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Form

990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning , and ending****B Check if applicable**☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C Name of organization** **COMMUNITY FOUNDATION OF
GREENVILLE, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

27 CLEVELAND STREET

Room/suite

101

City or town, state or country, and ZIP + 4

GREENVILLE**SC 29601****F Name and address of principal officer****BOB MORRIS****27 CLEVELAND STREET****GREENVILLE****SC 29601****D Employer identification number****57-6019318****E Telephone number****864-233-5925****G Gross receipts \$** **6,054,923****H(a) Is this a group return for**

affiliates?

☐ Yes ☒ No**H(b) Are all affiliates included?**☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** **CFGREENVILLE.ORG****H(c) Group exemption number ▶****K Type of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation:** **1956****M State of legal domicile** **SC****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: DISTRIBUTION OF FUNDS FOR COMMUNITY WELL-BEING.							
2 Check this box ☐ 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	29				
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	29				
5 Total number of employees (Part V, line 2a)		5	6				
6 Total number of volunteers (estimate if necessary)		6	0				
7a Total gross unrelated business revenue from Part VIII, column (C), line 12		7a					
b Net unrelated business taxable income from Form 990-T, line 34		7b	0				
8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year				
9 Program service revenue (Part VIII, line 2g)		6,184,920	5,241,981				
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		281,136	257,063				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,057,522	555,879				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-7,564,058	6,054,923				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,461,947	6,530,898				
14 Benefits paid to or for members (Part IX, column (A), line 4)							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		478,225	505,990				
16a Professional fundraising fees (Part IX, column (A), line 11e)							
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 55,567							
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,757,507	468,032				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,697,679	7,504,920				
19 Revenue less expenses. Subtract line 18 from line 12		-6,738,159	-1,449,997				
20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year				
21 Total liabilities (Part X, line 26)		32,153,766	35,128,133				
22 Net assets or fund balances. Subtract line 21 from line 20		6,036,196	6,953,912				
		26,117,570	28,174,221				

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

Sharon Gibbs

Signature of officer

Sharon Gibbs

Type or print name and title

Date **8-23-10**

Preparer's signature

Toni R. McKinley

Date

08/18/10Check if self-employed ☐

Preparer's identifying number (see instructions)

P01030704

Firm's name (or yours if self-employed), address, and ZIP + 4

MCKINLEY, COOPER & CO., LLC**555 NORTH PLEASANTBURG DRIVE, SUITE 225****GREENVILLE, SC 29607-2191**EIN ▶ **27-2826067**Phone no. ▶ **864-233-1800**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:**DISTRIBUTION OF FUNDS FOR COMMUNITY WELL-BEING.****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 \$ **6,530,898** including grants of \$ **6,530,898**) (Revenue \$)

THE COMMUNITY FOUNDATION OF GREENVILLE CARRIES FORWARD ITS MISSION AS A GRANT MAKER THAT PROVIDES DIRECT FINANCIAL RESOURCES TO TARGETED PROGRAMS. THE FOUNDATION ENCOURAGES COLLABORATION AMONG GROUPS IN SOLVING COMMUNITY PROBLEMS, MANAGES AND DISTRIBUTES FUNDS, AND SERVES AS A RESOURCE DEVELOPER SEEKING CURRENT, PLANNED GIVING, AND DONOR-ADVISED FUNDS. IN 2009, THE FOUNDATION DISTRIBUTED MORE THAN \$6.5 MILLION TO OVER 150 CHARITIES FOR USE IN THE GREENVILLE COMMUNITY.

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 **6,530,898**

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)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. - Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. - Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. - Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II		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? If "Yes," complete Schedule F, Part III		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

		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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a	29
b Enter the number of voting members that are independent	1b	29
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 organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material 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	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11a 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 ► **SC**

