

Copy for Public Inspection

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2010

Open to Public Inspection

Form 990

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning and ending																																		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.</td> <td rowspan="2">D Employer identification number 56-1380249</td> </tr> <tr> <td colspan="2">Doing Business As</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2">E Telephone number 336-379-9100</td> </tr> <tr> <td>330 SOUTH GREENE STREET</td> <td>100</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4</td> <td rowspan="2">G Gross receipts \$ 23,721,041.</td> </tr> <tr> <td colspan="2">GREENSBORO, NC 27401-2659</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: H. WALKER SANDERS SAME AS C ABOVE</td> <td>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="3">J Website: ▶ WWW.CFGG.ORG</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1983</td> </tr> <tr> <td colspan="2"></td> <td>M State of legal domicile: NC</td> </tr> </table>	C Name of organization COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.		D Employer identification number 56-1380249	Doing Business As		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 336-379-9100	330 SOUTH GREENE STREET	100	City or town, state or country, and ZIP + 4		G Gross receipts \$ 23,721,041.	GREENSBORO, NC 27401-2659		F Name and address of principal officer: H. WALKER SANDERS SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.CFGG.ORG			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1983			M State of legal domicile: NC
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Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION IS DEDICATED TO STRENGTHENING ITS COMMUNITIES FOR PRESENT AND FUTURE GENERATIONS.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 31
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 31
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 17
	6	Total number of volunteers (estimate if necessary)	6 67
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 12,711,844. Current Year: 9,158,652.
	9	Program service revenue (Part VIII, line 2g)	0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,536,431. 3,569,604.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,094. 67,105.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,347,369. 12,795,361.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,120,500. 1,166,113.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 230,721.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	825,967. 750,837.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,850,563. 10,497,452.	
19	Revenue less expenses. Subtract line 18 from line 12	1,496,806. 2,297,909.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 98,194,401. End of Year: 110,149,944.
	21	Total liabilities (Part X, line 26)	22,797,277. 26,519,456.
	22	Net assets or fund balances. Subtract line 21 from line 20	75,397,124. 83,630,488.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	▶ Signature of officer	Date		
	▶ JACQUELINE O'CONNELL, CHIEF FINANCIAL OFFICER	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	RHONDA F. SKILES	RHONDA F. SKILES	07/25/11	
	Firm's name ▶ BERNARD ROBINSON & COMPANY, LLP	Firm's EIN ▶		
	Firm's address ▶ PO BOX 19608 GREENSBORO, NC 27419-9608	Phone no. 336-294-4494		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
THE COMMUNITY FOUNDATION OF GREATER GREENSBORO IS DEDICATED TO
STRENGTHENING ITS COMMUNITIES FOR PRESENT AND FUTURE GENERATIONS. THE
FOUNDATION ACCEPTS CONTRIBUTIONS FOR CURRENT CHARITABLE DISTRIBUTION,
BUILDS AND MANAGES PERMANENT ENDOWMENTS FOR EMERGING ISSUES AND

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 9,735,539. including grants of \$ 8,580,502.) (Revenue \$ _____)
THE FOUNDATION PRUDENTLY MANAGES CHARITABLE FUNDS AND AUTHORIZES
GRANTS, DIRECTED TO STRENGTHENING ITS COMMUNITIES FOR PRESENT AND
FUTURE GENERATIONS. THE FOUNDATION HAS FIVE DISTINCT PRIORITIES FOR
COMMUNITY INITIATIVES: HOUSING, EDUCATION, COMMUNITY REVITALIZATION,
BUILDING SOCIAL CAPITAL AND BUILDING NONPROFIT CAPACITY.

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses **▶** 9,735,539.

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 Schedule B, Schedule of Contributors?	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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; 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 term, permanent, or 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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>		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 hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 25</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) and 501(c)(4) 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		X
29 Did the organization receive more than \$25,000 in non-cash 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, Parts II, III, IV, and V, line 1</i>	34	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
a 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> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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 in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	46	1a		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	1b		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
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	17	2a		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
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)?		4a		X
b If "Yes," enter the name of the foreign country: 				
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
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?		7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year		7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	N/A	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	N/A	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9a		X
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	N/A	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	N/A	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	N/A	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?	N/A	13a		
Note. See the instructions for additional information the organization must report on Schedule O.				
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?		14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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

Check if Schedule O contains a response to any question 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	1a	31	
b Enter the number of voting members included in 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?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Does the organization have members or stockholders?	6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	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 in Schedule O	9		X

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

		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X	
13 Does the organization have a written whistleblower policy?	13	X	
14 Does the organization have a written document retention and destruction policy?	14	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	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LOUISE BRADY CHAIR	1.00	X		X				0.	0.	0.
JOHN L. BAKANE CHAIR ELECT	1.00	X		X				0.	0.	0.
TOMASITA JACUBOWITZ SECRETARY	1.00	X		X				0.	0.	0.
KENT J. CHABOTAR TREASURER	1.00	X		X				0.	0.	0.
UMA AVVA DIRECTOR	1.00	X						0.	0.	0.
DAVID M. BALL DIRECTOR	1.00	X						0.	0.	0.
JON BELL DIRECTOR	1.00	X						0.	0.	0.
NANCY BRENNER DIRECTOR	1.00	X						0.	0.	0.
CHESTER H. BROWN, JR. DIRECTOR	1.00	X						0.	0.	0.
ROY CARROLL DIRECTOR	1.00	X						0.	0.	0.
MONA EDWARDS DIRECTOR	1.00	X						0.	0.	0.
CHARLES H. FLYNT, JR. DIRECTOR	1.00	X						0.	0.	0.
PATRICE A. HINNANT DIRECTOR	1.00	X						0.	0.	0.
KATHY HINSHAW DIRECTOR	1.00	X						0.	0.	0.
JOYCE JOHNSON DIRECTOR	1.00	X						0.	0.	0.
CORNELIUS C. LAMBERTH DIRECTOR	1.00	X						0.	0.	0.
JULIANNE MALVEAUX DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KATHY MANNING DIRECTOR	1.00	X						0.	0.	0.
HAROLD L. MARTIN, SR. DIRECTOR	1.00	X						0.	0.	0.
KENNETH MILLER DIRECTOR	1.00	X						0.	0.	0.
REID PHILLIPS DIRECTOR	1.00	X						0.	0.	0.
FAIRFAX REYNOLDS DIRECTOR	1.00	X						0.	0.	0.
NORMAN G. SAMET DIRECTOR	1.00	X						0.	0.	0.
MABLE SCOTT DIRECTOR	1.00	X						0.	0.	0.
ANDREW SPAINHOUR DIRECTOR	1.00	X						0.	0.	0.
DENNIS G. STEARNS DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								276,102.	0.	37,841.
d Total (add lines 1b and 1c)								276,102.	0.	37,841.

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

		Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		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>	4	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>	5		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d 525,834.					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8632818.					
	g Noncash contributions included in lines 1a-1f: \$	2526389.					
	h Total. Add lines 1a-1f		9158652.				
	Program Service Revenue	2 a _____ Business Code					
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2020110.			2,020,110.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			1549494.		1,549,494.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER REVENUE	900099	67,105.	67,105.				
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d		67,105.				
12 Total revenue. See instructions.		12,795,361.	67,105.	0.	3,569,604.		

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) but are not required to complete columns (B), (C), and (D).

