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CAND TO OCT 8 9 2010

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 2009

Open to Public Inspection

<u> </u>	For the 200	9 calendar year, or tax year beginning 0 // 01/09, and ending 06/30/10			
В	Check if applica		1	Employe	er identification number
	Address change	use IRS CORPORATION			
	Name change	print or Doing Business As		<u> 57-1</u>	125289
\exists	-	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite E	Telephor	e number
닠	initial return	See 233 NORTH MAIN ST.	250	864-	235-2008
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		Gross receipt	s 1,679,780
	Amended return				
\exists	Application pen	F Name and address of principal officer	,	i(a) is this a g	roup return for
ш	Африсации реп	GERALD HOWARD	1	affiliates?	
		C/O GREENVILLE AREA DEVELOPMENT	1	H(b) Are all aff included?	
		GREENVILLE SC 29601			tach a list (see instructions)
<u> </u>	Tax-exempt			11 110, 01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
`	Website.		,	Ha) Group ex	emption number
_	Type of organiz			A 4	State of legal domicile SC
	art 1		ii di lamadali 20	<u> </u>	State or regar dominate 20
	Υ	Summary	 		
	1	fly describe the organization's mission or most significant activities	22777		
9	1	ROMOTING AND ENHANCING THE ECONOMIC GROWTH AND DEVELOPME	71V T.		
Jan		F GREENVILLE COUNTY, SOUTH CAROLINA; GADC WAS FORMED BY			
Je.	1	REENVILLE COUNTY COUNCIL.			
်		ck this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% o	fits net assets	1 . 1	4 =
જ	1	ber of voting members of the governing body (Part VI, line 1a)			15
ies	4 Num	ber of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	<u> 15 </u>
Activities & Governance	5 Tota	I number of employees (Part V, line 2a)		5	<u>7</u>
Act	6 Tota	I number of volunteers (estimate if necessary)		6	
	7a Tota	il 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
		<u> </u>	Prior Year	1.60	Current Year
<u>o</u>	8 Conf	tributions and grants (Part VIII, line 1h)	1,407	,163	1,661,189
Revenue	9 Prog	gram service revenue (Part VIII, line 2g)			
Š	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)		,337	15,687
ш.	11 Othe	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,906	2,904
	12 Tota	l revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,425	,406	1,679,780
	13 Gran	nts and similar amounts paid (Part IX, column (A), lines 1–3)			
	14 Bene	efits paid to or for members (Part IX, column (A), line 4)			
ψ	15 Sala	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	631	,261	656,823
cpenses	16a Profe	essional fundraising fees (Part IX, column (A), line 11e)			
d	b Tota	l fund as to expanses (Part IX, column (D), line 25) ▶			
ũ		expenses (Part IX, column), lines 11a-11d, 11f-24f)	749	,872	1,152,214
		expenses. Add lines 13–1 (Grust equal Part IX, column (A), line 25)	1,381	,133	1,809,037
	19 R	Phue less expenses Subtractifue 18 from line 12	44	,273	-129,257
5 5			Beginning of Curre		End of Year
Net Assets or	20 Tota	assets (Partix June 19)7		,708	740,250
Ş.	21 Tota	Hiabilities (Fart X, fine 26)		,322	48,621
ž	22 Net	assets or fund balances. Subtract line 21 from line 20	819	,386	691,629
F	art 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 r	ny knowledge
		and belief, it is true, correct, and complete beclaration of preparer (other than officer) is based on all informat	ion of which prepa	rer has any k	
Sig	gn	1 / Puell 1911 burne		1 10	10 مها و
He	_	Signature of officer		Date	
		Gerald K. Howard President & CEO			
		Type or print name and title			
		Date 1	Check if	<u> </u>	Preparer's identifying number
Pa	iid	Preparer's signature DUSLAA 09/22	colf_		(see instructions) P00705100
Pr	eparer's		/ I U employed LC		57-1060705
	e Only	630 E EXACUTATION OF CORE D	<u> </u>	EIN ►	21-1000102
	,	if self-employed), 630 E WASHINGTON ST STE B		Phone	064 000 0000
		address, and ZIP+4 GREENVILLE, SC 29601-2963		no 🕨	864-233-0590

