT
NEW GARDEN FRIENDS SCHOOL 1128 NEW GARDEN ROAD GREENSBORO, NC 27410	56-1002236	501(C)(3)	157,800.	0.			GENERAL SUPPORT
NIDO QUBEIN FOUNDATION ONE UNIVERSITY PARKWAY HIGH POINT, NC 27268	56-0529999	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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NORTH CAROLINA BAR FOUNDATION 8000 WESTON PARKWAY CARY, NC 27513	56-0767805	501(C)(3)	5,900.	0.			GENERAL SUPPORT
NORTH CAROLINA DISASTER RELIEF FUND - 20312 MAIL SERVICE CENTER - RALEIGH, NC 27699	56-0564547	501(C)(3)	6,250.	0.			GENERAL SUPPORT
NORTH CAROLINA FOR COMMUNITY AND JUSTICE, INC. - 713 N. GREENE STREET - GREENSBORO, NC 27401	06-1753756	501(C)(3)	24,533.	0.			GENERAL SUPPORT
NORTH CAROLINA LEADERSHIP ACADEMY 4353 HIGH POINT RD. KERNERSVILLE, NC 27284	46-1185191	501(C)(3)	6,500.	0.			GENERAL SUPPORT
NORTH NAPLES UNITED METHODIST CHURCH - 6000 GOODLETTE ROAD - NAPLES, FL 34109	59-1383829	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NORTON CHILDREN'S HOSPITAL FOUNDATION - 4965 US HIGHWAY 42, SUITE 1000 - LOUISVILLE, KY 40222	61-6027530	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NORTON MUSEUM OF ART 1450 S. DIXIE HWY WEST PALM BEACH, FL 33401	59-0624432	501(C)(3)	12,500.	0.			GENERAL SUPPORT
OLD NORTH STATE COUNCIL OF BOY SCOUTS OF AMERICA - 1405 WESTOVER TERRACE - GREENSBORO, NC 27408	56-1762001	501(C)(3)	115,677.	0.			GENERAL SUPPORT
ONE STEP FURTHER, INC. 623 EUGENE CT. GREENSBORO, NC 27401	58-1484818	501(C)(3)	30,250.	0.			GENERAL SUPPORT

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ORGANIZATION TO PROVIDE EQUAL ACCESS TO TECHNOLOGY, INC. - 1451 SOUTH ELM-EUGENE STREET, SUITE 2001 - GREENSBORO, NC 27406	20-1093477	501(C)(3)	10,000.	0.			GENERAL SUPPORT
OUT OF THE GARDEN PROJECT PO BOX 4331 GREENSBORO, NC 27404	27-2772988	501(C)(3)	57,550.	0.			GENERAL SUPPORT
OVG 360 1921 GATE CITY BLVD. GREENSBORO, NC 27403	56-6000230	501(C)(3)	31,408.	0.			GENERAL SUPPORT
PACIFIC LINKS FOUNDATION 534 VALLEY WAY MILPITAS, CA 95035	94-3397768	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PALM BEACH ATLANTIC UNIVERSITY PO BOX 24708 WEST PALM BEACH, FL 33416-9893	59-1092732	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PARKWOOD BAPTIST CHURCH 2107 PENNY ROAD HIGH POINT, NC 27265	56-1514957	501(C)(3)	6,000.	0.			GENERAL SUPPORT
PARTNERSHIP PROJECT INC 301 S ELM ST STE 414 GREENSBORO, NC 27401	42-1594926	501(C)(3)	11,000.	0.			GENERAL SUPPORT
PDY&F COMMUNITY GARDEN 1500 HUFFINE MILL RD GREENSBORO, NC 27405	56-1872937	501(C)(3)	5,288.	0.			GENERAL SUPPORT
PEACE HOUSE, INC. 700 ROUND VALLEY DR., #115 PARK CITY, UT 84060	87-0500067	501(C)(3)	25,700.	0.			GENERAL SUPPORT