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8,580,502.	8,580,502.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	313,943.	171,691.	95,070.	47,182.
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	663,981.	363,122.	200,084.	100,775.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	40,736.	22,278.	12,336.	6,122.
9 Other employee benefits	84,646.	46,292.	25,633.	12,721.
10 Payroll taxes	62,807.	34,348.	19,020.	9,439.
11 Fees for services (non-employees):				
a Management				
b Legal	8,995.	6,688.	2,307.	
c Accounting	28,033.		28,033.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	281,293.	281,293.		
g Other				
12 Advertising and promotion				
13 Office expenses	16,473.			16,473.
14 Information technology				
15 Royalties				
16 Occupancy	96,834.	57,369.	28,918.	10,547.
17 Travel	6,079.		6,079.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,066.	4,724.	2,449.	893.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,974.	33,956.	17,600.	6,418.
23 Insurance	17,272.	6,083.	11,189.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a ANNUAL MEETING EXPENSES	103,468.	60,603.	31,410.	11,455.
b EQUIPMENT REPAIRS AND M	46,417.	14,960.	26,214.	5,243.
c DUES AND SUBSCRIPTIONS	21,424.		21,424.	
d MISCELLANEOUS	16,056.	28,812.	-9,349.	-3,407.
e CONTRACT LABOR	16,041.	12,833.	3,208.	
f All other expenses	26,412.	9,985.	9,567.	6,860.
25 Total functional expenses. Add lines 1 through 24f	10,497,452.	9,735,539.	531,192.	230,721.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	16,475,597.	2	8,716,597.	
	3 Pledges and grants receivable, net	2,817,082.	3	2,496,112.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7 Notes and loans receivable, net	51,500.	7	37,000.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	324,077.			
	b Less: accumulated depreciation	245,345.	126,546.	10c	78,732.
	11 Investments - publicly traded securities	67,070,861.	11	87,211,974.	
	12 Investments - other securities. See Part IV, line 11	10,418,140.	12	10,947,703.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	1,234,675.	15	661,826.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	98,194,401.	16	110,149,944.		
Liabilities	17 Accounts payable and accrued expenses	56,864.	17	78,049.	
	18 Grants payable	1,306,333.	18	1,474,333.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	21,434,080.	25	24,967,074.	
	26 Total liabilities. Add lines 17 through 25	22,797,277.	26	26,519,456.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	43,347,901.	27	46,785,516.	
	28 Temporarily restricted net assets	10,497,058.	28	12,974,466.	
	29 Permanently restricted net assets	21,552,165.	29	23,870,506.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	75,397,124.	33	83,630,488.	
34 Total liabilities and net assets/fund balances	98,194,401.	34	110,149,944.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,795,361.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,497,452.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,297,909.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,397,124.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,935,455.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	83,630,488.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

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SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

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

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,757,275.	13,706,771.	9,964,298.	12,711,844.	9,158,652.	60,298,840.
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	14,757,275.	13,706,771.	9,964,298.	12,711,844.	9,158,652.	60,298,840.
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)						12,121,074.
6 Public support. Subtract line 5 from line 4.						48,177,766.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14,757,275.	13,706,771.	9,964,298.	12,711,844.	9,158,652.	60,298,840.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,154,774.	3,854,460.	2,374,306.	2,075,787.	2,020,110.	13,479,437.
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 IV.)	79,805.	72,237.	149,048.	99,094.	67,105.	467,289.
11 Total support. Add lines 7 through 10						74,245,566.
12 Gross receipts from related activities, etc. (see instructions)				12		
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	64.89 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	66.11 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 IV 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 - 2009. 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 IV 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"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, 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 2010 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests - 2010. 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 - 2009. 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

Copy for Public Inspection

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	287	
2 Aggregate contributions to (during year)	4,988,035.	
3 Aggregate grants from (during year)	7,309,668.	
4 Aggregate value at end of year	37,397,308.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	22,582,202.	16,550,111.	33,981,872.		
b Contributions	2,388,277.	2,602,038.	265,423.		
c Net investment earnings, gains, and losses	3,695,181.	4,504,330.	-8,004,711.		
d Grants or scholarships	652,688.	733,035.	1,090,771.		
e Other expenditures for facilities and programs			1,336.		
f Administrative expenses	439,189.	341,242.	495,531.		
g End of year balance	27,573,783.	22,582,202.	24,654,946.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %
- 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 | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		18,608.	18,313.	295.
d Equipment		305,469.	227,032.	78,437.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				78,732.

Part VII Investments - Other Securities. 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	10,947,703.	END-OF-YEAR MARKET VALUE
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	10,947,703.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) BENEFICIAL INTEREST OF OTHERS IN		
(3) SPLIT-INTEREST AGREEMENTS	2,697,112.	
(4) FUNDS HELD AS ORGANIZATIONAL FUNDS	22,269,962.	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	24,967,074.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

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

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

Part XIV Supplemental Information
 Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: TO SUPPORT SPECIFIED NONPROFIT ORGANIZATIONS, CHARITABLE CAUSES, AND SCHOLARSHIPS FOR THE BENEFIT OF THE GREENSBORO AREA AND ITS RESIDENTS.

SCHEDULE D, PART V, ENDOWMENT FUNDS

LINE 1A, COLUMN (B), PRIOR YEAR BEGINNING OF YEAR BALANCE, DOES NOT AGREE TO LINE 1G, COLUMN (C), TWO YEARS BACK END OF YEAR BALANCE. THIS RESULTS FROM RECLASSIFICATIONS MADE BY THE ORGANIZATION IN CONNECTION WITH ITS

Part XIV Supplemental Information (continued)

INTERPRETATION OF THE STATE PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT WHICH BECAME EFFECTIVE IN MARCH 2009.

Multiple horizontal lines for supplemental information.

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTION GREENSBORO, INC. 317 SOUTH ELM ST GREENSBORO, NC 27401	56-2251250	501(C)(3)	311,148.	0.			GENERAL SUPPORT
ADULT CENTER FOR ENRICHMENT, INC. P.O. BOX 13048 GREENSBORO, NC 27415	56-1599072	501(C)(3)	5,300.	0.			GENERAL SUPPORT
ALAMANCE BURLINGTON SCHOOL SYSTEM 1712 VAUGHN RD BURLINGTON, NC 27217	56-6000271	501(C)(3)	14,932.	0.			GENERAL SUPPORT
ALAMANCE COMMUNITY COLLEGE PO BOX 8000 GRAHAM, NC 27253-8000	56-6052379	501(C)(3)	7,000.	0.			SCHOLARSHIP
ALAMANCE COMMUNITY COLLEGE FOUNDATION - PO BOX 8000 - GRAHAM, NC 27253-8000	58-1511004	501(C)(3)	7,979.	0.			GENERAL SUPPORT
ALAMANCE COUNTY ECONOMIC DEVELOPMENT FOUNDATION - 610 S. LEXINGTON AVE. - BURLINGTON, NC 27215	20-2384314	501(C)(3)	6,000.	0.			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations ▶ 240.

3 Enter total number of other organizations ▶ 0.

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

Schedule I (Form 990) (2010)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION - ALEXANDER MUSS HIGH SCHOOL ISRAEL 78 RANDALL AVE - ROCKVILLE CENTRE, NY 11570	59-0173782	501(C)(3)	35,400.	0.			GENERAL SUPPORT
ALIGHT, INC. 604 GREEN VALLEY ROAD, STE 400 GREENSBORO, NC 27408	20-3694806	501(C)(3)	10,750.	0.			GENERAL SUPPORT
ALLEY'S HOUSE 4907 SPRING AVE DALLAS, TX 75210	75-2699807	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ALLIED CHURCHES OF ALAMANCE COUNTY PO BOX 2581 BURLINGTON, NC 27216-2581	56-1553388	501(C)(3)	6,700.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 430 17TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	31,500.	0.			GENERAL SUPPORT
AMERICAN RED CROSS - GREATER PALM BEACH AREA CHAPTER - 825 FERN STREET - WEST PALM BEACH, FL 33401	53-0196605	501(C)(3)	25,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS - GREENSBORO CHAPTER - P.O. BOX 14710 - GREENSBORO, NC 27415	53-0196605	501(C)(3)	31,600.	0.			GENERAL SUPPORT
AMERICAN RED CROSS INTERNATIONAL 21726 NETWORK PLACE CHICAGO, IL 60673-1217	53-0196605	501(C)(3)	47,500.	0.			GENERAL SUPPORT
ANNE BLUETHENTHAL AND DANCERS PRODUCTIONS - 4027 CESAR CHAVEZ ST - SAN FRANCISCO, CA 94122	94-3031662	501(C)(3)	5,000.	0.			GENERAL SUPPORT