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: ► **SHARON GIBBS** **27 CLEVELAND STREET, SUITE 101**
GREENVILLE, SC **29601** **864-233-5925**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
RANDY FISHER CHAIR		X						0	0	0
JO HACKL VICE CHAIR		X						0	0	0
PEDRICK LOWREY SECRETARY		X						0	0	0
HARRIET GOLDSMITH ASSISTANT SECRETARY		X						0	0	0
DOUG KROSKE TREASURER		X						0	0	0
MARTHA LOUISE LEWIS ASSISTANT TREASURER		X						0	0	0
C. DAN JOYNER PAST CHAIR		X						0	0	0
J. TOD HYPHE LEGAL COUNSEL		X						0	0	0
WANDA ADAMS		X						0	0	0
BILL BRIDGES		X						0	0	0
DOUG BROWN		X						0	0	0
MARK CLARY		X						0	0	0
PERRY GILREATH		X						0	0	0
TRACY HARDAWAY		X						0	0	0
BEN HASKEW		X						0	0	0
ANNA KATE HIPPIE		X						0	0	0
KEN HOLCOMB		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	(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			
ROBERT HOWARD		X						0	0	0
DEBORAH RANDOLPH MCKETTY		X						0	0	0
GLENN OXNER		X						0	0	0
LOUISE OXNER		X						0	0	0
SUE PRIESTER		X						0	0	0
MATT PUCKETT		X						0	0	0
A.B. ROBINSON		X						0	0	0
EMILYN SANDERS		X						0	0	0
L. KENT SATTERFIELD		X						0	0	0
MICHELLE SEAVER		X						0	0	0
JOE SULLIVAN		X						0	0	0
JENNIFER WHITTLE		X						0	0	0
ROBERT MORRIS EXECUTIVE DIRECTOR	40.00			X				125,405	0	0
1b Total								210,437		

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 **▶ 1**

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
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? If "Yes," complete Schedule J for such individual

	Yes	No
4		X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
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.

(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

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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,241,981			
	g Noncash contributions included in lines 1a-1f	\$	1,655,392			
h Total. Add lines 1a-1f			5,241,981			
Program Service Revenue	2a PROGRAM SERVICE REVENUE		Busn. Code	257,063	257,063	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		257,063			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			555,879		555,879
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross Rents					
	b Less: rental exps					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a 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					
	9a Gross income from gaming activities. See Part IV, line 19		a			
	b Less: direct expenses		b			
c Net income or (loss) from gaming activities						
10a 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		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. See instructions.			6,054,923	257,063	0	555,879

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	6,530,898	6,530,898		
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	210,437		210,437	
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	173,509		173,509	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	31,537		31,537	
9 Other employee benefits	59,746		59,746	
10 Payroll taxes	30,761		30,761	
11 Fees for services (non-employees):				
a Management				
b Legal	3,223		3,223	
c Accounting	10,750		10,750	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	4,226		4,226	
12 Advertising and promotion	18,465			18,465
13 Office expenses	53,346		30,923	22,423
14 Information technology	6,557		6,557	
15 Royalties				
16 Occupancy	33,302		33,302	
17 Travel	4,196		4,196	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	975		975	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,096		3,096	
23 Insurance	7,197		7,197	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CFG ADMINISTRATIVE EXPENS	224,629		224,629	
b INVESTMENT EXPENSES	42,425		42,425	
c DUES AND SUBSCRIPTIONS	12,878		12,878	
d REPAIRS AND MAINTENANCE	12,803		12,803	
e DONOR DEVELOPMENT	6,547			6,547
f All other expenses	23,417		15,285	8,132
25 Total functional expenses. Add lines 1 through 24f	7,504,920	6,530,898	918,455	55,567
26 Joint costs. Check here ☐ if following SOP 98-2. 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	5,698,452	1	2,845,478
	2 Savings and temporary cash investments		2	2,077,600
	3 Pledges and grants receivable, net	273,882	3	286,942
	4 Accounts receivable, net	104,245	4	167,587
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	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	10a 869,748		
	b Less: accumulated depreciation	10b 49,000		
		248,844	10c	820,748
	11 Investments—publicly traded securities	23,332,438	11	24,305,893
	12 Investments—other securities See Part IV, line 11		12	2,045,901
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	2,495,905	15	2,577,984	
16 Total assets. Add lines 1 through 15 (must equal line 34)	32,153,766	16	35,128,133	
Liabilities	17 Accounts payable and accrued expenses	19,269	17	29,072
	18 Grants payable		18	
	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	6,016,927	25	6,924,840
	26 Total liabilities. Add lines 17 through 25	6,036,196	26	6,953,912
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,598,093	27	6,598,409
	28 Temporarily restricted net assets	12,945,770	28	12,002,105
	29 Permanently restricted net assets	9,573,707	29	9,573,707
	Organizations that do not follow SFAS 117, check here ☐ 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	26,117,570	33	28,174,221
34 Total liabilities and net assets/fund balances	32,153,766	34	35,128,133	