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PEACEHAVEN COMMUNITY FARM 1458 HIGHWAY 61 WHITSETT, NC 27377	26-1388416	501(C)(3)	462,150.	0.			GENERAL SUPPORT
PENNYBYRN AT MARYFIELD NURSING HOME, INC. - 109 PENNY RD. - HIGH POINT, NC 27260	58-1363950	501(C)(3)	10,400.	0.			GENERAL SUPPORT
PERSON COUNTY EDUCATION FOUNDATION PO BOX 845 ROXBORO, NC 27573	46-0907678	501(C)(3)	25,000.	0.			GENERAL SUPPORT
PIEDMONT BLUES PRESERVATION SOCIETY - PO BOX 9737 - GREENSBORO, NC 27429-0737	58-1648832	501(C)(3)	60,000.	0.			GENERAL SUPPORT
PIEDMONT LAND CONSERVANCY 1515 W CORNWALLIS DR, STE 205 GREENSBORO, NC 27408	56-1704433	501(C)(3)	168,579.	0.			GENERAL SUPPORT
PIEDMONT TRIAD CHARITABLE FOUNDATION - 3211 FORSYTH DR. - GREENSBORO, NC 27407	56-6085407	501(C)(3)	93,502.	0.			GENERAL SUPPORT
PIEDMONT TRIAD PARTNERSHIP 416 GALLIMORE DAIRY RD., STE M GREENSBORO, NC 27409	56-1750279	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA - PO BOX 97166 - WASHINGTON, DC 20077-7543	13-1644147	501(C)(3)	5,850.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD GREENSBORO HEALTH CENTER - 1704 BATTLEGROUND AVE. - GREENSBORO, NC 27408	56-1282557	501(C)(3)	6,350.	0.			GENERAL SUPPORT

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PLANNED PARENTHOOD SOUTH ATLANTIC 100 S. BOYLAN RALEIGH, NC 27603	56-1282557	501(C)(3)	30,300.	0.			GENERAL SUPPORT
POLAR BEARS INTERNATIONAL PO BOX 3008 BOZEMAN, MT 59772	77-0322706	501(C)(3)	5,750.	0.			GENERAL SUPPORT
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD., #552 SHERMAN OAKS, CA 91403	27-1763901	501(C)(3)	6,000.	0.			GENERAL SUPPORT
PRESBYTERIAN CHURCH OF THE CROSS 1810 PHILLIPS AVE GREENSBORO, NC 27405	56-0861657	501(C)(3)	7,250.	0.			GENERAL SUPPORT
PRESBYTERIAN CHURCH USA 100 WITHERSPOON ST. LOUISVILLE, KY 40202	13-3462549	501(C)(3)	7,000.	0.			GENERAL SUPPORT
PRESBYTERIAN HOSPITAL P.O. BOX 33549 CHARLOTTE, NC 28233-3549	58-1413074	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PRESERVATION GREENSBORO INC. PO BOX 13136 GREENSBORO, NC 27415	56-6086217	501(C)(3)	76,011.	0.			GENERAL SUPPORT
PRINCE OF PEACE LUTHERAN CHURCH 1100 CURTIS ST GREENSBORO, NC 27406	56-1007890	501(C)(3)	7,500.	0.			GENERAL SUPPORT
PROVIDENCE BAPTIST CHURCH 1106 TUSCALOOSA STREET GREENSBORO, NC 27406-2534	56-0662728	501(C)(3)	15,077.	0.			GENERAL SUPPORT

