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990 Form

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)

2009

OMB No 1545-0047

Department of the Treasury

Open to Public

Form-990-(2009

		ue Service		the organization may have to use a copy of this feturn to satisfy state report			1 20 10		
	or the	2009 calenda	ar year, or	tax year beginning 06-01 , 2009, and end C Name of organization GREENVILLE SYMPHONY ENDOWMENT FUND	ıng	05-3			
Вс	heck if a	pplicable	Please use IRS		_	Employer identification no.			
╚	ddress c	hange	tabel or	Doing Business As	_		7-1080206		
=	ame cha	-	print or type.	Number and street (or P O box if mail is not delivered to street address) 200 SOUTH MAIN STREET	Room/suite	Telephone number 864) 232-0344			
一	itial retui		See Specific		J		Gross receipts		
二	erminate mended		Instruc- tions.	City or town, state or country, and ZIP + 4 GREENVILLE, SC 29601			\$ 2,215,886		
一		n pending		and address of principal officer MARY LOUISE MIMS					
_ ^	ppiicatio	ii perialing	l	SOUTH MAIN STREET, GREENVILLE, SC 29601	H(a) Is this a gro affiliates?	oup return f	for Yes X No		
I Ts	av-evem	pt status	<u> </u>	3) ◀ (insert no) 4947(a)(1) or 527	H(b) Are all affile				
-	Vebsite.			ENVILLESYMPHONY.ORG/	If "No," atta	ach a list (s	see instructions)		
			Corporation		4.0	of legal do			
Par		Summar			1				
				anization's mission or most significant activities THE GREENVILLE	SYMPHONY E	NDOWM	ENT FUND, INC.		
		•		IS AND ENDOWMENTS, INCLUDING REAL PROPERTY, FOR THE	BENEFIT OF	THE			
A C G				HONY ASSOCIATION.					
t o									
V e	2	Check this b	ox 🕨 🗀	the organization discontinued its operations or disposed of more than 25% of	f its net assets				
t n	3	Number of v	oting men	bers of the governing body (Part VI, line 1a)		3	4		
i a e n	4	Number of in	ndepende	t voting members of the governing body (Part VI, line 1b)	· • • • • • • • • • • • • • • • • • • •	4	4		
s c	i i			yees (Part V, line 2a) · · · · · · · · · · · · · · · · · · ·		5	0		
a e	6	Total numbe	er of voluni	eers (estimate if necessary) • • • • • • • • • • • • • • • • • • •	. 	6	4		
	7a	Total gross (unrelated l	ousiness revenue from Part VIII, column (C), line 12		7a	0		
2010 -	b	Net unrelate	d busines	taxable income from Form 990-T line-34		7b⁻	0		
7				RECEIVED 101	Prior Year		Current Year		
æR e	8	Contribution	s and grai	ts (Part VIII, line 1h)	192	,518	95,489		
۵۸	9	Program ser	rvice rever	ue (Part VIII, line 2g)			0		
≥້.	10	Investment i	ncome (Pa	irt VIII, column (A), lines 3, 2 and 76)	(1,436	,592)	444,075		
	11	Other reven	ue (Part V	II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0		
Ď	12	Total revenu	ie - add lin	es 8 through 11 (must equal Part(V)(. solution (N), like 12)	(1,244	,074)	539,564		
	13	Grants and	sımılar am	ounts paid (Part IX, column (A), lines 1-3)	_		0		
5 7 7 8	14	Benefits paid	d to or for	nembers (Part IX, column (A), line 4)			0		
S X	15	Salaries, oth	ner compe	nsation, employee benefits (Part IX, column (A), lines 5-10)	···		0		
D e	16a	Professional	l fundraisii	g fees (Part IX, column (A), line 11e)			0		
n s	b		• .	nses (Part IX, column (D), line 25) ▶0	1114				
е	17	Other expen	ises (Part	X, column (A), lines 11a-11d, 11f-24f)		,181	298,157		
S	18	•		nes 13-17 (must equal Part IX, column (A), line 25)		,181	298,157 241,407		
	19	Revenue les	venue less expenses Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·						
Net				<u> </u>	eginning of Current		End of Year		
Assets	20	Total assets	•	· '	4,683	,746	5,200,984		
Fund Bal-	21	Total liabilitie	•	· —			5 222 221		
ances	22			ances Subtract line 21 from line 20 · · · · · · · · · · · · · · · · · ·	4,683	,746	5,200,984		
Pai	<u>t II </u>	Signatu							
				I declare that I have examined this return, including accompanying schedules and statements, and t, and complete Declaration of preparer (other than officer) is based on all information of which pre,					
0:	_	·m		9. 1. W. 1st T.		1/2	/12/1917		
Sigr		1/1/4	MY	true J. Mars, VMalle		70	113/10-60		
Her	е	Signatu		End the IBO & Tour	A CO	Date /	, ,		
		Type or	print name a	V - Widney June 129 9 1 me	ces				
		 	Print rientie a	Date Check to	Prena	rer's identif	fying number		
		Preparer's	11	Manhaea M Mara CPA Self-	(see in	nstructions)			
Paid		signature	Mich	elle M Moore 10-11-2010	°° ⁻ □ ø	00	264911		
•	arer's				EIN .				
Use (Only	Firm's name if self-employ		313 Mills Avenue	56	-21	-2105727		
		address, and		Greenville, SC 29605	Phone no ▶864	64-233-3846			
May 1	he IRS	L discuss this	return wit	<u></u>	Phone no				
		1113		p. p	_		[X] [X]		