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN STATE UNIVERSITY FINANCIAL AID OFFICE, PO BOX 32059 BOONE, NC 28608	56-1176030	501(C)(3)	13,541.	0.			SCHOLARSHIP
APPALACHIAN STATE UNIVERSITY FOUNDATION, INC. - ASU BOX 32061 - BOONE, NC 28608	23-7099379	501(C)(3)	17,000.	0.			GENERAL SUPPORT
ARZU, INC. 77 STONE GATE LN LAKE FOREST, IL 60045	84-1636816	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BARNABAS NETWORK 2024 E MARKET ST GREENSBORO, NC 27401	20-4533345	501(C)(3)	7,000.	0.			GENERAL SUPPORT
BATES COLLEGE OFFICE OF STUDENT FINANCIAL SERVICES, 44 MOUNTAIN AVENUE - LEWISTON, ME 0424	01-0211781	501(C)(3)	5,000.	0.			SCHOLARSHIP
BENT TREE BIBLE FELLOWSHIP 4141 INTERNATIONAL PKWY CARROLLTON, TX 75007	75-1493294	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BETH DAVID SYNAGOGUE 804 WINVIEW DR GREENSBORO, NC 27410	56-0731131	501(C)(3)	19,741.	0.			GENERAL SUPPORT
BLOWING ROCK ART AND HISTORY MUSEUM - PO BOX 828 - BLOWING ROCK, NC 28605	33-0003315	501(C)(3)	29,000.	0.			GENERAL SUPPORT
B'NAI SHALOM DAY SCHOOL 804 WINVIEW DR GREENSBORO, NC 27410	56-0952340	501(C)(3)	31,000.	0.			GENERAL SUPPORT

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS HOME OF NC, INC. PO BOX 127 LAKE WACCAMAW, NC 28450	58-1387871	501(C)(3)	7,700.	0.			GENERAL SUPPORT
BRAIN INJURY ASSOCIATION OF COLORADO - 4200 W CONEJOS PL STE 524 - DENVER, CO 80204	84-0893049	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CALIFORNIA STATE UNIVERSITY LONG BEACH - CASHIERS OFFICE BH 148, 1250 BELLFLOWER BLVD. MS-0103 - LONG BEACH, CA 90840-0103	95-6106694	501(C)(3)	8,000.	0.			SCHOLARSHIP
CAMP CAREFREE 275 CAREFREE LN STOKESDALE, NC 27357	56-1479260	501(C)(3)	45,989.	0.			GENERAL SUPPORT
CANTERBURY SCHOOL 5400 OLD LAKE JEANETTE RD GREENSBORO, NC 27455-1322	56-1781579	501(C)(3)	29,650.	0.			GENERAL SUPPORT
CAPITAL CITY YOUTH SERVICES, INC. 2407 ROBERTS AVE TALLAHASSEE, FL 32310	59-3184365	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CAROLINA CANINES FOR SERVICE PO BOX 12643 WILMINGTON, NC 28405	56-2118747	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CAROLINA THEATRE OF GREENSBORO, INC. - 310 S GREENE ST - GREENSBORO, NC 27401-2616	04-3781645	501(C)(3)	9,333.	0.			GENERAL SUPPORT
CENTER FOR SCHOLARSHIP ADMINISTRATION - PO BOX 1465 - TAYLORS, SC 29687-6540	01-0678956	501(C)(3)	36,400.	0.			GENERAL SUPPORT

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLOTTE CHRISTIAN SCHOOL 7301 SARDIS RD CHARLOTTE, NC 28270	56-0750913	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CHILDREN'S HOME SOCIETY OF NORTH CAROLINA - PO BOX 14608 - GREENSBORO, NC 27415-4608	56-0529946	501(C)(3)	53,618.	0.			GENERAL SUPPORT
CHILDREN'S MUSEUM OF ALAMANCE COUNTY - PO BOX 1178 - GRAHAM, NC 27253	42-1740709	501(C)(3)	36,933.	0.			GENERAL SUPPORT
CHINQUAPIN ELEMENTARY SCHOOL 3894 NC 50 S CHINQUAPIN, NC 28521	56-6001020	501(C)(3)	13,390.	0.			GENERAL SUPPORT
CHRIST UNITED METHODIST CHURCH 410 N HOLDEN RD GREENSBORO, NC 27410	56-0689239	501(C)(3)	12,500.	0.			GENERAL SUPPORT
CHURCH OF THE HOLY COMFORTER 320 E DAVIS ST BURLINGTON, NC 27215	56-6001643	501(C)(3)	6,416.	0.			GENERAL SUPPORT
CITIZENS RESTORING CONGAMOND PO BOX 117 W SUFFIELD, CT 06093	22-3042322	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CITY OF BURLINGTON PO BOX 1358 BURLINGTON, NC 27216	56-6001189	501(C)(3)	26,147.	0.			GENERAL SUPPORT
CITY OF GREENSBORO CITY ARTS, ARTS AND EDUCATION DEPT. - 200 N DAVIE ST - GREENSBORO, NC 27401	56-6000230	501(C)(3)	8,500.	0.			GENERAL SUPPORT

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEMSON WESLEY FOUNDATION PO BOX 1703 CLEMSON, SC 29633	57-0327882	501(C)(3)	5,000.	0.			GENERAL SUPPORT
COLGATE UNIVERSITY MERRILL HOUSE, 13 OAK DRIVE HAMILTON, NY 13346	15-0532083	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CONSERVATION TRUST FOR NORTH CAROLINA - PO BOX 33333 - RALEIGH, NC 27636-3333	58-1552188	501(C)(3)	8,750.	0.			GENERAL SUPPORT
COURTNEY BAPTIST CHURCH 3341 COURTNEY CHURCH RD YADKINVILLE, NC 27055	56-6064493	501(C)(3)	8,000.	0.			GENERAL SUPPORT
CUMBERLAND COMMUNITY FOUNDATION PO BOX 2345 FAYETTEVILLE, NC 28302	58-1406831	501(C)(3)	26,000.	0.			GENERAL SUPPORT
DAVIDSON COLLEGE BOX 7174 DAVIDSON, NC 28035-7174	56-0529961	501(C)(3)	279,550.	0.			GENERAL SUPPORT
DESOTO HEALTH & WELLNESS CENTER, INC. - 8889 NORTHWEST DR, STE A - SOUTHHAVEN, MS 38671-2411	30-0399758	501(C)(3)	80,000.	0.			GENERAL SUPPORT
DIOCESE OF CHARLOTTE 1123 S. CHURCH STREET CHARLOTTE, NC 28203	56-1000633	501(C)(3)	66,400.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA 333 SEVENTH AVE, 2ND FL NEW YORK, NY 10001-5004	13-3433452	501(C)(3)	8,700.	0.			GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAMS TREATMENT SERVICES, INC. PO BOX 5408 GREENSBORO, NC 27435-0408	30-0310853	501(C)(3)	6,000.	0.			GENERAL SUPPORT
DUKE COMPREHENSIVE CANCER CENTER DUMC 3828 DURHAM, NC 27710	56-2070036	501(C)(3)	23,000.	0.			GENERAL SUPPORT
DUKE UNIVERSITY MEDICAL CENTER DEVELOPMENT OFFICE DUMC 3624 DURHAM, NC 27710	56-2070036	501(C)(3)	11,100.	0.			GENERAL SUPPORT
DUQUESNE UNIVERSITY 600 FORBES AVENUE PITTSBURGH, PA 15282	25-1035663	501(C)(3)	5,000.	0.			SCHOLARSHIP
EASTERN CABARRUS HISTORICAL SOCIETY - PO BOX 1299 - MT PLEASANT, NC 28124-1299	23-7361913	501(C)(3)	11,149.	0.			GENERAL SUPPORT
EASTERN MUSIC FESTIVAL PO BOX 22026 GREENSBORO, NC 27420-2026	56-0771005	501(C)(3)	28,309.	0.			GENERAL SUPPORT
EASTERN SUN ACADEMY 6717 S BOULDER RD BOULDER, CO 80303	02-0741344	501(C)(3)	5,000.	0.			GENERAL SUPPORT
EDMUNDSON ART FOUNDATION DBA DES MOINES ART - 4700 GRAND AVE - DES MOINES, IA 50312	42-0680419	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ELIADA FOUNDATION PO BOX 16708 ASHEVILLE, NC 28816	81-0620535	501(C)(3)	12,500.	0.			GENERAL SUPPORT