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RANDOLPH-MACON COLLEGE PO BOX 5005 ASHLAND, VA 23005	54-0505940	501(C)(3)	6,000.	0.			GENERAL SUPPORT
READING CONNECTIONS INC. 415 NORTH EDGEWORTH STREET, SUITE 1 GREENSBORO, NC 27401	56-1726754	501(C)(3)	106,656.	0.			GENERAL SUPPORT
RESTORATION PLACE COUNSELING PO BOX 38787 GREENSBORO, NC 27438	25-1915667	501(C)(3)	17,500.	0.			GENERAL SUPPORT
ROMAN CATHOLIC DIOCESE OF CHARLOTTE - 1123 SOUTH CHURCH ST - CHARLOTTE, NC 28203	56-1000633	501(C)(3)	68,980.	0.			GENERAL SUPPORT
ROYAL EXPRESSIONS CONTEMPORARY BALLET - 1220 BATTLEGROUND AVE, STE E - GREENSBORO, NC 27408-8331	26-4707077	501(C)(3)	16,900.	0.			GENERAL SUPPORT
SALEM ACADEMY AND COLLEGE 601 S CHURCH ST WINSTON-SALEM, NC 27101	56-0530005	501(C)(3)	23,852.	0.			GENERAL SUPPORT
SALVATION ARMY GREENSBORO PO BOX 5310 GREENSBORO, NC 27435	13-2923701	501(C)(3)	234,355.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607-3000	58-1437002	501(C)(3)	113,068.	0.			GENERAL SUPPORT
SANCTUARY HOUSE 518 N. ELM ST. GREENSBORO, NC 27401	56-2257832	501(C)(3)	22,600.	0.			GENERAL SUPPORT

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SANDY HOOK PROMISE FOUNDATION PO BOX 3489 NEWTOWN, CT 06470	46-1657101	501(C)(3)	6,500.	0.			GENERAL SUPPORT
SCHERMCO FOUNDATION 809 WESTMERE AVE, SUITE C-146 CHARLOTTE, NC 28208	85-3967606	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SEARCH MINISTRIES NATIONAL P.O. BOX 165029 FORT WORTH, TX 76161-5029	75-1627393	501(C)(3)	9,500.	0.			GENERAL SUPPORT
SECOND BREATH CENTER 211 W. FISHER AVENUE GREENSBORO, NC 27401	20-4996343	501(C)(3)	8,750.	0.			GENERAL SUPPORT
SECOND HARVEST FOOD BANK OF NORTHWEST NC - 3330 SHOREFAIR DRIVE - WINSTON-SALEM, NC 27105	58-1457912	501(C)(3)	27,986.	0.			GENERAL SUPPORT
SENIOR RESOURCES OF GUILFORD PO BOX 21993 GREENSBORO, NC 27420	56-1181577	501(C)(3)	39,360.	0.			GENERAL SUPPORT
SENIOR SERVICES, INC. 2895 SHOREFAIR DR. WINSTON-SALEM, NC 27105	56-1085968	501(C)(3)	25,000.	0.			GENERAL SUPPORT
SHE BUILT THIS CITY 1451 S. ELM-EUGENE ST GREENSBORO, NC 27406	84-3445543	501(C)(3)	50,000.	0.			GENERAL SUPPORT
SHIFT ED 125 S. ELM ST., SUITE 500 GREENSBORO, NC 27401	47-5634044	501(C)(3)	596,006.	0.			GENERAL SUPPORT

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SISTERS NETWORK GREENSBORO, INC. PO BOX 20304 GREENSBORO, NC 27420	82-3373825	501(C)(3)	8,000.	0.			GENERAL SUPPORT
SMITHSONIAN INSTITUTION PO BOX 37012 WASHINGTON, DC 20013-7012	53-0206027	501(C)(3)	11,350.	0.			GENERAL SUPPORT
SOUTHERN ALAMANCE FAMILY EMPOWERMENT (SAFE) - 5950 NC/-87 S - GRAHAM, NC 27253	46-2764405	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ST. MARY'S SCHOOL 900 HILLSBOROUGH STREET RALEIGH, NC 27603-1689	56-0532314	501(C)(3)	11,000.	0.			GENERAL SUPPORT
ST. PIUS X CATHOLIC CHURCH 2210 NORTH ELM STREET GREENSBORO, NC 27408-5198	56-0554221	501(C)(3)	46,950.	0.			GENERAL SUPPORT
ST. PIUS X CATHOLIC SCHOOL 2200 N. ELM ST. GREENSBORO, NC 27408	56-0554221	501(C)(3)	15,718.	0.			GENERAL SUPPORT
STARMOUNT PRESBYTERIAN CHURCH 3501 W. MARKET ST. GREENSBORO, NC 27403-1398	56-0591301	501(C)(3)	8,000.	0.			GENERAL SUPPORT
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD. - STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	6,100.	0.			GENERAL SUPPORT
STEPUP GREENSBORO 607 N. ELM GREENSBORO, NC 27401	45-2184316	501(C)(3)	24,300.	0.			GENERAL SUPPORT