Part III Statement of Program Service Accomplishments	
1 Briefly describe the organization's mission PROMOTING AND ENHANCING THE ECONOMIC GROWTH AND DEVELOPMENT OF GREENVILLE COUNTY, SOUTH CAROLINA; GADC WAS FORMED BY GREENVILLE COUNTY COUNCIL.	
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 X No
If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	Yes X No
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 \$ 146,895 including grants of \$) (Revenue \$ PROMOTION OF ECONOMIC DEVELOPMENT IN THE GREENVILLE AREA THROUGH SPECIFIC MARKETING INITIATIVES.	181,089)
4b (Code) (Expenses \$ 895,777 including grants of \$) (Revenue \$ UTILITY TAX CREDITS (UTC) AND OTHER GRANTS-UTC ARE SPECIFIC CORP. CREDITS UNDER SC LAW THAT MUST BE SPENT ON SPECIFIC ECONOMIC DEVELOPMENT INITIATIVES.	714,777) TAX
4c (Code) (Expenses \$ 547,168 including grants of \$) (Revenue \$ GENERAL PROJECT COSTS-INCLUDES SALARIES AND RELATED OVERHEAD REQUIRED TO RECRUIT SPECIFIC POTENTIAL BUSINESSES TO THE GREENVILLE AREA.	798,423)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses ▶ 1,589,840	
	Form 990 (2009)

Pa	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	X	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	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			
Ū	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,	<u>-</u> -		
•	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		х
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	9		х
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	10	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	11	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	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	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		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	14b		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	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	L	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		X
		Forn	n 990	(2009)

Forn	1 990 (2009) GREENVILLE AREA DEVELOPMENT 57-1125289		<u> P</u>	age 4
Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? 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			
	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	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			77
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	į.		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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	34	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	35		_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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	l	X

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

Form **990** (2009)