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ELON UNIVERSITY - OFFICE OF INSTITUTIONAL ADVANCEMENT - 2600 CAMPUS BOX - ELON, NC 27244	56-0532303	501(C)(3)	2,250.	0.			SCHOLARSHIP
ELON UNIVERSITY - OFFICE OF INSTITUTIONAL ADVANCEMENT - 2600 CAMPUS BOX - ELON, NC 27244	56-0532303	501(C)(3)	47,300.	0.			GENERAL SUPPORT
ELON UNIVERSITY LAW SCHOOL 201 N. GREENE STREET GREENSBORO, NC 27401	56-0532303	501(C)(3)	65,000.	0.			GENERAL SUPPORT
EMMANUEL UNITED METHODIST CHURCH 2331 LA VISTA DRIVE BURLINGTON, NC 27215	56-6022659	501(C)(3)	12,000.	0.			GENERAL SUPPORT
ENRICHMENT FUND FOR GUILFORD COUNTY SCHOOLS - PO BOX 21688 - GREENSBORO, NC 27404	56-6000522	501(C)(3)	23,066.	0.			GENERAL SUPPORT
FAITHACTION INTERNATIONAL HOUSE 705 N. GREENE STREET GREENSBORO, NC 27401	56-1993490	501(C)(3)	10,950.	0.			GENERAL SUPPORT
FAMILY SERVICE OF THE PIEDMONT 315 E WASHINGTON ST GREENSBORO, NC 27401	56-2061741	501(C)(3)	31,900.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH PO BOX 5443 GREENSBORO, NC 27435	56-0591300	501(C)(3)	23,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 617 NORTH ELM STREET GREENSBORO, NC 27401-2095	23-6393377	501(C)(3)	295,698.	0.			GENERAL SUPPORT

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FIRST PRESBYTERIAN CHURCH 508 W DAVIS ST BURLINGTON, NC 27215	56-0529969	501(C)(3)	64,500.	0.			GENERAL SUPPORT
FOSTER FRIENDS OF NORTH CAROLINA PO BOX 49605 GREENSBORO, NC 27419	65-1253675	501(C)(3)	7,500.	0.			GENERAL SUPPORT
FRIENDLY AVENUE BAPTIST CHURCH 4800 WEST FRIENDLY AVE. GREENSBORO, NC 27410	56-0588461	501(C)(3)	14,000.	0.			GENERAL SUPPORT
FRIENDS FOR AN EARLIER BREAST CANCER TEST - P.O. BOX 29524 - GREENSBORO, NC 27429-9524	56-1948104	501(C)(3)	9,600.	0.			GENERAL SUPPORT
FRONT STREET UNITED METHODIST CHURCH - P.O. BOX 2597 - BURLINGTON, NC 27216	56-0615203	501(C)(3)	11,411.	0.			GENERAL SUPPORT
GENERAL BOARD OF GLOBAL MINISTRIES UNITED METHODIST CHURCH, 475 RIVERSIDE DRIVE, ROOM 1406 - NEW YORK, NY 10115	13-5565089	501(C)(3)	6,000.	0.			GENERAL SUPPORT
GEORGIA INSTITUTE OF TECHNOLOGY 225 NORTH AVENUE ATLANTA, GA 30332-0460	58-1386358	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GEORGIA SOUTHWESTERN STATE UNIVERSITY - 800 WHEATLEY STREET - AMERICUS, GA 31709-4379	58-1386358	501(C)(3)	5,000.	0.			SCHOLARSHIP
GIRL CHARGE 1503 INDEPENDENCE ROAD GREENSBORO, NC 27408	26-2194760	501(C)(3)	5,900.	0.			GENERAL SUPPORT

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GREATER GREENSBORO BUILDERS ASSN. PO BOX 41135 GREENSBORO, NC 27404	56-0729447	501(C)(3)	13,750.	0.			GENERAL SUPPORT
GREATER PIEDMONT TEEN CHALLENGE PO BOX 77914 GREENSBORO, NC 27417-7914	56-1153323	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GREEN HILL CENTER FOR NORTH CAROLINA ART - 200 N DAVIE ST, BOX 200 - GREENSBORO, NC 27401	51-0190827	501(C)(3)	22,500.	0.			GENERAL SUPPORT
GREENSBORO BEAUTIFUL, INC. 501 YANCEYVILLE ST GREENSBORO, NC 27405	23-7099248	501(C)(3)	5,200.	0.			GENERAL SUPPORT
GREENSBORO CHAMBER OF COMMERCE FOUNDATION - P.O. BOX 3246 - GREENSBORO, NC 27402	23-7181435	501(C)(3)	25,500.	0.			GENERAL SUPPORT
GREENSBORO CHILDREN'S MUSEUM 220 N. CHURCH ST. GREENSBORO, NC 27401-2918	56-1959695	501(C)(3)	183,495.	0.			GENERAL SUPPORT
GREENSBORO COALITION ON ADOLESCENT PREGNANCY PREVENTION - P.O. BOX 8765 - GREENSBORO, NC 27419	31-1483754	501(C)(3)	5,000.	0.			GENERAL SUPPORT
GREENSBORO DAY SCHOOL 5401 LAWNDALE DR GREENSBORO, NC 27455-2100	56-0949932	501(C)(3)	100,466.	0.			GENERAL SUPPORT
GREENSBORO HISTORICAL MUSEUM, INC. 130 SUMMIT AVE GREENSBORO, NC 27401-3016	56-0629340	501(C)(3)	6,742.	0.			GENERAL SUPPORT

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GREENSBORO HOUSING COALITION, INC. 122 NORTH ELM STREET, SUITE M-2 GREENSBORO, NC 27401	56-1727193	501(C)(3)	10,575.	0.			GENERAL SUPPORT
GREENSBORO JEWISH FEDERATION 5509-C WEST FRIENDLY AVENUE GREENSBORO, NC 27410-4211	23-7107693	501(C)(3)	62,715.	0.			GENERAL SUPPORT
GREENSBORO OPERA COMPANY 200 N. DAVIE, #17 GREENSBORO, NC 27401-2819	56-0729447	501(C)(3)	5,541.	0.			GENERAL SUPPORT
GREENSBORO PUBLIC LIBRARY P. O. BOX 3178 GREENSBORO, NC 27402	56-6000230	501(C)(3)	5,500.	0.			GENERAL SUPPORT
GREENSBORO SPORTS COMMISSION 2200 PINECROFT RD, STE 200 GREENSBORO, NC 27407	56-1666662	501(C)(3)	67,340.	0.			GENERAL SUPPORT
GREENSBORO SYMPHONY ORCHESTRA 200 N DAVIE ST STE 301 GREENSBORO, NC 27401-2819	56-6063111	501(C)(3)	21,531.	0.			GENERAL SUPPORT
GREENSBORO URBAN MINISTRY 305 W LEE ST GREENSBORO, NC 27406-1240	56-0890545	501(C)(3)	39,500.	0.			GENERAL SUPPORT
GUILFORD CHILD HEALTH, INC. 1046 E. WENDOVER AVENUE GREENSBORO, NC 27405	56-1991438	501(C)(3)	8,917.	0.			GENERAL SUPPORT
GUILFORD COLLEGE 5800 W. FRIENDLY AVENUE GREENSBORO, NC 27410	56-0529982	501(C)(3)	117,853.	0.			GENERAL SUPPORT

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GUILFORD COMMUNITY AIDS PARTNERSHIP, INC. - P.O. BOX 752 - GREENSBORO, NC 27402	58-2121823	501(C)(3)	10,916.	0.			GENERAL SUPPORT
GUILFORD COUNTY HOME OWNERSHIP CENTER - 122 S. ELM STREET, SUITE 504 - GREENSBORO, NC 27401	20-1215302	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GUILFORD EDUCATION ALLIANCE 902 BONNER DRIVE JAMESTOWN, NC 27282	20-0328746	501(C)(3)	63,750.	0.			GENERAL SUPPORT
GUILFORD TECHNICAL COMMUNITY COLLEGE FOUNDATION, INC. - P. O. BOX 309 - JAMESTOWN, NC 27282	56-6085391	501(C)(3)	7,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF GREATER GREENSBORO - PO BOX 3402 - GREENSBORO, NC 27402	56-1586870	501(C)(3)	83,900.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF IREDELL COUNTY - 1382A SHELTON AVENUE - STATESVILLE, NC 28677	56-1596170	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HISPANICS IN PHILANTHROPY ILANA DUBESTER, PO BOX 1447' PITTSBORO, NC 27312	94-3040607	501(C)(3)	7,500.	0.			GENERAL SUPPORT
HOLY TRINITY EPISCOPAL CHURCH 607 N. GREENE ST. GREENSBORO, NC 27401	56-0530002	501(C)(3)	38,241.	0.			GENERAL SUPPORT
HOSPICE AND PALLIATIVE CARE OF ALAMANCE-CASWELL - 914 CHAPEL HILL ROAD - BURLINGTON, NC 27215	56-1344754	501(C)(3)	5,500.	0.			GENERAL SUPPORT