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STRATEGIC RENEWAL INTERNATIONAL PO BOX 370233 DENVER, CO 80237	68-0422375	501(C)(3)	37,500.	0.			GENERAL SUPPORT
SUMMIT ROTARY FOUNDATION, INC. PO BOX 3601 GREENSBORO, NC 27402	20-2529234	501(C)(3)	7,718.	0.			GENERAL SUPPORT
SWIM ACROSS AMERICA 8508 PARK RD., #389 CHARLOTTE, NC 28210	22-3248256	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TAMMY LYNN MEMORIAL FOUNDATION 739 CHAPPELL DR. RALEIGH, NC 27606	56-0999619	501(C)(3)	37,500.	0.			GENERAL SUPPORT
TEMPLE EMANUEL 1129 JEFFERSON ROAD GREENSBORO, NC 27410	56-0543235	501(C)(3)	31,590.	0.			GENERAL SUPPORT
THE 19TH NEWS 3571 FAR WEST BLVD. #3497 AUSTIN, TX 78731	84-2627202	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE EDUCATIONAL FOUNDATION, INC. P.O. BOX 2446 CHAPEL HILL, NC 27515	59-1711424	501(C)(3)	58,700.	0.			GENERAL SUPPORT
THE FOUNDATION FOR EVANGELISM PO BOX 985 LAKE JUNALUSKA, NC 28745	62-6040109	501(C)(3)	100,000.	0.			GENERAL SUPPORT
THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS - PO BOX 58100 - WASHINGTON, VA 20037	53-0245017	501(C)(3)	25,000.	0.			GENERAL SUPPORT

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THE NATIONAL MUSEUM OF WOMEN IN THE ARTS - 1250 NEW YORK AVENUE, NW - WASHINGTON, DC 20005-3920	52-1238810	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE ROYAL POINCIANA CHAPEL 60 COCOANUT ROW PALM BEACH, FL 33480	59-6032877	501(C)(3)	50,000.	0.			GENERAL SUPPORT
THE SERVANT CENTER, INC. 1417 GLENWOOD AVE. GREENSBORO, NC 27403	56-1834197	501(C)(3)	263,450.	0.			GENERAL SUPPORT
THE SOCIETY OF THE FOUR ARTS 100 FOUR ARTS PLAZA PALM BEACH, FL 33480	59-0454318	501(C)(3)	612,500.	0.			GENERAL SUPPORT
THE SUMMIT CHURCH 4440 HIGH POINT RD. KERNERSVILLE, NC 27284	56-2176010	501(C)(3)	6,000.	0.			GENERAL SUPPORT
TIDELANDS HEALTH 4033 HIGHWAY 17, SUITE 104 MURRELLS INLET, SC 29576	57-6028985	501(C)(3)	21,000.	0.			GENERAL SUPPORT
TRIAD ADULT AND PEDIATRIC MEDICINE, INC. - 1002 S. EUGENE ST - GREENSBORO, NC 27406-1308	56-1991438	501(C)(3)	41,250.	0.			GENERAL SUPPORT
TRIAD HEALTH PROJECT 801 SUMMIT AVE GREENSBORO, NC 27405	58-1705502	501(C)(3)	26,904.	0.			GENERAL SUPPORT
TRUST FOR PUBLIC LAND PO BOX 889336 LOS ANGELES, CA 90088-9336	23-7222333	501(C)(3)	6,000.	0.			GENERAL SUPPORT