1. Enfort the number reported in Box 3 of Form 1996, Annual Summary and Transmital of U.S. Information Returns. Enter -0- if not applicable. 1. Information Returns. Enter -0- if not applicable. 2. Enter the number of Forms W-S2 included in late 1 a Enter -0- if not applicable. 3. Information prompt with backup withhoding rules for reportable payments to verdors and reportable gaming (gambing) without grow awners? 3. Enter the number of employees reported on Form W-3. Transmital of Wage and Tax 3. Statements, field for the calandrary are noting with or within the year covered by this return. 3. It is least one is reported on Inio 2a, did the organization file at frequired federal employment tax returns? 3. It is least one is reported on Inio 2a, did the organization file at frequired federal employment tax returns? 3. If If Yes, The ast filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4. A lary time during the celeratory early, did the organization have an interest int. or a significant or other authority over, a filenancial account in a foreign country (such as a bank account, securities account, or other financial accountry. 4. If Yes, The ast filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4. A lary time during the celeratory early, did the organization have an interest int. or a significant or other authority over, a filenancial accountry. 5. If Yes, The Interest of the organization have an interest int. or a significant or other authority over, a filenancial accountry. 5. If Yes, The Interest of the report country is the foreign country. 5. If Yes, The Interest of the organization filenancial accountry. 5. If Yes, The Interest of the organization filenancial accountry. 5. If Yes, The Interest of the organization filenancial accountry. 5. If Yes, The Interest of the organization filenancial accountry. 5. If Yes, The Interest of the organization is a proving the entity of the organization and partly for goods and services provide	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
U. S. Information Returns. Enter- 0-if not applicable Enter the number of Forms W-S2 contacted on intel 1s. Enter-0-if not applicable Define programation comply with backup withholding rules for reportable payments to vendors and reportable gaming (ganding) winnings to prove winners? 22. Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Stetements. Indeed for the calendary year enting with or within the year covered by this return. 32. The stetements of the provision of the prov	_	5			٣		Yes	<u>No</u>
b Enter the number of Forms W1-23 miclusted in heir 1s. Exters -0-1 find applicable Clid the organization comply with backup withholding rules for reportable payments to verdors and reportable gaming (gamiluring) wirmings to proze wereis? 2s. Enter the number of employees reported on Form W1-3. Transmittal of Wage and Tax Statements, Red for the calendary ver ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required locarel are polywent tax returns? Note. If the sun of lines 1 and 15 are greater than 20, you may be required to -68 this neturn (see institutions) 3a	1a	·	4.	٨		- 1	1	
Coll the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) wirmings to prize winers? 2 Enter the number of employees propried on Form W-3. Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1 and 2 as greater han 260, you may be required to e-file this return of the sum of lines 1 and 2 as greater han 260, you may be required to e-file this return (see instructions) 30. Dut the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 31. The sum of lines 1 and 2 as greater han 260, you may be required to e-file this return (see instructions) 32. The sum of lines 1 and 2 as greater han 260, you may be required to e-file this return (see instructions) 33. Uniformly the sum of lines 1 and 2 as greater han 260, you may be required to e-file this return (see instructions) 34. A lary when during the cellendar year, did the organization in Schedule O 35. Uniformly the cellendar year, did the organization have an inferist 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 in a foreign country Such as a bank account, securities account, or other financial account in a foreign country Such as a bank account, securities account, or other financial accounts and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 35. Was the organization and party to prohibited tax sheller transactions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 36. Did any taxobility the organization in the Form 8889-1, Disclosure by Tax Exempt Entity Regarding Prohibited Tax sheller Transactions for a prohibited tax sheller transaction? 37. Experimental Accounts 38. Vision the signature of the party of the organization in								
gaming (gambing) wermings to prize womens? 2		• •						
2a Enter the number of emptyyees reported on Form W.3. Transmittal of Wage and Tax Statements, filted for the calendar year ending with or within the year covered by this return b If at least one is reported on the 2a, add the organization file all required federal employment tax returns? Note. If the sum of lines is 1 and 2 as ignated than 280, you may be required to 6-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b A lary time during the celedinary 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 in a foreign country such as a bank account, securities account, or other financial account in a foreign country such as a bank account, securities account, or other financial accountry see the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 3b Was the organization apply to a prohibited fair scheduler transaction at any time during the tax year? 5a X Did any taxable party notify the organization file Form 8886-1, Desclosure by Tax-Exempt Entity Regarding Prohibited Tax Scheduler Transactions solid prohibited Tax	·		Itabic			1c	1	x
Sitements, filed for the calendar year ending with or within the year covered by this returns? Note, if the sum of lines 1s and 2a is greater than 250, you may be required to e-file this return (see institutions). Old the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If "Yes," has all filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," has all filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," has all filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," share if the area of the foreign country (see the organization have an interest in, or a signature or other authority over, a financial account in 6 foreign country (see the institutions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts If "Yes," either the name of the foreign country See the institutions of exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts If "Yes," other the name of the foreign country See the institutions of exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts If "Yes," other be a or the, of the organization that it was or is a party to a prohibited fast sheller transaction? If "Yes," other be a or the, of the organization that (was or is a party to a prohibited fast sheller transaction? If "Yes," other be a or the, of the organization that (was or is a party to a prohibited fast sheller transaction? If "Yes," other be a or the, of the organization that were not tax deductible? Organizations that may receive deductible contributions under section 170(e). If "Yes," indicate the number of Forms 8282 filed during the year of the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? If "Yes," indicate the number of For	22		1 1	i		·•		
b if at least one is reported on line 2a, did the organization file all required feeding 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) 10 bit he organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 11 bit 12 hea, 18 and 18 an	-4		2a	7		- 1		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has if liled a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," has if liled a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," share (liled a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," either the name of the foreign country to what a a bank account, sociative account, or other financial account is described an account. See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5b Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction? 5b Was the organization and gross receipts that are normally greater than \$100,000, and did the organization unally gross receipts that are normally greater than \$100,000, and did the organization unally devil here yes prohibited for a Scheller Transaction? 5c Did any taxable party notify the organization that were not tax deductible? 5c Did the organization rould well were yes obtained an express statement that such contributions or gifts were not tax deductible? 5c Transactions that may receive deductible contributions under section 170(c). 5c If "Yes," indicate the number of Forms 8282 Effeld during the year 5c Transactions that may receive a symment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c Transactions that may receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5c Did the organization number of Forms 8282 Effeld during the year 5c Did the organization in the payor and tr	b	the contract of the contract o	$\overline{}$			2ь	x	
an anticuctions) By As Did the organization have unrelated business gross income of \$1.000 or more during the year covered by this return? By At any time during the calendary 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)? At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. At a private the name of the foreign country by See the instructions for exceptions and filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts. See the instructions for exceptions and filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts. See the instructions for exceptions and filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts. See the instructions of the organization that it was or is a party to a prohibited tax sheller transaction? See the organization appropriate in the organization file Form 8885 T. Disclosure by Tax-Exempl Entity Regarding Prohibited Tax Sheller Tinanciation? See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or grifts were not tax deductible? Organizations solici any contributions that were not tax deductible? Organizations solici any contributions that were not tax deductible? Organizations solici any contributions or solicity organization and payor? To a bit the organization and payor? To a bit the organization and payor? To a bit the organization shell exchange, or otherwise dispose of tangeties properly for which it was required to the organization in stemps, or otherwise dispose of tangeties properly for which it was required to the oregeneration of payor? To bit the organization and payor? To a s	-				_			:
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d if "Yes," indicate the number of Forms 8282 filed during the year Pold the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 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, and the property of did the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		·		L				
	_			l	<u> </u>	2a	:	<u> </u>
	<u>b</u>	if Tyes, enter the amount of tax-exempt interest received or accrued during the year	120	L .	<u></u>	Ecr.	990	(2000)