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HOSPICE AND PALLIATIVE CARE OF GREENSBORO, INC. - 2500 SUMMIT AVENUE - GREENSBORO, NC 27405-4522	56-1249146	501(C)(3)	52,607.	0.			GENERAL SUPPORT
HOSPICE OF THE PIEDMONT 1801 WESCHESTER DRIVE HIGH POINT, NC 27262-7009	58-1453827	501(C)(3)	8,000.	0.			GENERAL SUPPORT
HOUSING GREENSBORO, INC. PO BOX 3341 GREENSBORO, NC 27402-3341	56-2061741	501(C)(3)	16,000.	0.			GENERAL SUPPORT
HUMAN RIGHTS CAMPAIGN FOUNDATION 1640 RHODE ISLAND AVE., NW WASHINGTON, DC 20036	52-1481896	501(C)(3)	10,100.	0.			GENERAL SUPPORT
HUMAN RIGHTS EDUCATION INSTITUTE PO BOX 3281 COEUR D'ALENE, ID 83816	82-0506112	501(C)(3)	30,000.	0.			GENERAL SUPPORT
IN TOUCH MINISTRIES, INC. PO BOX 7900 ATLANTA, GA 30357	58-1495310	501(C)(3)	15,000.	0.			GENERAL SUPPORT
INLAND NORTHWEST LAND TRUST 35 WEST MAIN AVE., STE. 210 SPOKANE, WA 99201	91-1510539	501(C)(3)	20,000.	0.			GENERAL SUPPORT
INTERACTIVE RESOURCE CENTER PO BOX 20568 GREENSBORO, NC 27420	80-0315285	501(C)(3)	28,100.	0.			GENERAL SUPPORT
INTERNATIONAL CIVIL RIGHTS CENTER AND MUSEUM - 134 S. ELM ST. - GREENSBORO, NC 27401-2604	56-1856093	501(C)(3)	51,179.	0.			GENERAL SUPPORT

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IREDELL CHRISTIAN MINISTRIES, INC. PO BX 86 STATESVILLE, NC 28687	20-4761133	501(C)(3)	12,000.	0.			GENERAL SUPPORT
JEWISH FEDERATION OF VOLUSIA & FLAGLER COUNTIES - 470 ANDALUSIA AVENUE - ORMAND BEACH, FL 32174	59-1774958	501(C)(3)	35,000.	0.			GENERAL SUPPORT
JEWISH HERITAGE FOUNDATION OF NORTH CAROLINA - PO BOX 51245 - DURHAM, NC 27717-1245	56-1994401	501(C)(3)	5,000.	0.			GENERAL SUPPORT
JOHN LOCKE FOUNDATION 200 W. MORGAN STREET #200 RALEIGH, NC 27601	56-1656943	501(C)(3)	5,100.	0.			GENERAL SUPPORT
JOSEPH'S HOUSE, INC. PO BOX 13241 GREENSBORO, NC 27415	20-2208865	501(C)(3)	13,000.	0.			GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION - 312 N. EUGENE ST, STE D - GREENSBORO, NC 27401	23-1907729	501(C)(3)	32,632.	0.			GENERAL SUPPORT
LEUKEMIA AND LYMPHOMA SOCIETY 11350 MCCORMICK ROAD, EXECUTIVE PLAZA, SUITE 100 - HUNT VALLEY, MD 21031	13-5644916	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LOAVES AND FISHES CHRISTIAN FOOD MINISTRY - PO BOX 1573 - BURLINGTON, NC 27216	56-0903569	501(C)(3)	12,500.	0.			GENERAL SUPPORT
LOS POBRES, INC. 1420 MURILLO LN BOONE, CO 81025-9750	31-1794514	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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MANHATTAN COLLEGE MANHATTAN COLLEGE PARKWAY RIVERDALE, NY 10471	13-1740468	501(C)(3)	8,000.	0.			SCHOLARSHIP
MAPLE SPRINGS UNITED METHODIST CHURCH - 2569 REYNOLDA RD - WINSTON-SALEM, NC 27253	20-5665302	501(C)(3)	6,450.	0.			GENERAL SUPPORT
MENTORS ASSOCIATION, INC 802 PINES RIDGE DRIVE GREENSBORO, NC 27406	83-0420216	501(C)(3)	7,500.	0.			GENERAL SUPPORT
MITCHELL COMMUNITY COLLEGE 500 WEST BROAD STREET STATESVILLE, NC 28677	56-6048383	501(C)(3)	10,000.	0.			GENERAL SUPPORT
BROWN SUMMIT BAPTIST CHURCH 6000 SUMMIT AVENUE BROWNS SUMMIT, NC 27214		501(C)(3)	6,000.	0.			GENERAL SUPPORT
MOSES CONE HEALTH SYSTEM OFFICE OF FUND DEVELOPMENT, 1200 N GREENSBORO, NC 27401	58-1588823	501(C)(3)	43,250.	0.			GENERAL SUPPORT
MUDDY SNEAKERS PO BOX 8471 ASHEVILLE, NC 28814	26-0338084	501(C)(3)	30,000.	0.			GENERAL SUPPORT
MUSIC ACADEMY OF NORTH CAROLINA, INC. - 1327 BEAMAN PLACE STE 100 - GREENSBORO, NC 27408-8723	58-1583883	501(C)(3)	11,704.	0.			GENERAL SUPPORT
NATIONAL BIBLE ASSOCIATION, INC. 405 LEXINGTON AVE, 26TH FL NEW YORK, NY 10174	13-1860450	501(C)(3)	5,000.	0.			GENERAL SUPPORT

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NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE - PIEDMONT TRIAD, 713 N. GREENE STREET - GREENSBORO, NC 27401-2025	13-1809982	501(C)(3)	11,850.	0.			GENERAL SUPPORT
NATIONAL GALLERY OF ART 6TH ST AND CONSTITUTION AVE NW WASHINGTON, DC 20565	53-6001666	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NATIONAL MULTIPLE SCLEROSIS SOCIETY - STE 30, 2211 W MEADOWVIEW RD - GREENSBORO, NC 27407	56-0903569	501(C)(3)	26,500.	0.			GENERAL SUPPORT
NATIONAL TRUST FOR HISTORIC PRESERVATION IN THE US - SOUTHERN REGIONAL OFFICE, 456 KING ST, 3RD FL - CHARLESTON, SC 29403	53-0210807	501(C)(3)	20,000.	0.			GENERAL SUPPORT
NATURAL SCIENCE CENTER OF GREENSBORO - 4301 LAWNDALE DR - GREENSBORO, NC 27455	56-0885727	501(C)(3)	6,731.	0.			GENERAL SUPPORT
NC A&T STATE UNIVERSITY TREASURER'S OFFICE, DOWDY ADMIN BUILDING, 1601 EAST MARKET ST. SUITE 400 - G	56-0532129	501(C)(3)	14,384.	0.			SCHOLARSHIP
NC A&T STATE UNIVERSITY FOUNDATION PO BOX 20366 GREENSBORO, NC 27411	56-6075899	501(C)(3)	23,500.	0.			GENERAL SUPPORT
NC CENTER FOR NONPROFITS 1110 NAVAHO DRIVE, STE. 200 RALEIGH, NC 27609-7322	56-1729407	501(C)(3)	7,500.	0.			GENERAL SUPPORT
NC STATE UNIVERSITY 2005 HARRIS HALL CAMPUS BOX 7213 RALEIGH, NC 27695-7213	56-6001393	501(C)(3)	11,786.	0.			GENERAL SUPPORT