Part X Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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 consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Yes No

2a X

2b X

2c X

3a X

3b

Form 990 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,887,854	8,435,229	7,965,834	6,184,920	5,241,981	33,715,818
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	5,887,854	8,435,229	7,965,834	6,184,920	5,241,981	33,715,818
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)						
6 Public support. Subtract line 5 from line 4						33,715,818

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,887,854	8,435,229	7,965,834	6,184,920	5,241,981	33,715,818
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	433,478	856,201	1,287,113	1,057,522	555,879	4,190,193
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						37,906,011
12 Gross receipts from related activities, etc. (see instructions)					12	1,310,736
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 ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	88.95%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	89.59%
16a 33 1/3 % support test—2009. 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 ☒		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2009. 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 ☐		
b 10%-facts-and-circumstances test—2008. 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 ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ 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.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF
GREENVILLE, INC.**

Employer identification number

57-6019318**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	193	23
2 Aggregate contributions to (during year)	4,331,723	910,258
3 Aggregate grants from (during year)	5,315,004	1,215,894
4 Aggregate value at end of year	14,285,325	4,444,412
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?	☒ Yes ☐ 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?	☒ Yes ☐ 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).

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, 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, 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 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 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	9,573,707	9,024,791			
b Contributions	229,421	548,916			
c Net investment earnings, gains, and losses	3,137,913				
d Grants or scholarships	173,080				
e Other expenditures for facilities and programs	144,964				
f Administrative expenses	79,602				
g End of year balance	12,543,395	9,573,707			

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ 22.01 %
b Permanent endowment ▶ 58.10 %
c Term endowment ▶ 19.89 %

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

- (i)** unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Investments—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		818,000		818,000
b Buildings				
c Leasehold improvements				
d Equipment		51,748	49,000	2,748
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				820,748

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
Financial derivatives		
Closely-held equity interests	1,923,801	MARKET
Other PNK EXCHANGE SECURITIES	122,100	MARKET

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	2,045,901	

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

Total. (Column (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
EXPECTED COLLECTION UNDER AGREEMENT	1,260,557
ASSETS HELD - CHARITABLE REMAINDER	1,081,926
CASH SURRENDER VALUE LIFE INSURANCE	235,501
WITH THIRD PARTIES	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	2,577,984

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
FUNDS HELD FOR OTHERS	4,840,216
OBLIGATIONS UNDER AGREEMENTS WITH	1,260,557
LIABILITY UNDER UNITRUST AGREEMENTS	824,067
THIRD PARTIES	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,924,840

2. FIN 48 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.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE I
(Form 990)****Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

**COMMUNITY FOUNDATION OF
GREENVILLE, INC.**

Employer identification number

57-6019318

OMB No. 1545-0047

2009**Open to Public
Inspection**

▶ Attach to Form 990.

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" toForm 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. Use Part IV and Schedule I-1 (Form 990) 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
A CHILD'S HAVEN			501	26,450				
ALLIANCE FOR QUALITY EDUCATION			501	43,421				
AMERICAN HEART ASSOCIATION UPSTATE			501	7,000				
AMERICAN RED CROSS - UPSTATE SC CHA			501	13,750				
B & R MACHINING & FABRICATION, INC.			501	5,925				
BAPTIST THEOLOGICAL SEMINARY AT RIC			501	301,000				
BEACH BALL FOUNDATION			501	10,000				
BETSCH ASSOCIATES			501	33,576				
BLUE RIDGE COUNCIL/BOY SCOUTS OF AM			501	22,625				

2 Enter total number of section 501(c)(3) and government organizations **▶ 96**3 Enter total number of other organizations **▶ 20**

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

Schedule I (Form 990) 2009

DAA

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.
Use Part IV and Schedule I-1 (Form 990) 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.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
THE FOUNDATION CONDUCTS PERIODIC SITE VISITS TO SEE HOW FUNDS ARE BEING
USED. IN ADDITION, ALL GRANTEES ARE REQUIRED TO FILL OUT AN INTERIM AND
FINAL EVALUATION FORM. ON THIS FORM, THE ORGANIZATION WILL PROVIDE A
NARRATIVE AS TO HOW THE FUNDS WERE/ARE BEING USED, AN UPDATED BUDGET AND A
FINANCIAL REPORT INDICATING HOW THE FUNDS WERE/ARE SPENT.