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

Pai	t III Statement of Program Service Accomplishments	_								
1	Briefly describe the organization's mission									
	THE GREENVILLE SYMPHONY ENDOWMENT FUND, INC. MANAGES THE GIFTS AND ENDOWMENTS, INCLUDING REAL									
	PROPERTY, FOR THE BENEFIT OF THE GREENVILLE SYMPHONY ASSOCIATION.	_								
		_								
2	Did the organization undertake any significant program services during the year which were not listed on	_								
	the prior Form 990 or 990-EZ? \cdots Yes X 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? · · · · · · · · · · · · · · · · · · ·									
	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 \$ 298,157 including grants of \$) (Revenue \$)	-								
	THE GREENVILLE SYMPHONY ENDOWMENT FUND, INC. MANAGES THE GIFTS AND ENDOWMENTS, INCLUDING REAL									
	PROPERTY, OF THE GREENVILLE SYMPHONY ASSOCIATION	_								
		_								
		_								
		_								
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		_								
		_								
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		_								
	FFA Form 990 (200	91								

Form 990 (2009) GREENVILLE SYMPHONY ENDOWMENT FUND

57-1080206

Page 2

Par	rt 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 · · · · · · · · · · · · · · · · · ·	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3	, i	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			ĺ
	Schedule C, Part II	4		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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			1
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			İ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		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,"			
44	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
44	quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u>X</u>	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	44		.,
	VII, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	, a	'	١.
	Schedule D, Part VI			7
•	Did the organization report an amount for investments - other securities in Part-X, line 12 that is 5% or more	00.	1 4	1
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			335
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 1		
_	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1 to 1		
•	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	1 % 3 3 2		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1000		
•	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	1 3 1	21 7. 19.5%	1. 3. 2
	Schedule D, Parts XI, XII, and XIII · · · · · · · · · · · · · · · · ·	12	******	X
12A			,	<u> </u>
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional • • • • • • • • • • • • • • • • • • •	1		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		Х
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	15		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	16		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	17		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	18		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	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	l	X

Part IV Checklist of Required Schedules (continued) Yes No 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 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 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 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a 24b through 24d and complete Schedule K If "No," go to line 25 X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) 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 25a Х 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 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Х 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 27 Х 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 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b 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, 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Х 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Χ 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

∦Par	T VI Statements Regarding Other IRS Fillings and Tax Compliance		<u>,, </u>	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
·u	U.S. Information Returns Enter -0- if not applicable	. *,		, ,
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	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 ••••• 2a 0	ر! ا	;; z	- XX.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? • • • • • • • • • • • • • • • • • • •	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	. ,	â.	
	instructions)	۰	N.	Ž.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		, <u>[4</u>	
	this return? • • • • • • • • • • • • • • • • • • •	3a		Х
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	ž .	X
þ	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	Ø	,3 ,	!
E	and Financial Accounts	<u> </u>		لــر نـــا
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	30		X
С	Prohibited Tax Shelter Transaction?	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).	1137	₽¢	, ,,
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • • • • • • • • • • • •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year • • • • • • • • • • • • • • • • • • •	- 1	97.00 198	- 3 - 3
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	<u>ٔ ئۆلۈمۈنىد</u>		
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	76		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h	×.	17,00
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		, ,	, A
	organization, have excess business holdings at any time during the year?	8		1 200
9	Sponsoring organizations maintaining donor advised funds.		Q),	-4 <u>1</u> ,
а	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			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	.£.	1 >	Time
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •	Á	iş"	- 107 107
11	Section 501(c)(12) organizations. Enter	,		'
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·	, san	ÍK.	4 x 1
b	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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

<u>Sec</u>	tion A. Governing Body and Management			
10	Enter the number of voting members of the governing body	Markey .	Yes	No Mariati
1a			1	
ь 2	Ziner the number of reting members that are independent		K.A	
-	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	 	37
3		<u> </u>	 	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	. 3	1	٠,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4	 	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? • • • • • • • • • • • • • • • • • • •	5	ļ	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6	1	<u>X</u>
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	1922:
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	TATE OF	135.00	
	the year by the following			
а	The governing body? • • • • • • • • • • • • • • • • • • •	• 8a	X	
b	Each committee with authority to act on behalf of the governing body?	· <u> 8b</u>		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	<u> </u>	X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	nue Code)		,	,
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •	10a		X
þ	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		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	-		
	form?	· <u>11</u>		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	(A)	3	* r.
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	• 12a	X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		1	
	rise to conflicts? • • • • • • • • • • • • • • • • • • •	· 12b	X	
С	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?	· <u>14</u>	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?		, , , , ,	344
а	The organization's CEO, Executive Director, or top management official	· 15a		Х
b	Other officers or key employees of the organization	• 15b	1	Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	, <u>,</u> ~	1.3	, wg - ,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			- Carlo
	with a taxable entity during the year?	· 16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	\$1,140 X	، ريسلو	£ŽŽŽ.
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	THE STATE		312
	the organization's exempt status with respect to such arrangements?	• 16b		
Sec	tion C. Disclosure	-1		1
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 X Another's website X 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. ► KENNETH JOHNSON (864) 232-0344			
	200 SOUTH MAIN STREET GREENVILLE, SC 29601			

Form 990 (2009)