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NC STATE UNIVERSITY 2005 HARRIS HALL CAMPUS BOX 7213 RALEIGH, NC 27695-7213	56-6001393	501(C)(3)	41,542.	0.			SCHOLARSHIP
NEW DIRECTIONS INTERNATIONAL, INC. PO BOX 2347 BURLINGTON, NC 27216	56-0953324	501(C)(3)	6,000.	0.			GENERAL SUPPORT
NEW LEAF SOCIETY PO BOX 4083 BURLINGTON, NC 27215-0901	26-1560297	501(C)(3)	11,300.	0.			GENERAL SUPPORT
NOBLE ACADEMY 3310 HORSE PEN CREEK ROAD GREENSBORO, NC 27410	56-1676066	501(C)(3)	26,000.	0.			GENERAL SUPPORT
NORTH NAPLES UNITED METHODIST CHURCH - 6000 GOODLETTE ROAD - NAPLES, FL 34109	59-1383829	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NORTHEASTERN UNIVERSITY 354 RICHARDS HALL, 360 HUNTINGTON AVE, ATTN: GENERAL SCHOLARSHIP - BOSTON, M	04-1679980	501(C)(3)	5,000.	0.			SCHOLARSHIP
OAK RIDGE UNITED METHODIST CHURCH 2424 OAK RIDGE ROAD GREENSBORO, NC 27410	56-1293108	501(C)(3)	5,000.	0.			GENERAL SUPPORT
OASIS FOR KIDS 344 WESTLINE DRIVE, SUITE C 113 ALAMEDA, CA 94501	20-2014750	501(C)(3)	44,357.	0.			GENERAL SUPPORT
OLD NORTH STATE COUNCIL OF BOY SCOUTS OF AMERICA - PO BOX 29046 - GREENSBORO, NC 27429	56-1762001	501(C)(3)	20,044.	0.			GENERAL SUPPORT

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ONE STEP FURTHER, INC. 623 EUGENE CT., STE. 101 GREENSBORO, NC 27401	58-1484818	501(C)(3)	5,000.	0.			GENERAL SUPPORT
OPERATION SMILE NORTH CAROLINA 502 EAST CORNWALLIS DRIVE, SUITE L GREENSBORO, NC 27405	54-1460147	501(C)(3)	5,350.	0.			GENERAL SUPPORT
OPPORTUNITIES UNLIMITED, INC. OF GREENSBORO - 450 N. CHURCH STREET - GREENSBORO, NC 27401	56-6003104	501(C)(3)	7,500.	0.			GENERAL SUPPORT
OUR LADY OF GRACE SCHOOL 2205 W. MARKET STREET GREENSBORO, NC 27403	56-1000633	501(C)(3)	20,000.	0.			GENERAL SUPPORT
PEACEHAVEN FARM INC. 1458 HIGHWAY 61 WHITSETT, NC 27377	26-1388416	501(C)(3)	11,000.	0.			GENERAL SUPPORT
PIEDMONT LAND CONSERVANCY P.O. BOX 4025 GREENSBORO, NC 27404-4025	56-1704433	501(C)(3)	13,450.	0.			GENERAL SUPPORT
PIEDMONT TRIAD CHARITABLE FDN. D.B.A. WYNDHAM CHAMPIONSHIP - 401 N. GREENE ST. - GREENSBORO, NC 27401	56-6085407	501(C)(3)	479,000.	0.			GENERAL SUPPORT
PIEDMONT TRIAD PARTNERSHIP 416 GALLIMORE DAIRY RD STE M GREENSBORO, NC 27409	56-1750279	501(C)(3)	30,000.	0.			GENERAL SUPPORT
POINTS OF LIGHT INSTITUTE 600 MEANS ST, STE 210 ATLANTA, GA 30316	65-0206641	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSITIVE ATTITUDE YOUTH, INC. PO BOX 1763 BURLINGTON, NC 27216	56-1913994	501(C)(3)	6,375.	0.			GENERAL SUPPORT
PRESERVATION GREENSBORO INC. P.O. BOX 13136 GREENSBORO, NC 27415	56-6086217	501(C)(3)	23,069.	0.			GENERAL SUPPORT
RAIN, INC. 2411 CALAIS PL CHARLOTTE, NC 28211	56-1825247	501(C)(3)	25,000.	0.			GENERAL SUPPORT
RAND CORPORATION PO BOX 2138 SANTA MONICA, CA 90407-2138	95-1958142	501(C)(3)	50,000.	0.			GENERAL SUPPORT
RANDOLPH-ASHEBORO YMCA 343 NC HWY 42 N ASHEBORO, NC 27203	56-0991786	501(C)(3)	15,000.	0.			GENERAL SUPPORT
RANDOLPH-MACON COLLEGE OFFICE OF ANNUAL GIVING, PO BOX 500 ASHLAND, VA 23005	54-0505940	501(C)(3)	15,000.	0.			GENERAL SUPPORT
RED OAK UNITED METHODIST CHURCH 3697 TURKEY FOOT RD ROCKY MOUNT, NC 27804	56-2090643	501(C)(3)	12,800.	0.			GENERAL SUPPORT
RESIDENTIAL TREATMENT SERVICES OF ALAMANCE, INC. - P.O. BOX 427 - BURLINGTON, NC 27216	56-0988222	501(C)(3)	5,391.	0.			GENERAL SUPPORT
RIO SALADO FOUNDATION PO BOX 1737 TEMPE, AZ 85280	86-1027630	501(C)(3)	5,000.	0.			GENERAL SUPPORT

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKINGHAM COMMUNITY COLLEGE P.O. BOX 38 WENTWORTH, NC 27375-0038	56-0812577	501(C)(3)	8,000.	0.			SCHOLARSHIP
ROMANIA REBORN PO BOX 2027 PURCELLVILLE, VA 20134	54-1909700	501(C)(3)	5,000.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE OF CHARLOTTE PO BOX 35129 CHARLOTTE, NC 28235-5129	20-4671570	501(C)(3)	12,500.	0.			GENERAL SUPPORT
SAINT MARK'S EVANGELICAL AND REFORMED CHURCH, INC. - 1230 ST. MARK'S CHURCH RD - BURLINGTON, NC 27215	56-6054730	501(C)(3)	6,000.	0.			GENERAL SUPPORT
SALEM ACADEMY AND COLLEGE 601 S CHURCH ST WINSTON-SALEM, NC 27101	56-0530005	501(C)(3)	1,700.	0.			SCHOLARSHIP
SALEM ACADEMY AND COLLEGE 601 S CHURCH ST WINSTON-SALEM, NC 27101	56-0530005	501(C)(3)	17,632.	0.			GENERAL SUPPORT
SALVATION ARMY 1311 S EUGENE ST GREENSBORO, NC 27406	58-0660607	501(C)(3)	25,811.	0.			GENERAL SUPPORT
SALVATION ARMY BOYS AND GIRLS CLUB 1311 S. EUGENE STREET GREENSBORO, NC 27406	58-0660607	501(C)(3)	40,100.	0.			GENERAL SUPPORT
SANCTUARY OF GREENSBORO, INC. 1150 REVOLUTION MILL DR, STUDIO 7 GREENSBORO, NC 27405	20-8013552	501(C)(3)	11,000.	0.			GENERAL SUPPORT

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHWEITZER ALPINE RACING SCHOOL PO BOX 63 SANDPOINT, ID 38364	82-0360840	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SHERRI DENESE JACKSON FOUNDATION FOR THE PREVENTION OF DOMES - 2025 MARTIN LUTHER KING DR, STE C - GREENSBORO, NC 27406	26-3323469	501(C)(3)	8,333.	0.			GENERAL SUPPORT
SIT-IN MOVEMENT, INC. PO BOX 847 GREENSBORO, NC 27402-0847	56-1856093	501(C)(3)	34,333.	0.			GENERAL SUPPORT
ST. FRANCIS EPISCOPAL CHURCH 3506 LAWDALE DRIVE GREENSBORO, NC 27408	56-0642864	501(C)(3)	20,500.	0.			GENERAL SUPPORT
ST. PIUS X CHURCH 2210 NORTH ELM STREET GREENSBORO, NC 27408-5198	56-0554221	501(C)(3)	8,167.	0.			GENERAL SUPPORT
STARMOUNT PRESBYTERIAN CHURCH 3501 W. MARKET ST. GREENSBORO, NC 27403-1398	56-0591301	501(C)(3)	11,000.	0.			GENERAL SUPPORT
SUNSET THEATRE CAPITAL CAMPAIGN PO BOX 3038 ASHEBORO, NC 27204	58-1661700	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SUSAN HOWARD'S NOVATO BOXING CLUB 4 RITA COURT NOVATO, CA 94945	20-0351600	501(C)(3)	17,443.	0.			GENERAL SUPPORT
TEMPLE BETH EL 579 N. NOVA ROAD ORMOND BEACH, FL 32174	59-6192854	501(C)(3)	30,000.	0.			GENERAL SUPPORT