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF
GREENVILLE, INC.**Employer identification number
57-6019318**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BUNCOMBE STREET UNITED METHODIST CH -- -- -- -- --							
C5 YOUTH FOUNDATION -- -- -- -- --		501	21,500				
CAMP OPPORTUNITY -- -- -- -- --		501	10,000				
CANCER SOCIETY OF GREENVILLE COUNTR -- -- -- -- --		501	27,000				
CAROLINA FIRST CENTER -- -- -- -- --		501	13,900				
CAROWINDS -- -- -- -- --			18,472				
CARTER EXCAVATING COMPANY, INC. -- -- -- -- --			5,356				
CENTER FOR DEVELOPMENT SERVICES, IN -- -- -- -- --			12,700				
CHILDREN'S MUSEUM OF THE UPSTATE, I -- -- -- -- --		501	30,600				
CHRIST CHURCH EPISCOPAL -- -- -- -- --		501	52,363				
CHRIST CHURCH EPISCOPAL SCHOOL -- -- -- -- --		501	25,144				
		501	9,500				

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009
**Open to Public
Inspection**

 ▶ Attach to Form 990 to list additional information for
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Name of the organization

**COMMUNITY FOUNDATION OF
GREENVILLE, INC.**

 Employer identification number
57-6019318
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FAMILY CONNECTION OF S. C., INC. -- -- -- -- --							
FINE ARTS CENTER, SCHOOL DISTRICT C -- -- -- -- --		501	10,000				
FIRST BAPTIST CHURCH GREENVILLE -- -- -- -- --		501	10,000				
FIRST PRESBYTERIAN CHURCH -- -- -- -- --		501	321,900				
FOOTHILLS FAMILY RESOURCES -- -- -- -- --		501	13,100				
FOURTH PRESBYTERIAN CHURCH -- -- -- -- --		501	25,000				
FRIENDS OF MAX ON MAIN -- -- -- -- --		501	5,200				
FROM GOD TO YOU MINISTRIES -- -- -- -- --		501	8,433				
FURMAN UNIVERSITY -- -- -- -- --		501	5,029				
GAP CREEK BAPTIST CHURCH -- -- -- -- --		501	398,409				
GATEWAY HOUSE, INC. -- -- -- -- --		501	13,000				
-- -- -- -- --		501	8,000				

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

**COMMUNITY FOUNDATION OF
GREENVILLE, INC.**

 ▶ Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

 Employer identification number
57-6019318
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GIRLS ON THE RUN -- -- -- -- --							
GOURMENT CATERING, INC. -- -- -- -- --		501	6,760				
GRADUATE GREENVILLE -- -- -- -- --			8,118				
GREATER GREENVILLE CHAMBER OF COMME -- -- -- -- --		501	50,000				
GREENVILLE AREA INTERFAITH HOSPITAL -- -- -- -- --		501	7,500				
GREENVILLE COUNTY RECREATION DEPART -- -- -- -- --		501	32,000				
GREENVILLE FORWARD -- -- -- -- --		GOV	13,500				
GREENVILLE FREE MEDICAL CLINIC -- -- -- -- --		501	44,500				
GREENVILLE HOSPITAL SYSTEM OFFICE O -- -- -- -- --		501	18,700				
GREENVILLE HOUSING FUND -- -- -- -- --		501	1,001,000				
GREENVILLE KIWANIS FOUNDATION -- -- -- -- --		501	325,000				
		501	7,500				

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

Schedule I-1 (Form 990) 2009

2009
**Open to Public
Inspection**
Continuation Sheet for Schedule I (Form 990)

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

**COMMUNITY FOUNDATION OF
GREENVILLE, INC.****Continuation Sheet for Schedule I (Form 990)**▶ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2009**Open to Public
Inspection**Employer identification number
57-6019318**Part I 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 Code 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
GREENVILLE LITERACY ASSOCIATION, IN -- -- -- -- --							
GREENVILLE LITTLE THEATRE -- -- -- -- --		501	45,500				
GREENVILLE RAPE CRISIS AND CHILD AB -- -- -- -- --		501	5,400				
GREENVILLE SYMPHONY ORCHESTRA -- -- -- -- --		501	25,305				
GREENVILLE TECHNICAL COLLEGE -- -- -- -- --		501	107,647				
GREENVILLE WOMEN GIVING -- -- -- -- --		GOV	14,200				
HABITAT FOR HUMANITY OF GREENVILLE -- -- -- -- --		501	9,900				
HARPER CORPORATION-GENERAL CONTRACT -- -- -- -- --		501	29,195				
HARPER FAMILY FOUNDATION -- -- -- -- --			326,517				
HARVEST HOPE FOOD BANK -- -- -- -- --		501	281,170				
HEALING JOURNEYS -- -- -- -- --		501	6,050				
		501	25,718				