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. (F) (B) (C) (D) Œ) Reportable Reportable Estimated Name and Title Average Position (check all that apply) hours per Itd It nrınr dur su compensation compensation amount of O f H c e K e g mp h p l e e o from related other from week У organizations compensation v t c the m eeo sny tse ae t e u e t e m p - o ye e (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related a o organizations e n a I MARY LOUISE MIMS COMMITTEE CHAIR 10.00 0 0 JAMES K RUMRIL 10.00 TRUSTEE P EDWIN GOOD TRUSTEE 3.00 X CHARLES R WARNE 3.00 TRUSTEE X

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Form 990 (2009)

<u>era</u>	(A)	(B)	03, 411	<u> </u>		C)	zinpen	3410	(D)	(E)	T	(F)
	Name and Title	Average hours per week	Itd nr: dur se vtc et deo	l t n r s u t s	0 1 1 0	All th	at apply) H c e mp l e n p e n p e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
					-	-						
				-	<u> </u>			_			-	
				_	-	-		-			-	
1b	Total · · · · · · · · · · · · · · · · · · ·		• • •	<u></u>	• •	• •	• • •		(0	0
2	Total number of individuals (including but not limited t reportable compensation from the organization	o those listed	d abov	e) w	ho r	ecei	ved m	ore t	than \$100,000 in		0	
3	Did the organization list any former officer, director or	trustee, key	emplo	yee,	, or h	nigh	est cor	nper	nsated			Yes No
4	employee on line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the sum of repo									• • • • • •	· •	X
•	the organization and related organizations greater tha	n \$150,000?	If "Ye	s," c	omp						i.	
5	Individual					ted	organi	· · zatio	on for			X
	services rendered to the organization? If "Yes," compl									• • • • • • •	*****	5 X
<u>Sec</u> 1	tion B. Independent Contractors Complete this table for your five highest compensated	Lindepender	nt cont	racto	ors ti	hat r	eceive	d m	ore than \$100 000	of		
	compensation from the organization	- Independen	ii cont	acit)13 ti	iati	COCIVO	.u 1111				
	(A) Name and business address								(B) Description of s		((C) ompensation
	Name and business address	'							Description of s	nei vices		ompensation
		-										
2	Total number of independent contractors (including bit more than \$100,000 in compensation from the organic		to tho	se lı	sted	abo	ve) wh	no re	eceived		40.00	

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Part \	<u>VIII </u>	Statement of Revenu	е						 -
Fr (***)	SP .		· .	;,'		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
		nga nga taga taga taga taga taga taga ta		; • ,			exempt function revenue	business revenue	excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns · · ·		1a	****	<u> </u>	revenue		. 512, 513, 01 514
	ь	Membership dues · · · ·		1b			Fig. 1		C 1441 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Contri-	c	Fundraising events · · ·		1c	-				
butions, gifts,	d	Related organizations · · ·		1d		ا الله الله الله الله الله الله الله ال			
grants	e	Government grants (contribution		1e					
and other	f	All other contributions, gifts, gr				1	3.7		,
similar	'	and similar amounts not include		1f	95,489	. Als			- 7
amounts	g	Noncash contributions include	d in lines 1	a-1f \$				· , , , , , , , , , , , , , , , , , , ,	
	h	Total. Add lines 1a-1f · ·				95,489		×*	<u> </u>
			•		Business Code		, special in the second		
	2a								
Denomen	b								
Program Service	С								
Revenue	d								
	е								<u></u>
		All other program service reven					5460		
	g	Total. Add lines 2a-2f · · ·		• • •	· · · · · · •	_	11-5-15	Attrick Confidence of the Conf	
	3	Investment income (including d	•						
		other similar amounts) · · ·				163,738	163,738		
	4	Income from investment of tax-	•						
	5	Royalties • • • • • • • • • • • • • • • • • • •	• • • • •	•••	• • • • • • •	4 18 2 2 2 2 2			
	١.		(ı) Rea	ıl	(II) Personal		(a	<u>.</u>	
	l .	Gross Rents	·····						
	1	Less rental expenses · · · ·						10 24	
	!	Rental income or (loss) · · · [37.36566.6		-£	
		Net rental income or (loss) •					19 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15 F 2 191 6	
	7a	Gross amount from sales of assets other than inventory	(i) Securit 1,956		(II) Other	\dashv			
	١.	· 1	1,330	, 033					
	D	Less cost or other basis and sales expenses • • • •	1,676	322					
0		Gain or (loss)		,337					
t h		Net gain or (loss) · · · · ·				280,337	280,337		irabi allinisira attatis
е		Gross income from fundraising				11214	- 100	E MAIL MA	
r	-	events (not including \$				1 1 2	Kir Han S		
R		of contributions reported on line	e 1c)	:					, , , , ,
e v		See Part IV, line 18 · · · ·		· a				t	.3.
e	b	Less direct expenses · · ·						, , ,	
n u	С	Net income or (loss) from funds	raising ever	nts •	• • • • • • •				
е	9a	Gross income from gaming act	ivities			7332 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- 3865 · · · · · · · · · · · · · · · · · · ·		
		See Part IV, line 19 · · · ·		· а					
	b	Less direct expenses • • • •		· b		ر مورد المجاور	11	``. ``\$. 3
	С	Net income or (loss) from gami	ng activities	s · ·	· · · · · • >				
	10a	Gross sales of inventory, less				"="#G ;		, , , , , , , , , , , , , , , , , , , ,	
		returns and allowances · · ·		· a					
		Less cost of goods sold · ·		,		14.73 . 33.8	13.		
	C	Net income or (loss) from sales	of inventor	y · ·	· · · · · · >				/ 55-
	<u></u>	Miscellaneous Revenue			Business Code	J >* `			
	11a								ļ
	þ						-		
	°	All the constant				-	-		
	l l			• •			- Sec. /	الاد يوار ودواري ود الاد يوار ودواري ود	# 1880 Ja
	1	Total. Add lines 11a-11d • Total revenue. See instructions	· · · · · · ·			539,564	444,075		
	12	Total revenue. See Instructions	,	•		1 339,304	1,0/5	'I '	٦ ,