Form 990 (2009) GREENVILLE AREA DEVELOPMENT 57-1125289 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI 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 **b** Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 5 Does the organization have members or stockholders? 6 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X describe in Schedule O how this is done X 13 13 Does the organization have a written whistleblower policy? X 14 Does the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a X 15b **b** Other officers or key employees of the organization 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 X with a taxable entity during the year? 16a 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? Section C. Disclosure SC 17

GREENVILLE

- List the states with which a copy of this Form 990 is required to be filed >
- 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 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 233 N MAIN ST GERALD HOWARD organization >

SC 29601

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

(A) Name and Title	(B) Average	Pos	ition ((C checi		hat ap	nlv)	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	or director		Officer			Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARY ANN PIRES										
BOARD MEM	1.00	X	ļ		<u> </u>	\vdash		0	0	0
BOB HOWARD	1 00									
TREASURER	1.00	X	<u> </u>	_	ļ	\longrightarrow	_	0	0	0
BOB TAYLOR	1 00	-	1		1	} {				•
BOARD MEM	1.00	X		_	\vdash	┼┼		0	0	0
BRUCE WHITE BOARD MEM	1.00	x						o	o	0
BUTCH KIRVEN	1.00	^	-	-		\vdash			<u> </u>	
BOARD MEM	1.00	x						o	0	0
CHRIS RILEY	1.00	A		-	\vdash	 		<u></u>		
VICE CHAIR	1.00	x						o	O	0
HUNTER HOWARD			\vdash	\vdash		t				
BOARD MEM	1.00	x						o	0	0
JAY ROGERS										
BOARD MEM	1.00	x			ł			o	0	0
JO WATSON HACKL										
CHAIR	1.00	X					_	0	0	0
MIKE BUITER						Π				
BOARD MEM	1.00	X						0	0	0
RAY LATTIMORE		İ								
BOARD MEM	1.00	X	L_		<u> </u>			0	0	0
SCOTT CASE								_		
SECRETARY	1.00	X	<u> </u>		ļ	\sqcup		0	0	0
SUSAN HOAG		l	1			1				
BOARD MEM	1.00	X	<u> </u>	_	<u> </u>			0	0	0
WILLIS MEADOWS	1 00	-	1					ا	•	^
BOARD MEM	1.00	X	<u> </u>	\vdash	<u> </u>	\vdash		0	0	0
DAVID WILKINS BOARD MEM	1.00	X	•					o	0	0
JERRY HOWARD	1.00	^	├			1			0	
PRESIDENT	40.00			x				119,322	o	14,837
									V	

Pa	rt VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	/ees	, an	d Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average	Pos	ition	(Chec	C) k all t	hat a _l	pply)		(E) Reportable		(F) Estima		
		hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	co oi a	amoun othe mpens from t ganiza nd rela ganiza	ation ne ition ited	
			 		_	 								
			_			_								
				_		<u> </u>								
		\ 	-			_								
			L	_				_			-			
				_	<u> </u>	L		-						
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					-	-		_						
	· · · · · · · · · · · · · · · · · · ·			-										
			ļ		 		_	ļ						
1b	Total	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	119,322				4,	B37
2	Total number of individuals (inc	_			ose	liste	d abo	ove)	who received more than \$1	00,000 in				
	reportable compensation from	the organization	<u> </u>	1_	_		_					- 1		
3	Did the organization list any for employee on line 1a? If "Yes,"								ee, or highest compensated		F	3	Yes	No X
4	For any individual listed on line the organization and related or	1a, is the sum o	f rep	ortat	ole co	ompe	ensat	lion						x
5	Individual Did any person listed on line 1a services rendered to the organ											5		x
Sec	tion B. Independent Contract													
1	Complete this table for your fiv compensation from the organize	zation	nsate	ed in	depe	nder	nt co	ntrad					(0)	
		(A) I business address						ـــــــــــــــــــــــــــــــــــــ		(B) tion of services		Co	(C) npensat	ion
	REENVILLE COUNTY REENVILLE	sc	: 2	96		310			VERSITY RIDGE PAYROLL				681	. , 580
									<u> </u>					
		·						_	····				-	
_	Tatal apple - of order - order	ioniro di cari di cari	4.5 = 1	h t	ot lo				Noted observed the second					
2	Total number of independent of	•	_				to th	ıose	e listed above) who received			_		