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**▶ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF
GREENVILLE, INC.**Employer identification number
57-6019318**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HUGHES AGENCY							
-- -- -- -- --			18,614				
IMMACULATE CONCEPTION CATHOLIC CHUR							
-- -- -- -- --		501	11,500				
IPTAY SCHOLARSHIP FUND							
-- -- -- -- --		501	5,350				
JEREMY GEFFEN, MD							
-- -- -- -- --			6,000				
JOSHUA'S WAY, INC.							
-- -- -- -- --		501	17,500				
KEYS PRINTING							
-- -- -- -- --			6,931				
LAW IN ACTION							
-- -- -- -- --		501	19,096				
LOAVES AND FISHES							
-- -- -- -- --		501	30,100				
MALLET INSTRUMENT SERVICE							
-- -- -- -- --			11,315				
MAULDIN UNITED METHODIST CHURCH							
-- -- -- -- --		501	27,000				
MEALS ON WHEELS							
-- -- -- -- --		501	7,575				

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

 Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

 ▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009
**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF
GREENVILLE, INC.**

 Employer identification number
57-6019318
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MIAMI STAGECRAFT, INC. -- -- -- -- --			48,973				
MIRACLE HILL MINISTRIES -- -- -- -- --		501	43,400				
MITCHELL RD. PRES. CHURCH -- -- -- -- --		501	14,900				
MOBILE MINI, INC. -- -- -- -- --			5,491				
MUSEUM ASSOCIATION -- -- -- -- --		501	27,100				
NATURE CONSERVANCY SOUTH CAROLINA C -- -- -- -- --		501	10,500				
NEW SCHOOL -- -- -- -- --		501	5,228				
NORTH CAROLINA WESLEYAN COLLEGE -- -- -- -- --		501	10,000				
NORTH GREENVILLE UNIVERSITY -- -- -- -- --		501	120,318				
OLD SOUTH LANDSCAPING -- -- -- -- --			19,548				
ORDERS/SMITH DONOR ADVISED FUND -- -- -- -- --		501	9,399				

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**

OMB No 1545-0047

2009**Open to Public
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Name of the organization

**COMMUNITY FOUNDATION OF
GREENVILLE, INC.**

Employer identification number

57-6019318**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PEACE CENTER FOR THE PERFORMING ART -- -- -- -- --							
PENDLETON PLACE -- -- -- -- --		501	74,775				
PHILLIS WHEATLEY ASSOCIATION -- -- -- -- --		501	12,200				
PINK GHOST BREAST & HEALTH FOUNDATI -- -- -- -- --		501	38,050				
PRESORT PLUS -- -- -- -- --		501	36,460				
PRINCE OF PEACE CATHOLIC CHURCH -- -- -- -- --			6,496				
PROJECT HOPE FOUNDATION -- -- -- -- --		501	7,000				
PROJECT HOST -- -- -- -- --		501	10,000				
ROPER MOUNTAIN BAPTIST CHURCH -- -- -- -- --		501	7,550				
ROPER MOUNTAIN SCIENCE CENTER ASSOC -- -- -- -- --		501	19,000				
SADDLEBROOK CONSTRUCTION, INC. -- -- -- -- --		501	11,560				
			50,621				

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

**COMMUNITY FOUNDATION OF
 GREENVILLE, INC.**

 ► Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009
**Open to Public
 Inspection**