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 requi	rea to complete colum	1113 (D), (O), and (D).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	U.S. See Part IV, lines 15 and 16 · · · · · · · · ·			A STATE OF THE STA	Statistics of the
4	Benefits paid to or for members • • • • • • • • • • • • • • • • • • •			学会,当代学的	特別機能がある。
5	Compensation of current officers, directors,				
	trustees, and key employees • • • • • • • • • • • • • • • • • •				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees)				
а	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				
С	Accounting				
- d	Lobbying				
е	Professional fundraising services See Part IV, line 17 •		5. \$15. \$15. \$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1. \$1	t, o vijiga i o	
f	Investment management fees · · · · · · · · · · · · · · · · · ·	35,376	35,376	117 (78,00,41	
g	Other	2,001	2,001		
12	Advertising and promotion		2,002		
13	Office expenses · · · · · · · · · · · · · · · · · ·				
14	Information technology		-		
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy				
17	Travel · · · · · · · · · · · · · · · · · · ·	-			
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials • • • • •				
19	Conferences, conventions, and meetings				
	Interest · · · · · · · · · · · · · · · · · · ·				
20	Payments to affiliates	260,730	260,730		
21 22		260,730	200,730	<u></u>	<u> </u>
22	Depreciation, depletion, and amortization				
23 24	•	Charles State of the Control of the	graf package filed portion so	Marine States and and	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together	, .,,			
	and labeled miscellaneous may not exceed	4 , 11			1
_	5% of total expenses shown on line 25 below)	50	<u> </u>		
a	SC SECRETARY OF STATE	50	50		
b					
C					
d					
e					
_ f	All other expenses · · · · · · · · · · · · · · · · · ·	000 15-	000 15-		_
25	Total functional expenses. Add lines 1 through 24f · ·	298,157	298,157	0	0
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 · · · · · · · · · · · · · · · · · · ·				

Form **990** (2009)

Part	X	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·		1	
	2	Savings and temporary cash investments	662,675	2	209,815
	3	Pledges and grants receivable, net		3	
	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 · · · · · · · · · · · · · · · · · ·	<u></u>	5	457 (96.5), 4071566 , 106 (96.44.4
	6	Receivables from other disqualified persons (as defined under section	Participant Acceptance	15521	DK: YES/A/** TWO RESIDEN
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
Α		Part II of Schedule L · · · · · · · · · · · · · · · · · ·		6	
S	-	Notes and loans receivable, net		7	
s e	7			8	
t	8			L →	
S	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·	1 2 1	9	
	10a	Land, buildings, and equipment cost or	, , , , , , , , , , , , , , , , , , ,	٤.	,
		other basis Complete Part VI of Schedule D · · · · · 10a			14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	þ	Less accumulated depreciation · · · · · · · · · 10b		10c	
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·	4,021,071	11	4,991,169
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets • • • • • • • • • • • • • • • • • • •		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,683,746	16	5,200,984
	17	Accounts payable and accrued expenses		17	
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
-ī	_ 19	Deferred revenue		19	
i	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20	
a	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·		21	
i	22	Payables to current and former officers, directors, trustees, key		, 480°, 1	AND PROPERTY AND A
Į į		employees, highest compensated employees, and disqualified		,	
1 1		persons Complete Part II of Schedule L		22	L
ì	22	Secured mortgages and notes payable to unrelated third parties · · · · · · · ·		23	
e	23	Unsecured notes and loans payable to unrelated third parties		24	
5	24			25	
	25	Other liabilities Complete Part X of Schedule D	0	26	0
	26	Total liabilities. Add lines 17 through 25			0 4 4 5 5 6 1 1 5 5 6 1 1 1 1 1 1 1 1 1 1 1 1
		Organizations that follow SFAS 117, check here			
NF		complete lines 27 through 29, and lines 33 and 34.	**************************************	1.62	
e u t n	27	Unrestricted net assets • • • • • • • • • • • • • • • • • • •	211,895	27	719,537
ď	28	Temporarily restricted net assets	104,580	28	114,175
A	29	Permanently restricted net assets · · · · · · · · · · · · · · · · · · ·	4,367,271	29	4,367,272
s B s a		Organizations that do not follow SFAS 117, check here	Li e	,`	, 4 ,
e I		and complete lines 30 through 34.	A STATE OF THE STA	,	Augusta
t a	30	Capital stock or trust principal, or current funds		30	
s n	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
o e	32	Retained earnings, endowment, accumulated income, or other funds		32	
r s	33	Total net assets or fund balances	4,683,746	33	5,200,984
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	4,683,746	34	5,200,984