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UNC CENTER FOR PUBLIC TELEVISION P.O. BOX 12231 RESEARCH TRIANGLE PARK, NC 27709-2231	56-6001393	501(C)(3)	8,450.	0.			GENERAL SUPPORT
UNC-CH OFFICE OF DEVELOPMENT PO BOX 309 CHAPEL HILL, NC 27514-0309	56-6001393	501(C)(3)	19,874.	0.			GENERAL SUPPORT
UNCG EXCELLENCE FOUNDATION UNC-G ADVANCEMENT SERVICES, ALUMNI HOUSE, LOWER LEVEL - GREENSBORO, NC 27412	56-6086393	501(C)(3)	29,250.	0.			GENERAL SUPPORT
UNCG OFFICE OF ADVANCEMENT SERVICES - PO BOX 26170 - GREENSBORO, NC 27402-6170	58-2005976	501(C)(3)	107,386.	0.			GENERAL SUPPORT
UNCG WEATHERSPOON ART MUSEUM PO BOX 26170 GREENSBORO, NC 27402-6170	58-1852178	501(C)(3)	16,551.	0.			GENERAL SUPPORT
UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	6,200.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER GREENSBORO 1500 YANCEYVILLE ST. GREENSBORO, NC 27405-6932	56-0668555	501(C)(3)	485,788.	0.			GENERAL SUPPORT
UNITED WAY OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709-0962	56-1949103	501(C)(3)	6,100.	0.			GENERAL SUPPORT
UNITED WAY OF THE PIEDMONT PO BOX 5624 SPARTANBURG, SC 29304	57-0314377	501(C)(3)	6,250.	0.			GENERAL SUPPORT

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WELBORN MIDDLE SCHOOL 1710 MCGUINN DRIVE HIGH POINT, NC 27265	56-6000522	GOV'T	10,000.	0.			GENERAL SUPPORT
WELL SPRING- A LIFE PLAN COMMUNITY 4100 WELL SPRING DR. GREENSBORO, NC 27410	56-1497371	501(C)(3)	13,340.	0.			GENERAL SUPPORT
WELL-SPRING SOLUTIONS 4100 WELL SPRING DR. GREENBORO, NC 27410	56-1497371	501(C)(3)	11,000.	0.			GENERAL SUPPORT
WESLEYAN SCHOOL 5405 SPALDING DR. PEACHTREE CORNERS, GA 30092	58-2147411	501(C)(3)	8,000.	0.			GENERAL SUPPORT
WEST MARKET STREET UNITED METHODIST CHURCH - PO BOX 870 - GREENSBORO, NC 27402	56-0543248	501(C)(3)	196,000.	0.			GENERAL SUPPORT
WESTERN NORTH CAROLINA CONFERENCE OF THE UNITED METHODIST CHURCH - PO BOX 2757 - HUNTERSVILLE, NC 28070	56-0727845	501(C)(3)	12,500.	0.			GENERAL SUPPORT
WESTMINSTER PRESBYTERIAN CHURCH GREENSBORO - 3906 W. FRIENDLY AVENUE - GREENSBORO, NC 27410	56-0547525	501(C)(3)	110,735.	0.			GENERAL SUPPORT
WESTOVER CHURCH, INC. 505 MUIRS CHAPEL ROAD GREENSBORO, NC 27410-5325	56-0629347	501(C)(3)	7,000.	0.			GENERAL SUPPORT
WFDD PUBLIC RADIO AT WAKE FOREST UNIVERSITY - PO BOX 8850 - WINSTON-SALEM, NC 27109-8850	56-0532138	501(C)(3)	7,450.	0.			GENERAL SUPPORT