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE EMANUEL 1129 JEFFERSON ROAD GREENSBORO, NC 27410	56-0543235	501(C)(3)	67,530.	0.			GENERAL SUPPORT
THE ASPEN INSTITUTE, INC. 1000 N THIRD ST ASPEN, CO 81611	84-1305687	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE COMMUNITY FOUNDATION OF MIDDLE TENNESSEE - PO BOX 440225 - NASHVILLE, TN 37244	62-1471789	501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE DALI MUSEUM ONE DALI BLVD ST. PETERSBURG, FL 33701	59-2015192	501(C)(3)	75,000.	0.			GENERAL SUPPORT
THE EDUCATIONAL FOUNDATION, INC. THE RAMS CLUB, PO BOX 2446 CHAPEL HILL, NC 27515-2446	59-1711424	501(C)(3)	42,500.	0.			GENERAL SUPPORT
THE ELON SCHOOL 201 S O'KELLEY AVE ELON, NC 27244	20-5248163	501(C)(3)	23,000.	0.			GENERAL SUPPORT
THE FULLER CENTER FOR HOUSING PO BOX 523 AMERICUS, GA 31709	52-2455871	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE LOVE DOCTORS CHARITIES, INC. PO BOX 880862 PORT ST. LUCIE, FL 34988	03-0426782	501(C)(3)	7,500.	0.			GENERAL SUPPORT
THE MCGILLIS SCHOOL 668 SOUTH 1300 EAST SALT LAKE CITY, UT 84102	75-3048375	501(C)(3)	40,000.	0.			GENERAL SUPPORT

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 UNIVERSITY OF IOWA OFFICE OF STUDENT FINANCIAL AID, 208 CALVIN HALL - IOWA CITY, IA 52242-1315	42-6004813	501(C)(3)	5,000.	0.			GENERAL SUPPORT
THE VICTORY JUNCTION GANG CAMP 4500 ADAM'S WAY RANDLEMAN, NC 27317	56-2215292	501(C)(3)	15,000.	0.			GENERAL SUPPORT
TRIAD HEALTH PROJECT PO BOX 5716 GREENSBORO, NC 27435	58-1705502	501(C)(3)	6,265.	0.			GENERAL SUPPORT
TRIAD STAGE, INC. 232 SOUTH ELM STREET GREENSBORO, NC 27401	62-1743981	501(C)(3)	41,888.	0.			GENERAL SUPPORT
UNC SCHOOL OF DENTISTRY CAMPUS BOX 7451 CHAPEL HILL, NC 27599	56-2206970	501(C)(3)	15,000.	0.			GENERAL SUPPORT
UNC-CHAPEL HILL 137 E. FRANKLIN STREET, CB#7505 CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	46,094.	0.			GENERAL SUPPORT
UNC-CHAPEL HILL 137 E. FRANKLIN STREET, CB#7505 CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	48,300.	0.			SCHOLARSHIP
UNC-CHARLOTTE STUDENT ACCOUNTS OFFICE, 9201 UNIVERSITY CITY BLVD. - CHARLOTTE, NC 28223-00	56-0532129	501(C)(3)	7,000.	0.			SCHOLARSHIP

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNCG ADVANCEMENT SERVICES OFFICE THE CASHIER'S AND STUDENT ACCOUNTS OFFICE, PO BOX 26170 - GREENSBORO, NC 274	56-6001468	501(C)(3)	23,000.	0.			SCHOLARSHIP
UNCG DEVELOPMENT OFFICE PO BOX 26170 GREENSBORO, NC 27402-6170	56-6001468	501(C)(3)	32,360.	0.			GENERAL SUPPORT
UNCG EXCELLENCE FOUNDATION UNCG ADVANCEMENT SERVICES, PO BOX 2 GREENSBORO, NC 27402-6170	56-6086393	501(C)(3)	32,400.	0.			GENERAL SUPPORT
UNCG OFFICE OF SPONSORED PROGRAMS SOUTH BUILDING, RM 1713, PO BOX 261 GREENSBORO, NC 27402-6170	56-6001468	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNCG WEATHERSPOON ART MUSEUM PO BOX 26170 GREENSBORO, NC 27402-6170	58-1852178	501(C)(3)	15,943.	0.			GENERAL SUPPORT
UNC-WILMINGTON FINANCIAL AID DEPARTMENT, 601 S COL WILMINGTON, NC 28403	56-1258660	501(C)(3)	5,000.	0.			SCHOLARSHIP
UNITED ARTS COUNCIL OF GREATER GREENSBORO - PO BOX 877 - GREENSBORO, NC 27402	56-0746180	501(C)(3)	22,617.	0.			GENERAL SUPPORT
UNITED METHODIST COMMITTEE ON RELIEF - UMCOR - 475 RIVERSIDE DRIVE - NEW YORK, NY 10115	56-0727845	501(C)(3)	8,500.	0.			GENERAL SUPPORT
UNITED METHODIST FOUNDATION OF WESTERN NORTH CAROLINA - 13816 PROFESSIONAL CENTER DR - HUNTERVILLE, NC 28078	56-0727845	501(C)(3)	555,000.	0.			GENERAL SUPPORT

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Schedule I (Form 990)

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

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UNITED WAY OF ALAMANCE COUNTY P.O. BOX 1268 BURLINGTON, NC 27216	56-0599239	501(C)(3)	38,500.	0.			GENERAL SUPPORT
UNITED WAY OF CENTRAL IOWA 1111 9TH ST. SUITE 100 DES MOINES, IA 50314	42-0680425	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER GREENSBORO P.O. BOX 14998 GREENSBORO, NC 27415	56-0668555	501(C)(3)	404,658.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER HIGH POINT 201 CHURCH AVENUE HIGH POINT, NC 27262-4805	56-0547486	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITED WAY OF RUTHERFORD COUNTY PO BOX 823 SPINDALE, NC 28160	56-1030597	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITED WAY OF THE PIEDMONT PO BOX 5624 SPARTANBURG, NC 29304	57-0314377	501(C)(3)	7,000.	0.			GENERAL SUPPORT
UNIVERSITY OF OKLAHOMA OFFICE OF THE BURSAR, BUCHANAN HALL, 1000 ASP AVENUE, RM 105 - NORMAN, OK 73	73-6017987	501(C)(3)	5,000.	0.			SCHOLARSHIP
UNIVERSITY OF ROCHESTER PO BOX 270042 ROCHESTER, NY 14627-0044	16-0743209	501(C)(3)	50,000.	0.			GENERAL SUPPORT
WAKE FOREST UNIVERSITY STUDENT FINANCIAL SERVICES, PO BOX CHARLOTTE, NC 28275-1425	56-0532138	501(C)(3)	10,000.	0.			SCHOLARSHIP

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY DEVELOPMENT OFFICE, PO BOX 7227 WINSTON-SALEM, NC 27109	56-0532138	501(C)(3)	38,725.	0.			GENERAL SUPPORT
WASHINGTON & LEE UNIVERSITY 204 WEST WASHINGTON STREET LEXINGTON, VA 24450	23-7109124	501(C)(3)	12,000.	0.			GENERAL SUPPORT
WASHINGTON NATIONAL OPERA 2600 VIRGINIA AVENUE, NW, SUITE 301 WASHINGTON, DC 20037	53-0237707	501(C)(3)	50,000.	0.			GENERAL SUPPORT
WASHINGTON STATE ANIMAL RESPONSE TEAM - PO BOX 21 - ENUMCLAW, WA 98022	26-0295234	501(C)(3)	10,000.	0.			GENERAL SUPPORT
WELL-SPRING FOUNDATION, INC. 4100 WELL SPRING DRIVE GREENSBORO, NC 27410	56-2217797	501(C)(3)	15,200.	0.			GENERAL SUPPORT
WEST MARKET STREET UNITED METHODIST CHURCH - PO BOX 870 - GREENSBORO, NC 27402	56-0543248	501(C)(3)	536,900.	0.			GENERAL SUPPORT
WESTMINSTER PRESBYTERIAN CHURCH 3906 W. FRIENDLY AVENUE GREENSBORO, NC 27410	56-0547525	501(C)(3)	42,526.	0.			GENERAL SUPPORT
WESTTOWN SCHOOL 97 WESTOWN RD WEST CHESTER, PA 19382-5700	20-5073581	501(C)(3)	5,400.	0.			GENERAL SUPPORT
WHITWORTH UNIVERSITY STUDENT ACCOUNTING SERVICES 300 W. SPOKANE, WA 99251	91-0473310	501(C)(3)	5,000.	0.			SCHOLARSHIP