Pa	<u>irt V</u>	III Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s s	1a	Federated campaigns	1a					
rani	h	Membership dues	1b		1			
.ge	~	Fundraising events	1c		1			
ifts ır a	4	Related organizations	1d		1			
o, g	u	-		798,423	1			
ons	e	Government grants (contributions)	1e	730,423	‡			
buti	T	All other contributions, gifts, grants, and similar amounts not included above	1f	862,766	1			
Program Service Revenue Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-		002,700				
Se	h	Total. Add lines 1a–1f	•	▶	1,661,189			
e				Busn. Code			······································	
'en	2a			"				
Se	b							
<u>:</u>	C							
ē	d							
S	e							
gra	f	All other program service rever	NIE					
Pro	'	Total. Add lines 2a-2f	100	•				
	3	Investment income (including d	wdends inter			***		
		other similar amounts)	ividerius, iriter	CSt, and	15,687			15,687
	4	Income from investment of tax-	evernt hand	proceeds	25,001			
	5	Royalties	exempt bond	proceeds				
		(i) Real	1 4	ı) Personal				····
	60	Gross Rents		.,			į	
	6a						i	
	b	Less rental exps						
	C	Rental inc or (loss)			†		ŧ	
	7a	Net rental income or (loss) Gross amount from (1) Securities		(v) Other				
		sales of assets (i) Securities	•	(ii) Other	1			
		other than inventory						
	ь	Less cost or other]		1			
		basis & sales exps			1			
		Gain or (loss)			-		1	
	ď	Net gain or (loss)		>				
e l	8a	Gross income from fundraising ever	its	-				
eur		(not including \$						
Ş		of contributions reported on line 1c)			-			
e		See Part IV, line 18	а		+			
Other Revenue		Less direct expenses	b		1	1	1	
-		Net income or (loss) from fundr		<u> </u>				
	9a	Gross income from gaming activities	3		1			
		See Part IV, line 19	a		1			
		Less direct expenses	b					
		Net income or (loss) from gami	ng acti <u>vities</u>	<u> </u>				
	10a	Gross sales of inventory, less						
		returns and allowances	а		1			
	b	Less cost of goods sold	b		1			
	С	Net income or (loss) from sales	of inventory	>				
		Miscellaneous Revenue		Busn. Code	1			
	11a	OTHER INCOME/REIMB			2,904			2,904
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶ _	2,904			
	12	Total Revenue. See instruction	ns	▶	1,679,780	0	0	18,591

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).

	All other organizations must				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising 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			1	
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	U.S. See Part IV, lines 15 and 16				·····
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	110 012	E0 0E6	59,956	
_	trustees, and key employees	119,912	59,956	39,936	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	391,840	328,867	62,973	
7	Other salaries and wages Pension plan contributions (include section 401(k)	331,640	320,807	02,913	
8	and section 403(b) employer contributions)	48,957	37,196	11,761	
9	Other employee benefits	58,213	44,230	13,983	
10	Payroll taxes	37,901	28,797	9,104	
11	Fees for services (non-employees)	37,7302	20,101		
i i	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other		_		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	51,046	35,732	15,314	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				,
22	Depreciation, depletion, and amortization	5,529	275	5,254	
23	Insurance				
				1	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together			1	
	and labeled miscellaneous may not exceed			1	
	5% of total expenses shown on line 25 below)	895,777	895,777		
a	UTILITY TAX CREDIT	146,620	146,620		
b	MARKETING INITIATIVE TELECOMMUNICATIONS	10,324	7,227	3,097	
C	AUTO EXPENSE	10,324	1,221	10,130	
d	SUPPLIES	8,801		8,801	· · · · · · · · · · · · · · · · · · ·
e	All other expenses	23,987	5,163	18,824	
f 25	Total functional expenses. Add lines 1 through 24f	1,809,037	1,589,840	219,197	
26		-/557,557			
20	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA					Form 990 (2009)

Form 990 (2009)