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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
WHEELS4HOPE 110 S. WALNUT CIRCLE GREENSBORO, NC 27409	56-2196676	501(C)(3)	15,500.	0.			GENERAL SUPPORT
WHITE HOUSE HISTORICAL ASSOCIATION PO BOX 27624 WASHINGTON, DC 20038	52-0749685	501(C)(3)	35,000.	0.			GENERAL SUPPORT
WHITMAN-WALKER FOUNDATION 1201 SYCAMORE DRIVE, SE WASHINGTON, DC 20032	82-3889980	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WOMEN'S RESOURCE CENTER OF GREENSBORO, INC. - 628 SUMMIT AVE - GREENSBORO, NC 27405-7742	56-1891618	501(C)(3)	43,739.	0.			GENERAL SUPPORT
WORLD CENTRAL KITCHEN 200 MASS AVE. NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	6,850.	0.			GENERAL SUPPORT
WORLD WILDLIFE FUND 1250 TWENTY-FOURTH STREET, NW WASHINGTON, DC 20037	52-1693387	501(C)(3)	6,100.	0.			GENERAL SUPPORT
WYCLIFFE BIBLE TRANSLATORS PO BOX 628200 ORLANDO, FL 32862-8200	95-1831097	501(C)(3)	8,000.	0.			GENERAL SUPPORT
YOUTH FOCUS, INC 405 PARKWAY, STE. A GREENSBORO, NC 27401	23-7378057	501(C)(3)	21,400.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF GREATER

Schedule I (Form 990) (Rev. 12-2024) 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
SCHOLARSHIPS	53	262,193.	0.		

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 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)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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 checked="" 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
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

COMMUNITY FOUNDATION OF GREATER

Schedule J (Form 990) (Rev. 12-2024) GREENSBORO, INC.

56-1380249

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) H. WALKER SANDERS PRESIDENT	(i)	272,435.	1,290.	4,974.	19,204.	12,432.	310,335.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRANDON ZIEGLER CHIEF IMPACT OFFICER/VP, GRANTS & IN	(i)	181,625.	603.	0.	3,965.	7,577.	193,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARCI PEACE CHIEF FINANCIAL OFFICER	(i)	166,147.	2,087.	0.	12,046.	8,763.	189,043.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CATHY KNOWLES VP, DEV. & DONOR ENGAGEMENT	(i)	150,255.	2,087.	0.	10,821.	8,450.	171,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

COMMUNITY FOUNDATION OF GREATER

Schedule J (Form 990) (Rev. 12-2024) GREENSBORO, INC.

56-1380249

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 1A:

THE ORGANIZATION ONLY PROVIDES TRAVEL FOR COMPANIONS IF THE SPOUSE IS AN INTEGRAL PART OF THE EVENT.

PART I, LINE 4B:

H. WALKER SANDERS PARTICIPATED IN A SECTION 457(F) DEFERRED RETENTION BONUS PLAN. VESTED AMOUNTS ARE DISTRIBUTABLE UPON THE EARLIEST OF THE FOLLOWING: SPECIFIED DISTRIBUTION DATE, JUNE 10, 2032: INVOLUNTARY SEPARATION FROM SERVICE WITHOUT CAUSE: TERMINATION FOR GOOD REASON: OR DISABILITY. THERE WERE NO PAYMENTS UNDER THE PLAN IN THE CURRENT YEAR.

PART I, LINE 7:

ALL EMPLOYEES RECEIVED A \$100 YEAR-END BONUS NOT BASED ON REVENUE OR ASSET GROWTH. ALL EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN AN INCENTIVE PLAN BASED ON INDIVIDUAL PERFORMANCE AND ORGANIZATIONAL FINANCIAL PERFORMANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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	X	52	3,113,245.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
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 on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	Employer identification number	56-1380249
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BY PROVIDING SUPPORT TO A BROAD RANGE OF COMMUNITY NEEDS, NONPROFIT ORGANIZATIONS, AND EDUCATIONAL OPPORTUNITIES.**

**FORM 990, PART 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:
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**

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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.