Pai	rt XI Financial Statements and Reporting					
			Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	i day	Žás. 5 -	1/2 v		
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in			1,530		
	Schedule O	1.1.1				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х		
b	Were the organization's financial statements audited by an independent accountant?	2b	Х			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	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 X Consolidated basis Both consolidated and separate basis	1 comes here				
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?	3a		Х		
þ	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	3b		l		

EEA

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

- 50

Employer identification number

2009

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

GRE	ENV:	ILLE SYMPHONY								080206			
Pa	rt4	Reason for	r Public Charit	y Status (All organiza	ations mus	t complete	this part)	See instru	ctions				
The	orga	nization is not a priva	ate foundation beca	use it is (For lines 1 thro	ough 11, ch	eck only o	ne box)						
1		A church, convention	on of churches, or a	ssociation of churches d	escribed in	section 1	70(b)(1)(A))(i).					
2		A school described	ın section 170(b)(1)(A)(ii). (Attach Schedule	E)								
3		A hospital or a coop	perative hospital se	rvice organization descri	bed in sect	ion 170(b)	(1)(A)(iii).						
4		A medical research	organization opera	ited in conjunction with a	hospital de	escribed in	section 1	70(b)(1)(A)	(iii). Enter	the hospita	al's nam	e,	
		city, and state		<u> </u>									
5		An organization ope	erated for the benef	fit of a college or universi	ty owned o	r operated	by a gove	ernmental (unit descrit	oed in			
		section 170(b)(1)(A)(iv). (Complete Pa	rt II)									
6		A federal, state, or l	local government o	r governmental unit desc	rıbed ın se	ction 170(b)(1)(A)(v).	•					
7		An organization tha	t normally receives	a substantial part of its s	support froi	n a goverr	nmental un	it or from t	he genera	l public			
		described in section	n 170(b)(1)(A)(vi). (Complete Part II)									
8		A community trust of	described in section	170(b)(1)(A)(vi). (Comp	lete Part II)							
9		An organization tha	t normally receives	(1) more than 33 1/3% (of its suppo	ort from co	ntributions	, members	ship fees, a	and gross			
		receipts from activit	ies related to its ex	empt functions - subject	to certain e	exceptions	, and (2) n	o more tha	n 33 1/3%	of its			
		support from gross	investment income	and unrelated business	taxable inc	ome (less	section 51	11 tax) fron	n business	es			
		acquired by the org	anızatıon after June	e 30, 1975 See section !	509(a)(2). (Complete	Part III)						
10		An organization org	anized and operate	ed exclusively to test for p	oublic safe	ty See se	ction 509(a	a)(4).					
11	X	An organization org	anized and operate	ed exclusively for the ben	efit of, to p	erform the	functions	of, or to ca	arry out the	•			
		purposes of one or	more publicly supp	orted organizations desc	ribed in se	ction 509(a)(1) or se	ction 509(a	a)(2) See	section			
		509(a)(3). Check the		s the type of supporting of	_•		•		•				
		a Type I		e∥						Type II	II-Other		—
е	Ш	•	•	organization is not contro									
		•	•	ers and other than one or	more pub	licly suppo	rted organ	izations de	escribed in	section			
		509(a)(1) or section											
f		If the organization r	eceived a written d	etermination from the IRS	S that it is a	a Type I, T	ype II, or T	ype III sup	porting				_
		organization, check			• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •		• • • •	•
g		•	006, has the organi	zation accepted any gift	or contribu	tion from a	any of the						
		following persons?											
			•	controls, either alone or	_	•	is describe	ed in (ii)					No_
		* *		y of the supported organ			• • • • •	• • • • •	• • • • •	• • • • •	11g(i)		<u>X</u>
		•	•	cribed in (i) above? ••					• • • • •	• • • • •	11g(ii)		<u>X</u> _
				on described in (i) or (ii) a		• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(=)		<u>X_</u>
h			1	t the supported organiza	T		1						
	(I) N	lame of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o	•	(v) Did y		(vi) l organizati			Amount of upport	
		3		above or IRC section	governing	•	∞l (i)	of your	(i) organiz	ed in the	3	арроп	
			1	(see instructions)		1 1-		port?		S?			
		 	+		Yes	No	Yes	No	Yes	No			
an-		****	E7 04474E0	E01 (0) (2)								260 72	^
GRE	ENV.	ILLE SYMPHONY	57-0447452	501 (C) (3)	X		X	1	X		•	260,73	
			 			ļ		ļ					
			 			 		-					
			1		-	_		-					
			0) 2 2 4 4 5 2 4 3 5 2 4 3 1 4 4 4 1 1 4 L	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Brosserie	Za *, *4.1	J* 20 1 -	1 - DARRA	16 113 6	مريد مريد مريد مريد مورد			
T- 4 -	.1					4. 1						260 72	^
Tota	II		1	[48] A. L. L. L. L. L. M. M. C. C. C. L.	I XXX	18 18 Sec.	17700000000000000000000000000000000000	13(2.7)	12 1 1996	1 " never	1	260,73	U

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

▶ Attach to Form 990. ▶ See separate instructions.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2009

Open to Public

Name	of the organization		Employer identification number
GRI	ENVILLE SYMPHONY ENDOWMEN	T FUND	57-1080206
Pa		Advised Funds or Other Similar Fund	
	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 • • • • • • • • • • • • • • • • • • •		
2	Aggregate contributions to (during year) · · · · ·		
3	Aggregate grants from (during year) · · · · · ·		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis	sors in writing that the assets held in donor advise	ed
	funds are the organization's property, subject to the or	ganization's exclusive legal control?	· · · · · · · · · · · · · · · · · · ·
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 bene	efit of the donor or donor advisor, or for any other	
	parpara annual menangan parana annual parana		
Pa	t III Conservation Easements. Complete	e if the organization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the org	ganization (check all that apply)	
	Preservation of land for public use (e g , recreation	n or pleasure) Preservation of an hist	orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in the form of	of a conservation
	easement on the last day of the tax year		F
			Held at the End of the Tax Year
_a	Total number of conservation easements · · · ·	• • • • • • • • • • • • • • • • • • • •	· · · 2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified hist		
d	Number of conservation easements included in (c) ac		
3	Number of conservation easements modified, transfer	rred, released, extinguished, or terminated by the	organization during
	the tax year		
4	Number of states where property subject to conservat	ion easement is located	
5	Does the organization have a written policy regarding	the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation ease	ments it holds?	
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easements du	ring the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements during	the year
	▶ \$		
8	Does each conservation easement reported on line 2		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? • • • •		Yes No
9	In Part XIV, describe how the organization reports cor		
	balance sheet, and include, if applicable, the text of the	<u>=</u>	nts that describes
_ F 3	the organization's accounting for conservation easem		
Pa		ctions of Art, Historical Treasures, o	r Other Similar Assets.
4-	Complete if the organization answered "Yes"		lance about works of
1a	If the organization elected, as permitted under SFAS		
	art, historical treasures, or other similar assets held for		erance of public service,
	provide, in Part XIV, the text of the footnote to its finar		an about works of art
þ	If the organization elected, as permitted under SFAS	•	
	historical treasures, or other similar assets held for pu	iblic exhibition, education, or research in furtheral	ice of public service,
	provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1		 e
	(ii) Assets included in Form 990, Part VIII, line 1		• • • • • • • • • • • • • • • • • • •
2			
2	If the organization received or held works of art, historical course amounts required to be reported under SEA		i gain, provide the
_	following amounts required to be reported under SFA Revenues included in Form 990, Part VIII, line 1 • •		
a	Access included in Form 990, Part V		

Sched	ule D (Form 990) 2009 GREENVILLE SYMPE	ONY ENDOWMENT	FUND		57-10802	06 Pa	age 2
Pai	t III Organizations Maintaining	Collections of	Art, Historical T	reasures, or O	ther Similar Ass	sets (continued	d)
3	Using the organization's acquisition, accession,	and other records, cl	heck any of the follo	wing that are a signif	icant use of its		
	collection items (check all that apply)						
а	Public exhibition	d 🗌 Loan	or exchange progra	ıms			
b	Scholarly research	e 🗌 Othe	r				
С	Preservation for future generations						
4	Provide a description of the organization's collect	tions and explain ho	w they further the or	ganization's exempt	purpose in		
	Part XIV						
5	During the year, did the organization solicit or re	ceive donations of a	rt, historical treasure	s, or other similar			
	assets to be sold to raise funds rather than to be		•		· · · · · · · · · · · · · · · · · · ·	· Yes [No
Pa	t IV Escrow and Custodial Arra	ngements. Com	plete if organization	answered "Yes" to F	orm 990,		
	Part IV, line 9, or reported an amount	on Form 990, Part >	K, line 21				
1a	Is the organization an agent, trustee, custodian						_
					• • • • • • • • • •	· Yes	No
þ	If "Yes," explain the arrangement in Part XIV and	d complete the follow	ung table	_		 .	
					Amor	unt	
C	Dog.iiiiiig balanee			1 '			
d	Additions during the year						
е	Distributions during the year • • • • • • • • • • • • • • • • • • •						
f	Ending balance · · · · · · · · · · · · · · · · · · ·			· · · · · · · <u>1</u> f			
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						
Pa	t V Endowment Funds. Complete	f the organization ar	swered "Yes" to For	m 990, Part IV, line	10	r	
	-	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four years b	ack
1a	Beginning of year balance	4,683,746	6,878,342	A S R. A. CHIROTOPHINING SOURCE OF THE WARMAN		Parker Parker	
b	Contributions	95,489	192,518			QW -	- 3
С	Net investment earnings, gains, and losses •	716,055	(2,057,933	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Mary 1869 Fig. 1		(A)
d	Grants or scholarships				The second secon	122	7.39.6
е	Other expenditures for facilities						
	and programs	298,161	329,181			, ³ / ₂	· % :
f	Administrative expenses		4 600 = 1.5	100 120 100 100 100 100 100 100 100 100	2 / · · · · · · · · · · · · · · · · · ·	() 87 95	
g	End of year balance	5,197,129	4,683,746		The second second	Mary Mary	<u>, , , , , , , , , , , , , , , , , , , </u>
2	Provide the estimated percentage of the year er						
а	Board designated or quasi-endowment	%					
þ	Permanent endowment %						

þ	Permanent endowment > %		
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 · · · · · · · · · · · · · · · · · · ·	(i)	X
	(ii) related organizations · · · · · · · · · · · · · · · · · · ·	(ii)	X
b	If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	b	1
4	Describe in Part XIV the intended uses of the organization's endowment funds		

Part Vi	Investments - Land, Buildings,	and Equipment. S	ee 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				3.7	
b Building	gs				
c Leaseh	old improvements				
d Equipm	ent · · · · · · · · · · · · · · · · · · ·				
e Other •					
otal. Add lir	nes 1a through 1e. (Column (d) must equal Fo	rm 990 Part X. column (B) line 10(c)) •		

.Part VII	Investments - Other Securities.	See Form 990, Part X, line 12		
	(a) Description of security or category	(b) Book value	(c) Method of valuati	
	(including name of security)	<u> </u>	Cost or end-of-year marke	t value
Financial deriv		•		
	quity interests	•		
Other				
				<u>_</u>
				
	b) must equal Form 990, Part X, col (B) line 12)		Alle San A Care	
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13	T	,
	(a) Description of investment type	(b) Book value	(c) Method of valuate	
			Cost or end-of-year market	t value
				 · · ·
	b) must equal Form 990, Part X, col (B) line 13)		概念 中國社會 漢字學 德拉斯斯	TO A LEGISLATION OF THE SECOND
Part IX	Other Assets. See Form 990, Part X, lin	e 15		
	(a)	Description		(b) Book value
•-				
				_
	n (b) must equal Form 990, Part X, col (B) line		· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. See Form 990, Part X,	line 25		
1	(a) Description of liability	(b) Amount		
Federal incom	e taxes			
				The state of the
				2 1 2 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1
				10 mg 1 mg 2
				· · · · · · · · · · · · · · · · · · ·
				*** * ·
Total (Column (b) must equal Form 990, Part X, col (B) line 25)		, , , , , , , , ,	
,- ,- ,,-,/		<u> </u>	<u> </u>	

Sched	lule D (Form 990) 2009 GREENVILLE SYMPHONY ENDOWMENT FUND	57-1080206	Page 4
ìPá	Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s	
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	
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er 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	3.2.	
а	Net unrealized gains on investments · · · · · · · · · · · · · · 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
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:	1259	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·		
C	Add lines 4a and 4b		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
_	CHINGE A ST		
<u>. Pa</u>	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements	s per Keturn	
2	Amounts included on line 1 but not on Form 990; Part IX, line 25		
	Donated services and use of facilities		
a	Prior year adjustments · · · · · · · · · · · · · · · · · · ·		
b	Other losses · · · · · · · · · · · · · · · · · ·		
C	Other (Describe in Part XIV)		
d	Add lines 2a through 2d	20	
e	Subtract line 2e from line 1	2e 3	
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		
D	Other (Describe in Part XIV)		
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	
	NAME Supplemental Information		
	plete 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		
	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		

GREENVILLE SYMPHONY ENDOWMENT FUND

57-1080206

Page 4

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

citic questions on

OMB No 1545-0047 2009

Inspection ...

Employer identification number

57-1080206

Open to Rublie

Department of the Treasury Internal Revenue Service

GREENVILLE SYMPHONY ENDOWMENT FUND

Name of the organization

▶ Attach to Form 990.

01. Members or stockholder classes and rights (Part VI, line 6) MEMBERS HAVE EQUAL RIGHTS TO PARTICIPATE IN THE ORGANIZATION'S APPROVAL OF SIGNIFICANT DECISIONS 02. Member election for additional members (Part VI, line 7a) MEMBERS HAVE THE RIGHT TO APPOINT NEW MEMBERS AS VACANCIES ARISE AND ADD MEMBERS AS DEEMED NECESSARY 03. Governing body decisions (Part VI, line 7b) MEMBERS HAVE EQUAL RIGHTS TO PARTICIPATE IN THE ORGANIZATION'S APPROVAL OF SIGNIFICANT DECISIONS. THESE DECISIONS INCLUDE, BUT ARE NOT LIMITED-TO THE FOLLOWING: FILLING VACANCIES IN MEMBERSHIP, ADDITION OF NEW MEMBERS, APPROVAL OF PORTFOLIO ALLOCATION, AND APPROVAL OF DISBURSEMENTS 04. Committee meeting documentation (Part VI, line 8b) MINUTES OF GREENVILLE SYMPHONY ENDOWMENT ARE NOT KEPT SEPARATE FROM GREENVILLE SYMPHONY ASSOCIATION. THE BOARD OF DIRECTORS OF GREENVILLE SYMPHONY ASSOCIATION RETAINS FINAL DECISION MAKING AUTHORITY OVER RECOMMENDATIONS FROM THE OFFICERS OF GREENVILLE SYMPHONY ENDOWMENT. 05. Form 990 governing body review (Part VI, line 11) CONTROLLER AND EXECUTIVE DIRECTOR HAVE THE OPPORTUNITY TO REVIEW AND MAKE ANY NECESSARY CHANGES TO FORM 990 BEFORE FILING

Schedule O (Form 990) 2009		Page 2
Name of the organization	Employer identification number	
GREENVILLE SYMPHONY ENDOWMENT FUND	57-1080206	
	<u>.</u>	
06. Conflict of interest policy compliance (Part VI, line 12c)		
A POLICY IS IN EFFECT AS WRITTEN IN ORGANIZATION BY-LAWS		
07. Governing documents, etc, available to public (Part VI, line 19)		
BY REQUEST AND AVAILABLE FREE ON GUIDESTAR WEBSITE		
	•	
	<u></u> .	
	- .	

Schedule O (Form 990) 2009

EEA

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ▶ Attach to Form 990.

▶ See separate instructions.

2009

OMB No 1545-0047

Schedule R (Form 990) 2009 Direct controlling Direct controlling entity entity ε A/N Employer identification number 57-1080206 Public charity status (if section 501(c)(3)) End-of-year assets e e Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Exempt Code section Total income 501 (C) (3) ▣ 9 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) Legal domicile (state or foreign country) Legal domicile (state or foreign country) EEA သ္တ <u>ပ</u> <u>ق</u> SUPPORT SYMPHONY Primary activity Primary activity 9 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Name, address, and EIN of related organization Name, address, and EIN of disregarded entity GREENVILLE SYMPHONY ASSOC 57-0447452 GREENVILLE SYMPHONY ENDOWMENT FUND 200 SOUTH MAIN STREET, 29601 Name of the organization Parellil Partil

57-1080206

Partilli

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

Yes No managing partner? General or amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Disproportionate allocations? ž Ξ Υes Share of end-of-year 6 Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling entity **(**9 Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of related organization <u>a</u> Part

	line 34 because it had one or more felated organizations treated as a corporation of trust during the tax year)	tions treated as a corpor	ration or trust duri	ng the tax year)				
	(a)	Q	<u> </u>	(0)	(e)	€	(B)	Ē
Na	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp. S corp. or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
				_				
				-				
				_			i	

Schedule R (Form 990) 2009

57-1080206

	zation answered "Yes" on Form 990, Part IV, line 34, 35, or 36)
	on Form 990
NI FUND	f the organization answered "Yes"
ENDOWMEN	ns (Complete if
SYMPHONY	ınizations
GREENVILLE SYMPHONY ENDOWMEN	with Related Orga
ит 990) 2009	Transactions
Schedule R (Form 990) 200	(Partty)

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	l organız	:	:	:	:	:	•	•	•		• • •	:	:	•	:	:		:	:		:	:	e, includi						٠				
_	transactions with one or more related organizations listed in Parts II-IV?	•	•	 :	•	•		•				•	•	•	•	•	_	•	•	_	•	•	this line	-		_		_		·			
	e or mo	:	:	:	:	:	:	•			• •	:	::	: :	:	:		:	:		:	:	complet										
	s with or	:	:	:	:	•	•	•				:	other organization(s)	other organization(s)	:	:		:	:		:	:	ho must										
	nsaction	olled entity	:	:	•	•	:	•			• • •	:	er organ	er organ		:		:	:		:	:	on on w		r organization								
hedule	wing trai	controlle	:	:	:	:	:	•		. (9)	: (<u>e)</u>	ion(s)	s for oth		:	:		:	:		:	:	nformati	(a)									
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II, or <	n any of	(iv) rent	ation(s)	nzation((s)uon	•	:			4		n other o	os busi	ising so	her asse	:		enses	Senses		ation(s)	nization	Instruct										
Parts II, I	engage i	alties or	organiza	ier orgar	organıza	zation(s	•	(s) u			on sies	sets fror	or fundra	or fundra	sts, or of	:		n for exp	n for exp	•	r organız	her orga	see the								;		
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entity is	he organ	annutie	tribution	tribution	s to or fo	s by oth	rganızat	otheror				ment, or	or mem	or mem	pment, r	es		other org	other or		propert	propert	e above										
1 if any	ear, did t	erest (ii)	pital con	pital con	arantee	Jarantee	other o	ets from	, ale		g, edulp	s, equip	services	services	ies, equi	employe		paid to	paid by		cash or	cash or	any of th										
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	he tax ye	of (i) int	nt, or ca	nt, or ca	r Ioan gu	Loans or loan quarantees by other organization(s)	Sale of assets to other organization(s)	o of acc	Te of acc	9 0 0 0	Lease of facilities, equipment, of other assets to other organization(s)	f facilitie	ance of	ance of	of facilit	of paid		rsement	rsement		ansfer of	ansfer of	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										
e. Comp.	During the tax year, did the organization engage in any of the following	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a contr	Gift, grant, or capital contribution to other organization(s)	Gift, grant, or capital contribution from other organization(s)	Loans or loan guarantees to or for other organization(s) •	Loans o	Sale of	Purchase of assets from other organization(s)	Exchange of assets		Lease	Lease of facilities, equipment, or other assets from other organization(s)	Performance of services or membership or fundraising solicitations for	Performance of services or membership or fundraising solicitations by	Sharing of facilities, equipment, mailing lists, or other assets	Sharing of paid employees)	Reimbursement paid to other organization for expenses	Reimbursement paid by other organization for expenses		Other transfer of cash or property to other organization(s)	Other transfer of cash or property from other organization(s)	If the an										
ğ	-	æ	٥	ပ	0	0	-	0			-	-	. ¥	-	Ε	_		0	۵		σ		7				Ξ	(2)	(3)	4	(2)	9	

57-1080206

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	Ξ.	General or managing	_	2									2009
	<u>-</u>	man .	par	Yes									(об шю
(-)	6	code V-UBI amount in box 20	of Schedule K-1 (Form 1065)										Schedule R (Form 990) 2009
	 €	rtionate tions?		ž						·			
		Disproportionate allocations?		Yes	:								
(-)		Share of end-of-year	assets										
		or thers	(3) tions?	S									
.	9	Are all partners section	501(c) organiza	Yes									 EEA
						 	 	_					
17/	5)	Legal domicile (state or foreign	country)								_		
170	(a)	Primary activity											
	(g)	Name, address, and EIN of entry											