	X Balance Sheet			(A)		(B)			
π.				Beginning of year		End of year			
1	3		-	850,939	1	717 221			
2	. ,		-	650,939	2	717,231			
3	Pledges and grants receivable, net		3						
4	Accounts receivable, net		4						
5	, , , , , , , , , , , , , , , , , , , ,	· · · · · ·							
	employees, and highest compensated employees Com	ŀ		_					
	Schedule L		-		5				
6	, , ,				1				
	4958(f)(1)) and persons described in section 4958(c)(3)	(B) Complete			1				
.	Part II of Schedule L		_		6				
7	Notes and loans receivable, net		_		7				
7 8	Inventories for sale or use		L		8				
9	Prepaid expenses and deferred charges		<u> </u> _	4,208	9	4,208			
10	a Land, buildings, and equipment cost or				ļ				
	other basis Complete Part VI of Schedule D	10a	110,557		1				
1	Less accumulated depreciation	10b	91,752	15,557	10c	18,805			
11	Investments—publicly traded securities				11				
12	Investments—other securities See Part IV, line 11				12				
13	Investments—program-related See Part IV, line 11				13				
14	Intangible assets								
15	Other assets See Part IV, line 11			15					
16	Total assets. Add lines 1 through 15 (must equal line 34	4)		870,708	16	740,250			
17	Accounts payable and accrued expenses				17				
18	Grants payable			18					
19	Deferred revenue			19					
20	Tax-exempt bond liabilities			20					
21	Escrow or custodial account liability. Complete Part IV o	Escrow or custodial account liability Complete Part IV of Schedule D							
21 22					-				
	employees, highest compensated employees, and disqu								
	persons Complete Part II of Schedule L				22				
23		l parties			23				
24	Unsecured notes and loans payable to unrelated third pa		Γ		24				
25	Other liabilities Complete Part X of Schedule D			51,322	25	48,621			
26	Total liabilities. Add lines 17 through 25			51,322	26	48,621			
 -	Organizations that follow SFAS 117, check here ▶	X and							
}	complete lines 27 through 29, and lines 33 and 34.								
27	Unrestricted net assets		ĺ	204,286	27	254,660			
28	Temporanly restricted net assets			615,100	28	436,969			
29	· · · · · ·				29				
	Organizations that do not follow SFAS 117, check he	ere 🕨 🗀							
:	and complete lines 30 through 34.		ŧ						
30					30				
31	Paid-in or capital surplus, or land, building, or equipmen	t fund	<u> </u>		31	······································			
32			<u> </u>		32				
27 28 29 30 31 32 33	Total net assets or fund balances	TOUTER TURIUS	-	819,386	33	691,629			
1 33	rotarnet assets or tunu baldillocs			870,708		740,250			

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

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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GREENVILLE AREA DEVELOPMENT CORPORATION

Employer identification number 57-1125289

P	ert l	Reas	on for Public Charity S	Status (All organizations	must co	omplete	this p	art) S	ee ins	tructio	ons.		
The	orgar	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)	-						
1		A church, con	vention of churches, or associ	ciation of churches described in s	section 1	70(b)(1)(<i>i</i>	A)(i).						
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П	A hospital or a	a cooperative hospital service	organization described in section	on 170(b)	(1)(A)(iii)							
4	П	A medical res	earch organization operated	in conjunction with a hospital des	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	tal's name,		
		city, and state		,						•	·		
5	\Box	•		a college or university owned or	operated	bv a gove	mmenta	ıl unıt de	scribed	ın			
•	لــا	ū	o)(1)(A)(iv). (Complete Part II	•	-	-, - 3							
6	\Box	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	vernmental unit described in sec	tion 170(h)(1)(A)(v	١.						
7	X	-		ubstantial part of its support from	-			the ne	neral nu	iblic			
•	نت	=	section 170(b)(1)(A)(vi). (Co		u govern	memar on	0 01.	r the ge	ici ui pu				
	\Box			0(b)(1)(A)(vi). (Complete Part II	`								
8	\vdash	•			-	ntabution	memb	archin f	200 200	l arocc			
9	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its												
										1 115			
			=	unrelated business taxable inco	•		i lax) ii	om busi	lesses				
40			•	1975 See section 509(a)(2). (C	•		-1/41						
10	H	-	•	clusively to test for public safety		-			4.45.0				
11	Ш	•	•	clusively for the benefit of, to per				-		4:			
				d organizations described in sect						tion			
				e type of supporting organization			Tie thro			1			
	$\overline{}$	a Type		c Type III-Functiona	•		a l		e III-Otl	ner			
е	Ш	,	•	nization is not controlled directly		- •		-		4			
		•	· ·	nd other than one or more public	ciy suppor	ted organi	zations	describe	a in sec	ction			
			ection 509(a)(2)										
f		_		nination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
			check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from a	ny of the							
		following pers	sons?										1
		(i) A person	who directly or indirectly con	trols, either alone or together wit	th persons	describe	d ın (ıı)					Yes	No
		and (III) b	pelow, the governing body of t	the supported organization?							11g(i)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)	ļ	ļ
		(iii) A 35% c	ontrolled entity of a person de	scnbed in (i) or (ii) above?							11g(iii)	<u> </u>	<u> </u>
h		Provide the for	ollowing information about the	e supported organization(s)	т								
(1)		e of supported	(iı) EIN	(iii) Type of organization	1 ' '	organization		ou notify		ls the	(VII) Am		
	org	anization		(described on lines 1-9 above or IRC section		sted in your document?	col (ı)	nization in of your	organizat (i) organi	zed in the	supp	οπ	
				(see instructions))	governing	-	sup	oort?	U	S٦			
					Yes	No	Yes	No	Yes	No			
					ļ								
					ļ			ļ					
						İ							
					ļ								
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			-		 			<u> </u>		$\vdash \vdash \vdash$			
Tota	d				1								