OMB No. 1545-0047

**Open to Public
Inspection**

Go to 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 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	59,988.	172,146.	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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	

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

Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

COMMUNITY FOUNDATION OF GREATER

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

STANLEY & DOROTHY FRANK FAMILY FOUNDATION

DIRECT CONTROLLING ENTITY: COMMUNITY FOUNDATION OF GREATER GREENSBORO

NAME OF RELATED ORGANIZATION:

COMMUNITY FOUNDATION REAL ESTATE MANAGEMENT FUND, INC.

DIRECT CONTROLLING ENTITY: COMMUNITY FOUNDATION OF GREATER GREENSBORO

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2024

For calendar year 2024 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed.

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a) 529A

Print or Type

Name of organization (Check box if name changed and see instructions.) COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Number, street, and room or suite no. If a P.O. box, see instructions. 301 NORTH ELM STREET, 100

City or town, state or province, country, and ZIP or foreign postal code GREENSBORO, NC 27401

D Employer identification number 56-1380249

E Group exemption number (see instructions)

F Check box if an amended return.

C Book value of all assets at end of year 289,895,756.

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

L The books are in care of BRIAN GRAHAM Telephone number 336-379-9100

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount is 17,803.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount is 3,739.

Part III Tax and Payments

Table with 4 rows for Part III: Tax and Payments. Columns include line number, description, and amount. Total amount is 3,739.

Part III Tax and Payments (continued)			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	1,000.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	1,000.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	8	11.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	2,750.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		Available post-2017 NOL carryover
	901101		\$ 317,907.
			\$
			\$
			\$
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CFO	Title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	MELANIE MCPEAK			PTIN
	Firm's name	CHERRY BEKAERT ADVISORY LLC		Firm's EIN
	Firm's address	3800 GLENWOOD AVE, SUITE 200 RALEIGH, NC 27612		88-2730877
				Phone no. 919-782-1040

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTIONS	N/A	15,095,564.
CHARITABLE CONTRIBUTIONS -	N/A	
PIEDMONT PARTNERS FUND LLC		7.
CHARITABLE CONTRIBUTIONS -	N/A	
RIDGEWOOD WATER & STRATEGIC INFRASTRUCTURE FUND,		41.
TOTAL TO FORM 990-T, PART I, LINE 4		15,095,612.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2019 42,089,694
 FOR TAX YEAR 2020
 FOR TAX YEAR 2021 15,977,140
 FOR TAX YEAR 2022 13,031,566
 FOR TAX YEAR 2023 14,417,374

TOTAL CARRYOVER 85,515,774
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 15,095,612

TOTAL CONTRIBUTIONS AVAILABLE 100,611,386
 TAXABLE INCOME LIMITATION AS ADJUSTED 1,978

EXCESS CONTRIBUTIONS 100,609,408
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 100,609,408

ALLOWABLE CONTRIBUTIONS DEDUCTION 1,978

TOTAL CONTRIBUTION DEDUCTION 1,978

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

1
OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	B Employer identification number 56-1380249
C Unrelated business activity code (see instructions) 901101	D Sequence: 1 of 1

E Describe the unrelated trade or business **INVESTMENT IN PARTNERSHIPS**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 45,600.		45,600.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b -341.		-341.
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3	5 59,945.		59,945.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 105,204.		105,204.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 4	14	1,300.
15 Total deductions. Add lines 1 through 14	15	1,300.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	103,904.
17 Deduction for net operating loss. See instructions STMT 5 STMT 7	17	83,123.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	20,781.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).	
Totals			0.	0.	