Employer identification number

57-6019318
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SAFE HARBOR, INC. -- -- -- -- --							
SAINT PETER'S EPISCOPAL CHURCH -- -- -- -- --		501	27,400				
SALVATION ARMY : KROC CENTER -- -- -- -- --		501	10,000				
SEARCH MINISTRIES -- -- -- -- --		501	109,000				
SOUTH CAROLINA DEPART OF NATURAL RE -- -- -- -- --		501	8,000				
SOUTH CAROLINA GOVERNOR'S SCHOOL FO -- -- -- -- --		501	7,500				
SOUTH CAROLINA LEGAL SERVICES -- -- -- -- --		501	18,450				
ST. GILES PRESBYTERIAN CHURCH -- -- -- -- --		501	14,510				
ST. JOSEPH'S HIGH SCHOOL -- -- -- -- --		501	25,000				
ST. MARY'S CATHOLIC CHURCH -- -- -- -- --		501	8,000				
TAYLORS FREE MEDICAL CLINIC -- -- -- -- --		501	31,065				
		501	6,000				

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

2009**Open to Public
Inspection**▶ Attach to Form 990 to list additional information for
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Name of the organization

**COMMUNITY FOUNDATION OF
GREENVILLE, INC.**Employer identification number
57-6019318**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 HISTORY MUSEUM OF UPCOUNTRY SOU - - - - -		501	14,350				
THORNWELL HOME FOR CHILDREN - - - - -		501	10,300				
TOM DURHAM - - - - -			48,333				
TRIUNE MERCY CENTER - - - - -		501	7,500				
TRYON FINE ARTS CENTER - - - - -		501	25,000				
UNITED MINISTRIES - - - - -		501	8,400				
UNITED WAY OF GREENVILLE COUNTY - - - - -		501	148,600				
UNIVERSITY OF IOWA FOUNDATION - - - - -		501	30,000				
UNIVERSITY OF SOUTH CAROLINA - - - - -		GOV	5,636				
UPSTATE FOREVER - - - - -		501	10,500				
URBAN LEAGUE OF THE UPSTATE - - - - -		501	10,751				

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

 ▶ Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009
**Open to Public
Inspection**

Name of the organization

**COMMUNITY FOUNDATION OF
GREENVILLE, INC.**

Employer identification number

57-6019318
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VICTOR STANLEY -- -- -- -- --			7,777				
WELVISTA -- -- -- -- --		501	30,000				
WESTMINSTER PRESBYTERIAN CHURCH -- -- -- -- --		501	45,588				
WOODWARD STUDIO LIMITED -- -- -- -- --			10,327				
YMCA -- -- -- -- --		501	60,000				
YOUTHBASE -- -- -- -- --		501	6,810				
YWCA -- -- -- -- --		501	25,705				
-- -- -- -- --							
-- -- -- -- --							
-- -- -- -- --							
-- -- -- -- --							

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

Schedule I-1 (Form 990) 2009

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

[illegible]

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

**COMMUNITY FOUNDATION OF
GREENVILLE, INC.**

Employer Identification number

57-6019318

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

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

OMB No. 1545-0047

2009**Open To Public
Inspection**Name of the organization **COMMUNITY FOUNDATION OF
GREENVILLE, INC.**Employer identification number
57-6019318**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	5	1,080,392	
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	X	1	575,000	
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

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?

Yes No

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 revenues in column (c) for a type of property for which column (a) is checked, describe in 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 O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF
GREENVILLE, INC.**

Employer identification number

57-6019318

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR AND CHIEF

FINANCIAL OFFICER BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

MEMBERS ARE ASKED TO ABSTAIN FROM VOTING ON ANY ISSUE THAT GIVES RISE TO A

CONFLICT OF INTEREST AT BOARD MEETINGS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THERE IS A COMPENSATION COMMITTEE THAT MEETS AND REVIEWS COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THERE IS A COMPENSATION COMMITTEE THAT MEETS AND REVIEWS COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No. **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return **COMMUNITY FOUNDATION OF
GREENVILLE, INC.**Identifying number
57-6019318

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,096

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,096
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization COMMUNITY FOUNDATION OF GREENVILLE, INC.	Employer identification number 57-6019318
	Number, street, and room or suite no. If a P.O. box, see instructions. 27 CLEVELAND STREET 101	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREENVILLE SC 29601	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|--|---|--------------------------------------|------------------------------------|
| ☒ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **SHARON GIBBS**
Telephone No. **864-233-5925** FAX No. **864-242-9292**
- 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.

- 4 I request an additional 3-month extension of time until **11/15/10**.
- 5 For calendar year **2009**, or other tax year beginning _____, and ending _____
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a 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.	8a	\$
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 and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Toni A. McKinley** Title **CPA** Date **08/09/10**
Form 8868 (Rev. 4-2009)