Page 2

GREENVILLE AREA DEVELOPMENT

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 1.) Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 1 Gifts, grants, contributions, and membership fees received (Do not 1,661,189 7,636,060 include any "unusual grants") 1,173,059 1,747,282 1,619,317 1,435,213 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 1,173,059 1,747,282 1,619,317 1,435,213 1,661,189 7,636,060 Total. Add lines 1 through 3 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 292,645 shown on line 11, column (f) Public support. Subtract line 5 from line 4 7,343,415 Section B. Total Support (e) 2009 (c) 2007 (d) 2008 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 Amounts from line 4 1,173,059 1,747,282 1,619,317 1,435,213 1,661,189 7,636,060 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 34,854 51,966 15,337 15,687 126,563 8,719 Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets 2,904 40,652 31,750 3,092 2.90€ (Explain in Part IV) 7,803,275 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 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 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 94.11% 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 97.84% 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 16a and stop here. The organization qualifies as a publicly supported organization 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

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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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Page 3 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 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an 3 unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b 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 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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) 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 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 % 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 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 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 40,652

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 Open to Public Inspection

Name of the organization

Employer identification number

	REENVILLE AREA DEVELOPMENT ORPORATION		57-1	125289
	ert I Organizations Maintaining Donor Advised Fun			
	the organization answered "Yes" to Form 990, F	art IV. line 6	counts	. Complete ii
		(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 advisors in writing that the	ne assets held in donor advised		
•	funds are the organization's property, subject to the organization's exclus			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in wi			res no
•	used only for charitable purposes and not for the benefit of the donor or d	- ·		
	purpose conferring impermissible private benefit?	onor advisor, or for any other		Yes No
Þs	ert II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990 P	
1	Purpose(s) of conservation easements held by the organization (check al		000, 1	<u> </u>
•	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impor	rtant land	l area
	Protection of natural habitat	Preservation of certified historic stru		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ition contribution in the form of a conservation	าก	
_	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	ed 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, extin	guished, or terminated by the organization d	lunng	
	the taxable year			
4	Number of states where property subject to conservation easement is loc	ated >		
5	Does the organization have a written policy regarding the periodic monito	nng, 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	g conservation easements during the year		
	-			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	nservation easements during the year		
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports conservation easemer	•		
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that describ	oes	
_	the organization's accounting for conservation easements	U: (: 1.T	•••	
Pa	organizations Maintaining Collections of Art, ! Complete if the organization answered "Yes" to		milar A	issets.
та	If the organization elected, as permitted under SFAS 116, not to report in art, historical treasures, or other similar assets held for public exhibition, e			
	provide, in Part XIV, the text of the footnote to its financial statements tha	•	ic service	71
h	If the organization elected, as permitted under SFAS 116, to report in its i		of art	
U	historical treasures, or other similar assets held for public exhibition, educ			
	provide the following amounts relating to these items	or research in farmerance of public se	J. 1100,	
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	<u> </u>
2	If the organization received or held works of art, historical treasures, or of	her similar assets for financial dain provide	the	·
-	following amounts required to be reported under SFAS 116 relating to the	- · · ·		
а	Revenues included in Form 990, Part VIII, line 1		•	\$
ь	Assets included in Form 990, Part X		•	\$
_	··•,		•	

b Permanent endowment ▶

Term endowment ▶ 100.00 %

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds

Yes	No
	X
	X
	Yes

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehol	d improvements				
d Equipmer	nt				
e Other			110,557	91,752	18,805
Fotal. Add lines	1a through 1e (Column (d) mu	st equal Form 990, Part X, column	(B), line 10(c))	•	18,805

Schedule D (Form 990) 2009

GREENVILLE AREA DEVELOPMENT

57-1125289

Page 3

organization's liability for uncertain tax positions under FIN 48

Sche	edule D (Form 990) 2009 GREENVILLE AREA DEVELOPMENT 57-112528	9	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,679,780
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,809,037
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-129,257
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	1,500
6	Investment expenses	6	
7	Pnor period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	1,500
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-127,757
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	ırn	
1	Total revenue, gains, and other support per audited financial statements	1	1,712,880
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	1	
b	33 100	- 1	
С			
d			
е	Add lines 2a through 2d	2e	33,100
3	Subtract line 2e from line 1	3	1,679,780
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	- 1	
h	Other (Describe in Part XIV)	- 1	
-	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,679,780
	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re		
1	Total expenses and losses per audited financial statements	1	1,840,637
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
- a	Donated services and use of facilities 2a 31,600		
b		1	
	Other losses 2c	1	
d			
		2e	31,600
3	Subtract line 2e from line 1	3	1,809,037
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
٦,		1	
		1	
	Other (Describe in Part XIV)	40	
_	Add lines 4a and 4b	4c	1,809,037
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIV Supplemental Information	<u> </u>	1,000,001
	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		
nıs p	part to provide any additional information		
			-
- -			
			- - -