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 3
DESCRIPTION		NET INCOME OR (LOSS)
PIEDMONT PARTNERS FUND LLC - ORDINARY BUSINESS INCOME (LOSS)		2,142.
BELL HNW FUND VII, LLC - NET RENTAL REAL ESTATE INCOME		-31,408.
BELL HNW FUND VII, LLC - INTEREST INCOME		445.
BELL HNW FUND VII, LLC - DIVIDEND INCOME		1,087.
BELL HNW FUND VII, LLC - OTHER INCOME (LOSS)		-5.
RIDGEWOOD WATER & STRATEGIC INFRASTRUCTURE FUND, L.P. - ORDINARY BUSINESS IN		73,678.
RIDGEWOOD WATER & STRATEGIC INFRASTRUCTURE FUND, L.P. - NET RENTAL REAL ESTA		12,760.
RIDGEWOOD WATER & STRATEGIC INFRASTRUCTURE FUND, L.P. - OTHER NET RENTAL INC		-74.
RIDGEWOOD WATER & STRATEGIC INFRASTRUCTURE FUND, L.P. - INTEREST INCOME		1,320.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		59,945.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
TAX PREPARATION FEES		1,300.
TOTAL TO SCHEDULE A, PART II, LINE 14		1,300.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 5
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
317,907.	83,123.	234,784.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	208,193.	8,129.	200,064.	200,064.
12/31/21	47,057.	0.	47,057.	47,057.
12/31/22	70,786.	0.	70,786.	70,786.
NOL CARRYOVER AVAILABLE THIS YEAR			317,907.	317,907.

SCH A (990-T) SCHEDULE A NOL DETAIL STATEMENT 7

TAXABLE INCOME FROM ALL ENTITIES	103,904.
THIS ENTITIES PORTION OF TAXABLE INCOME	103,904.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	103,904.
80% INCOME LIMITATION	83,123.
POST-2017 AVAILABLE	317,907.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	83,123.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

Name COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	Employer identification number 56-1380249
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				23,492.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	23,492.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				22,108.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	22,108.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	23,492.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	22,108.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	45,600.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.
Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **12A**

Name(s) shown on return

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

Social security number or
taxpayer identification no.

56-1380249

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	PIEDMONT PARTNERS FUND LLC							23,492. C
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)								23,492.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

56-1380249

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
[X] (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Row 1: PIEDMONT PARTNERS FUND LLC, 22,108.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) 22,108.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

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

Identifying number

56-1380249

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	RIDGEWOOD WATER & STRATEGIC INFRASTRUCTU						-341.

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

-341.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions **SEE STATEMENT 8**
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

(341)

-341.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

NONRECAPTURED NET SECTION 1231 LOSSES
FROM PRIOR YEARS

STATEMENT 8

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2019	25.	0.	25.
2020	10.	0.	10.
2021	1.	0.	1.
2022	910.	0.	910.
2023	52.	0.	52.
TOTAL TO FORM 4797, LINE 8	998.		998.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2024

Name COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	Employer identification number 56-1380249
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				23,492.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	23,492.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				22,108.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	22,108.

Part III Summary of Parts I and II				
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)			16	23,492.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)			17	22,108.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns			18	45,600.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.

Social security number or taxpayer identification no.

56-1380249

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	PIEDMONT PARTNERS FUND LLC							22,108.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								22,108.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-T**

2024

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	Employer identification number 56-1380249
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	3,739.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	3,739.
4 Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	195.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	195.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment					
		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/24	06/15/24	09/15/24	12/15/24
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	49.	49.	48.	49.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		49.	98.	146.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		49.	98.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	49.	49.	48.	49.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2024)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0.08)}{366}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0.08)}{366}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0.08)}{366}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			11.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
Sequence No. 27

Name(s) shown on return

COMMUNITY FOUNDATION OF GREATER
GREENSBORO, INC.

Identifying number

56-1380249

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20
1b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of
MACRS assets
1c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS
assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other
Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss). Row 2: RIDGEWOOD WATER & STRATEGIC INFRASTRUCTU, -341.

- 3 Gain, if any, from Form 4684, line 39
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
6 Gain, if any, from line 32, from other than casualty or theft
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

-341.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8 Nonrecaptured net section 1231 losses from prior years. See instructions
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss). Rows 10-16 are empty.

- 11 Loss, if any, from line 7
12 Gain, if any, from line 7 or amount from line 8, if applicable
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 31 and 38a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Combine lines 10 through 16

11

12

13

14

15

16

17

(341)

-341.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2024)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	