LHA

Schedule I (Form 990)

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

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WILLIAMS COLLEGE PO BOX 425 WILLIAMSTOWN, MA 01267	04-2104847	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)	9,986.	0.			GENERAL SUPPORT
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	229,894.	0.			GENERAL SUPPORT
WORLD METHODIST COUNCIL SCARRITT-BENNETT CENTER, 1008 19TH AVENUE SOUTH - NASHVILLE, TN 37216-2166	56-0603907	501(C)(3)	100,000.	0.			GENERAL SUPPORT
WOUNDED WARRIOR PROJECT, INC. 7020 A. C. SKINNER PKWY STE 100 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	6,000.	0.			GENERAL SUPPORT
YALE UNIVERSITY CONTRIBUTION PROCESSING, OFFICE OF DEVELOPMENT, PO BOX 803 - NEW HAVEN, CT 0	06-0646973	501(C)(3)	20,000.	0.			GENERAL SUPPORT
YMCA OF GREENSBORO, INC. 620 GREEN VALLEY ROAD, SUITE 210 GREENSBORO, NC 27408	56-0543243	501(C)(3)	5,133.	0.			GENERAL SUPPORT
YOUNG LIFE GREENSBORO PO BOX 4222 GREENSBORO, NC 27404	84-0385934	501(C)(3)	7,075.	0.			GENERAL SUPPORT
YWCA OF GREENSBORO 4002 SPRING GARDEN ST, STE E GREENSBORO, NC 27407	56-0529936	501(C)(3)	5,500.	0.			GENERAL SUPPORT

LHA

Schedule I (Form 990)

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

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, 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 REVISION 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 AT THE DUE DATE AND ARE REVIEWED BY STAFF TO ASSESS COMPLIANCE WITH TERMS OF GRANT. AS

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Part IV Supplemental Information

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.

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Compensation Information

OMB No. 1545-0047

**SCHEDULE J
(Form 990)**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
56-1380249

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2										
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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					
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:											
a Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X								
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) and 501(c)(4) organizations must complete lines 5-9.											
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:											
a The organization?	5a		X								
b Any related organization?	5b		X								
If "Yes" to line 5a or 5b, describe in Part III.											
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:											
a The organization?	6a		X								
b Any related organization?	6b		X								
If "Yes" to line 6a or 6b, describe in Part III.											
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

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

Schedule J (Form 990) 2010

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COMMUNITY FOUNDATION OF TRIANGLE
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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 H. WALKER SANDERS	(i)	172,632.	0.	0.	12,250.	10,301.	195,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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Noncash Contributions

**SCHEDULE M
(Form 990)**

OMB No. 1545-0047

2010

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Department of the Treasury
Internal Revenue Service

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

Name of the organization COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	Employer identification number 56-1380249
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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	100	2,526,389.	AVERAGE HIGH/LOW PRI
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 IV, Donee Acknowledgement 29

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

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

Schedule M (Form 990) (2010)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B: THE ORGANIZATION USES VARIOUS BROKERS TO SELL MARKETABLE SECURITIES THAT ARE CONTRIBUTED TO THE ORGANIZATION.

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Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010Open to Public
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(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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

OPPORTUNITIES, SERVES AS A RESOURCE FOR ACHIEVING THE PHILANTHROPIC
OBJECTIVES OF ITS DONORS, AND PROVIDES LEADERSHIP IN ADDRESSING
COMMUNITY ISSUES.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FINANCE

COMMITTEE, COMPRISED OF ACCOUNTING AND FINANCIAL PROFESSIONALS, WILL REVIEW
A DRAFT FORM 990 AND WILL REPORT ANY CONCERNS TO THE ORGANIZATION'S
EXECUTIVE COMMITTEE OR BOARD OF DIRECTORS. ALL BOARD MEMBERS WILL BE
PROVIDED WITH A DRAFT FORM 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, FOUNDATION STAFF AND

BOARD MEMBERS ACKNOWLEDGE, IN WRITING, THEIR ADHERENCE TO OUR CONFLICT OF
INTEREST POLICY. EACH INDIVIDUAL LISTS SIGNIFICANT CIVIC, FINANCIAL AND
BUSINESS RELATIONSHIPS FOR THEMSELVES AND SPOUSE. THIS LIST IS SUMMARIZED
AND PROVIDED TO THE GOVERNANCE COMMITTEE WHICH REVIEWS AND DISCLOSES
RELATIONSHIPS TO THE FULL BOARD AS DISCUSSIONS WARRANT.

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.

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Schedule O (Form 990 or 990-EZ) (2010)

Page 2

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

Employer identification number
56-1380249

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. 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.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNANCE DOCUMENTS, INCLUDING AUDITED FINANCIAL STATEMENTS, IRS FORM 990 AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. OTHER GOVERNANCE DOCUMENTS ARE AVAILABLE ON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	5,955,411.
NET INCOME OF UNITRUSTS REPORTED ON SEPARATE RETURNS	54,454.
CHANGE IN ALLOWANCE FOR DOUBTFUL ACCOUNTS NOT DEDUCTED ON RETURN	-74,410.
TOTAL TO FORM 990, PART XI, LINE 5	5,935,455.

FORM 990, PART IV, LINE 34 AND SCHEDULE R, PART II, RELATED ORGANIZATIONS: THE UNITED WAY OF GREATER GREENSBORO FOUNDATION, A SUPPORTING ORGANIZATION OF COMMUNITY FOUNDATION OF GREATER GREENSBORO, CEASED

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

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**SCHEDULE R
(Form 990)**
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010
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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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
STANLEY & DOROTHY FRANK FAMILY FOUNDATION - 56-6513308, 330 SOUTH GREENE STREET, SUITE 100, GREENSBORO, NC 27401	GRANTS	NORTH CAROLINA	501(C)(3)	LINE 11A, I	COMMUNITY FOUNDATION OF GREATER	X	
COMMUNITY FOUNDATION REAL ESTATE MANAGEMENT FUND - 56-2035757, 330 SOUTH GREENE STREET, SUITE 100, GREENSBORO, NC 27401	GRANTS	NORTH CAROLINA	501(C)(3)	LINE 11A, I	COMMUNITY FOUNDATION OF GREATER	X	
UNITED WAY OF GREATER GREENSBORO FOUNDATION - 16-1617392, 330 SOUTH GREENE STREET, SUITE 100, GREENSBORO, NC 27401	GRANTS	NORTH CAROLINA	501(C)(3)	LINE 11C, III-FI	UNITED WAY OF GREATER GREENSBORO		X
GATE CITY COMPANY - 26-0706165 330 SOUTH GREENE STREET, SUITE 100 GREENSBORO, NC 27401	HOUSING	NORTH CAROLINA	501(C)(3)	LINE 11A, I	COMMUNITY FOUNDATION OF GREATER	X	

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

Schedule R (Form 990) 2010

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COMMUNITY FOUNDATION OF GREATER

GREENSBORO, INC.

Schedule R (Form 990) 2010

56-1380249 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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	1a	X	
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c	X	
d Loans or loan guarantees to or for other organization(s)	1d	X	
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) GATE CITY COMPANY COMMUNITY FOUNDATION REAL ESTATE	A	1,543.	CASH PAID
(2) MANAGEMENT FUND	C	321,884.	CASH PAID
(3) GATE CITY COMPANY UNITED WAY OF GREATER GREENSBORO	C	105,000.	CASH PAID
(4) FOUNDATION COMMUNITY FOUNDATION REAL ESTATE	C	98,950.	CASH PAID
(5) MANAGEMENT FUND	D	385,000.	CASH PAID
(6) GATE CITY COMPANY	D	240,000.	CASH PAID

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Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

▶ **File a separate application for each return.**

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

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

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

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

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

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

Type or print	Name of exempt organization COMMUNITY FOUNDATION OF GREATER GREENSBORO, INC.	Employer identification number 56-1380249
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 330 SOUTH GREENE STREET, SUITE 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions GREENSBORO, NC 27401-2659	

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

01

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

JACQUELINE O'CONNELL - 330 SOUTH GREENE STREET, SUITE

- The books are in the care of ▶ **100 - GREENSBORO, NC 27401**
Telephone No ▶ **336-379-9100** FAX No ▶ **336-378-0725**

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year **2010** or
▶ tax year beginning _____, and ending _____.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)