Sche	dule	e D	(For	m 990) 200	9	G1	REI	EN	VI)	LLI	E #	\RI	ĽΑ	DE	VE	LC	PN	ŒÌ	ΙT					5	7-	11	25	28	9						Page	e 5
Pa	irt :	XΙ\	Ì	m 990 Sup	plen	nen	tal	Info	orm	atio	on (cor	ntin	uec	1)																						_
					-							,																									
		_	_			_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_
																				_	_																
		_	_			_		_	_	_	_		_		_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_		_
		_	_			_	_	_	_	_	_	_	_	_	_	_		_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_		-
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

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

o provide any additional information.

Den to Public Inspection

GREENVILLE AREA DEVELOPMENT

CORPORATION

Employer identification number 57-1125289

OMB No 1545-0047

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 A COPY OF THE FORM 990 FORWARDED TO THE BOARD MEMBERS FOR REVIEW BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE PRESIDENT REVIEWS ANY POTENTIAL CONFLICTS OF INTEREST

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE ORGANIZATION USES COMPARABILITY DATA, IEDC SALARY SURVEY

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE ORGANIZATION USES COMPARABILTY DATA, IEDC SALARY SURVEY

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

Related Organizations and Unrelated Partnerships

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

2009

OMB No 1545-0047

▶ Attach to Form 990.

GREENVILLE AREA DEVELOPMENT

See separate instructions.

Open to Public Inspection

Employer identification number

(f) Direct controlling (f) Direct controlling entity entity N/A 57-1125289 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Public charity status (if section 501(c)(3)) (e) End-of-year assets ဖ **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section (d) Total income 115 (A) (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) S_{C} GOVERNMENT Primary activity Primary activity Name, address, and ElN of related organization (a)Name, address, and EIN of disregarded entity GREENVILLE COUNTY GOVERNMENT BOARD 29601 သ္ထ CORPORATION 301 UNIVERSITY RIDGE Name of the organization GREENVILLE Part II Part 1

Schedule R (Form 990) 2009

managing partner? Schedule R (Form 990) 2009 Seneral or Yes No 9 Percentage ownership Code V—UBI amount in box 20 of Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Schedule K-1 (Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) end-of-year assets Share of 6 (h)
Disproportionate Yes No (g) Share of end-of-year (f) Share of total income assets (f) Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) Direct controlling entity (d) Direct controlling entity Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III δ

Page 2

57-1125289

GREENVILLE AREA DEVELOPMENT

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule 1. During the lax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		Yes No
a Receipt of (i) interest (ii) annuities (iii) royalities (iv) rent from a controlled entity b Giff grant or capital contribution to other organization(s)		k 4
		×
d Loans or loan guarantees to or for other organization(s)		1d X
e Loans or loan guarantees by other organization(s)		1e X
f Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		th X
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
j Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		
 Performance of services or membership or fundraising solicitations by other organization(s) M. Shanno of facilities equipment mailing lists or other assets 		- E
n Sharing of paid employees		
o Reimbursement paid to other organization for expenses		10 X
p Reimbursement paid by other organization for expenses		1p X
 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 		1 ₀
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ction thresholds	
(a) Name of other organization	(b) Transaction	(c) Amount involved
	(Jup) addi	
(1) GREENVILLE COUNTY GOVERNMENT BOARD	υ	798,423
(2) GREENVILLE COUNTY GOVERNMENT BOARD	0	660,582
(3)		
(4)		
(5)		
(9)		
	Scl	Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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

(а) Name address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	irtners in (3) ions?	(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	rral or aging ner?
			Yes	No		Yes	No		Yes	No
			į						-	
							-			
								:		
								Schedule R (Form 990) 2009	rm 990)	5005 (

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 2009

Attachment 67

57-1125289

(99) See separate instructions.

Name(s) shown on return GREENVILLE AREA DEVELOPMENT

CORPORATION

Attach to your tax return.

Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 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 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 5,529 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 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 (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (q) Depreciation deduction (a) Classification of property placed in service only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property e 15-year property 20-year property S/L 25-year property 25 yrs Residential rental 27 5 yrs MM S/L property MM S/L 27 5 yrs Nonresidential real MM 39 yrs S/I property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L 12-year b 40-year MM S/L С 40 yrs Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 5,529 and on the appropriate lines of your return. Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs