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Form **990**

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

Open to Public Inspection

A Fo	r the	2010 ca		ending 12-31-2010					
_		applicable	C Name of organization GREENVILLE AREA COMMUNITY FOUNDATIO			D Emplo	oyer ia	entification	n number
Add		_	Doing Business As			38-2	89965	57	
Nar		_				E Telepi	hone n	umber	
Init	ıal retu	ırn	Number and street (or P O box if mail is not delivered to str	eet address)	Room/suite	e (616)	754-	2640	
Ter	mınate	ed	101 N LAFAYETTE ST						
☐ Am	ended	return	City or town, state or country, and ZIP + 4 GREENVILLE, MI 48838		•	— G Gross	receipts	\$ 1,473,950	0
☐ App	lication	n pending	GREENVILLE, MI 40030						
			F Name and address of principal officer		H(a) Is th	hıs a group return f	for affiliate	es? Yes	▼ No
			ALISON BARBERI 101 N LAFAYETTE ST					_	
			GREENVILLE, MI 488381853			all affiliates inc		· ·	Yes No
						"No," attach roup exemptı			uctions)
I Ta	x-exem	npt status	▼ 501(c)(3)	(1) or 527	11(0)				
J W	ebsit e	e:► WW	W GACFMI ORG		_				
	n of or rt I		Corporation		L Year of	f formation 198	89 M	State of leg	al domicile MI
Га			escribe the organization's mission or most significan	h hh					
Governance	- -	RANGE (DIRECT HEALTH	R GREENVILLE AREA TO DO THIS IT WILL ATTR DF DONORS, IT WILL MANAGE THESE FUNDS TO ED TO THE COMMUNITY'S CULTURAL, EDUCATI RELATED CONCERNS AND IT WILL FUNCTION A	ASSURE SAFETY A ONAL, SOCIAL, EN SSA COMMUNITY	AND GROV IVIRONMI LEADER A	WTH, IT WIL ENTAL, REC AND CATAL	L MAK REATI YST	(E GRANT	ΓS
2 6			is box 🔭 if the organization discontinued its opera			n 25% of its	i	sets	
Activities &			of voting members of the governing body (Part VI, lir	ŕ		-	3		15
¥.			of independent voting members of the governing bod			•	4		15
ă			mber of individuals employed in calendar year 2010			-	5 6		3
			mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C)			-	7a		0
			lated business taxable income from Form 990-T, lin			-	7b		
			.,		Р	rior Year	75	Curren	nt Year
	8	Contri	outions and grants (Part VIII, line 1h)		-	1,772,6	546		1,062,184
횰	9		m service revenue (Part VIII, line 2g)		=,,,,=,,,,				0
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and	7d)		319,4	13		284,614
ä	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 3	10c, and 11e)	106,588				127,152
	12		evenue—add lines 8 through 11 (must equal Part VI			2.100.0	. 4 7		1 472 050
	12		and similar amounts paid (Part IX, column (A), lines			2,198,6			1,473,950
	13 14		es paid to or for members (Part IX, column (A), line is	•		523,9	901		1,134,333
	15		es, other compensation, employee benefits (Part IX,		_				
\$		10)	er compensation, employee believes (care in,	cora (, , , , ,		96,0	30		93,595
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e	e)					0
ਡੋ	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) 🛌						
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-	24f)		192,5	594		167,400
	18		xpenses Add lines 13-17 (must equal Part IX, col			812,5			1,395,328
	19	Reven	ue less expenses Subtract line 18 from line 12 .			1,386,0			78,622
Net Assets or Fund Balances					Beginn	ing of Currer Year	nt	End of	f Year
10 00 00 00 00 00 00 00 00 00 00 00 00 0	20	Total a	ssets (Part X, line 16)			13,844,1	.85		15,624,759
Ä A B	21		iabilities (Part X, line 26)			439,3			594,758
žĒ	22		sets or fund balances Subtract line 21 from line 20			13,404,7			15,030,001
Pai	t II	Sign	ature Block		,				
	edge a	and belie	erjury, I declare that I have examined this return, includi f, it is true, correct, and complete. Declaration of prepar						
		****				2011-05-02			
Sign		Signa	ture of officer	Date					
Here		ALISON BARBERI PRESIDENT/CEO							
Here		■ Type							
Here		<u> </u>	or print name and title	,		1			
Here		Print/Type preparer's	or print name and title Preparer's signature	Dai		Check if self		PTIN	
Paid		preparer's	or print name and title Preparer's signature		te 11-05-16		<u>. [</u>		<u> </u>
Paid Prepa		preparer's Fırm's naı	or print name and title Preparer's signature THOMAS COULTER THO				· 「	Fırm's EIN	
——Paid		preparer's Fırm's naı	or print name and title Preparer's signature THOMAS COULTER Preparer's signature THO THO THO THOMAS P P O BOX 248				· 厂	Fırm's EIN	(989) 463-
Paid Prepa Use (Only	preparer's Firm's nar Firm's add	or print name and title Preparer's signature THOMAS COULTER THO	MAS COULTER 20:				Firm's EIN Phone no	(989) 463-

Par	t III	Statement of Program Son Check if Schedule O contains a				F
1	Briefl	y describe the organization's mis	sion			
GREE DON COM	ENVILI ORS, I MUNI	ON OF THE GREENVILLE AREA LE AREA TO DO THIS IT WILL . T WILL MANAGE THESE FUNDS TY'S CULTURAL, EDUCATIONA NCTION AS A COMMUNITY LE.	ATTRACT AND HOI 5 TO ASSURE SAFE L, SOCIAL, ENVIRO	LD PERMANENT EN TY AND GROWTH, I DNMENTAL, RECRE	DOWMENT FUNDS FROM . T WILL MAKE GRANTS DI	A WIDE RANGE OF RECTED TO THE
2	the pr	e organization undertake any sig ior Form 990 or 990-EZ?			r which were not listed on	┌ Yes ┌ No
	If "Ye	s," describe these new services o	on Schedule O			
3	servic	e organization cease conducting es?		changes in how it co	nducts, any program	┌ Yes ┌ No
4	Descr Section	ribe the exempt purpose achiever on 501(c)(3) and 501(c)(4) organ tions to others, the total expense	ments for each of the nizations and section	n 4947(a)(1) trusts a	are required to report the ai	•
4a		e) (Expenses \$ FOUNDATION SUPPORTS CHARITABLE, PH THE FOUNDATION IS SUPPORTED PRIM	HILANTHROPIC, EDUCATI			•
4b	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code	e) (Expenses \$	l	including grants of \$) (Revenue \$)
4-1	O ±1:		Cabadula O \			
4d		r program services (Describe in enses \$	including grants of:	\$) (Revenue \$)
4e	Tota	l program service expenses►\$	1,134,333	i		

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	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.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
	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 U S? If "Yes," complete Schedule F, Parts II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part I	25a		Νο
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		No
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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		N o
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> " <i>Yes</i> ,"			
	complete Schedule L, Part IV	28b		No
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
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		Νο
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		No
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	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

Form	990 (2010)			Page 5
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check it schedule O contains a response to any question in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .		163	
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable)		
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
h	return	3		
		2b	Yes	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? • • • • • •	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
ь	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
f	contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders	4		
Ь	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		
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm 99	(2010)

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

Se	ection A. Governing Body and Management			
			Yes	No
4 -				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are			
2	Independent			
	other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		No
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		NO
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		V	
L	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Yes	
U	Describe in Schedule of the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
12	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18				
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. A nother's website. Upon request			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ALISON BARBERI
 101 N LAFAYETTE ST

GREENVILLE, MI 48838 (616) 754-2640

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	(che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Former Highest compensated employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) FRANCIS SCHULEIT TRUSTEE	1 00	Х						0	0	0
(2) COREY SMITH TRUSTEE	1 00	Х						0	0	0
(3) PETE BLINKILDE CHAIR	1 00	х						0	0	0
(4) BYRON COOK CHAIR-EMERIT	1 00	Х						0	0	0
(5) BILL BRAMAN TRUSTEE	1 00	х						0	0	0
(6) DAN EAGLES TRUSTEE	1 00	Х						0	0	0
(7) DICK ELLAFRITS TRUSTEE	1 00	Х						0	0	0
(8) JOHN O'DONALD TRUSTEE	1 00	Х						0	0	0
(9) PHIL TOWER TRUSTEE	1 00	х						0	0	0
(10) CHARLOTTE LOTHIAN VICE CHAIR	1 00	х						0	0	0
(11) BILL HAM TRUSTEE	1 00	х						0	0	0
(12) ERIC JANUZELLI SECRETARY/TR	1 00	х						0	0	0
(13) DOUG HINKEN TRUSTEE	1 00	х						0	0	0
(14) DR CHARLES MCNINCH TRUSTEE	1 00	х						0	0	0
(15) SUSAN AYRES TRUSTEE	1 00	Х						0	0	0
(16) ALISON BARBERI PRESIDENT/CE	40 00			х				67,704	0	0

\$100,000 in compensation from the organization 🕨

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

	(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)				(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima imount o compens	ated fother		
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from the organization a related organization	
				_									
<u> </u>	Sub-Total				_	_		<u> </u>					
<u>-</u>	Total from continuation sheet						>						
d	Total (add lines 1b and 1c) .							 	67,704				
	Total number of individuals (ind \$100,000 in reportable compe					ted	above)) who	received more tha	ın	'		
	Did the organization list any fo	•						ee, o	or highest compens	ated employee		Yes	No
	on line 1a? If "Yes," complete So For any individual listed on line							• and	other compensation	• • • • · · · · · · · · · · · · · · · ·	3		Νo
	organization and related organi										4		No
	Did any person listed on line 1a services rendered to the organ									or individual for	5		No
										l			110
Se	ction B. Independent Co												
	Complete this table for your fiv \$100,000 of compensation fro			ındep	ende	ent c	ontrac	tors	that received mor	e than			
	Na	(A) ame and business add	dress						Desci	(B) ription of services		(C Comper	
											+		
_													
_													

Page **9** Part VIIII Statement of Revenue (A) (B) (C) (D) Total revenue Related or Unrelated Revenue excluded business exempt function revenue from tax under revenue sections 512,513, or 514 Contributions, gifts, grants and other similar amounts Federated campaigns . . 1a Membership dues . . . 1b Fundraising events . . . 1c Related organizations . . . Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1,062,184 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 1,062,184 Business Code Program Service Revenue All other program service revenue Total. Add lines 2a-2f 3 Investment income (including dividends, interest 284,614 284.614 and other similar amounts) Income from investment of tax-exempt bond proceeds . 4 5 Royalties . . . (ı) Real (II) Personal **Gross Rents** 6a Less rental expenses Rental income or (loss) Net rental income or (loss) Ы (ı) Securities (II) O ther Gross amount 7a from sales of than inventory Less cost or other basis and sales expenses Gain or (loss) Gross income from fundraising events (not including Other Revenue of contributions reported on line 1c) See Part IV, line 18 . . . **b** Less direct expenses . . . ь Net income or (loss) from fundraising events $\ \ .$ Gross income from gaming activities See Part IV, line 19 . a Less direct expenses Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold . . ь Net income or (loss) from sales of inventory . Business Code Miscellaneous Revenue 124,152 11a ADMINISTRATIVE FEES 124,152 3,000 3,000 **b** MISCELLANEOUS INCOME c **d** All other revenue . Total. Add lines 11a-11d 127,152 **12 Total revenue.** See Instructions . .

1,473,950

411,766

	990 (2010)				Page 10
Part	t IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations mus			(D)	
	ll other organizations must complete column (A) but are not required to c		ns (B), (C), and (B)	(D). (C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	681,381	681,381		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	452,952	452,952		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	133,233	,		
4	Benefits paid to or for members]	
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	83,877		83,877	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,750		2,750	
9	Other employee benefits				
10	Payroll taxes	6,968		6,968	
а	Fees for services (non-employees) Management	.,		,,,,,,	
ь	Legal				
c	Accounting	5,875		5,875	
d	Lobbying	,		,	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	10,051		10,051	
12	Advertising and promotion	10,031		10,031	
13	Office expenses	3,504		3,504	
	·	3,304		3,304	
14	Information technology				
15	Royalties	7.007		7.007	
16	Occupancy	7,097		7,097	
17 18	Payments of travel or entertainment expenses for any federal,				
	state, or local public officials				
19	Conferences, conventions, and meetings	1,323		1,323	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,164		3,164	
23	Insurance	2,822		2,822	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	ADMIN FEES PAID TO ADMIN	124,152		124,152	
ь	ANNUAL DINNER EXPENSE	4,345		4,345	
с	DUES & PUBLICATIONS	3,106		3,106	
d	MISCELLANEOUS	1,961		1,961	
e		_,- ,- ,-		-,	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,395,328	1,134,333	260,995	0
		1,393,328	1,134,333	200,995	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	carearena, campaign and randraising contraction		1		

Part X Balance Sheet (A) (B) Beginning of year End of year 119,442 102,161 1 708.231 2 1.314.205 2 Savings and temporary cash investments 310,562 196,058 3 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 4ssets 6 7 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete 150.804 10a Part VI of Schedule D 13.051 ь Less accumulated depreciation 10b 140,917 10c 137,753 12.565.033 11 11 13.874.582 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 13.844.185 16 15,624,759 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 17 17 Accounts payable and accrued expenses . 18 323.334 18 415.812 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 116.064 25 178.946 Other liabilities Complete Part X of Schedule D 26 439.398 26 594,758 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 12,400,355 27 14,075,101 Temporarily restricted net assets 1,004,432 954,900 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 13,404,787 33 15,030,001 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 13.844.185 15,624,759

Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,4	173,95
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,3	395,32
3	Revenue less expenses Subtract line 2 from line 1	3		<u> </u>	78,62
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		13,4	104,78
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,5	546,59
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		15,0	30,00
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 is Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the laudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

Employer identification number

Inc dia inc print Do Not 1 Roces.

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

GREENVILLE AREA COMMUNITY FOUNDATIO 38-2899657 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizat col (i) list your gove docume	e ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
-									
Total									

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

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

	under Fait III. II the	organizacion i	alis to quality u	idei die tests i	isted below, pie	ase cor	iipiete r	ait III.)
	ection A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
1	Gifts, grants, contributions, and							
_	membership fees received (Do not	363,102	2 021 020	452,395	1,772,646		997,212	5,607,294
	include any "unusual	363,102	2,021,939	452,395	1,772,040		997,212	3,007,294
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	363,102	2,021,939	452,395	1,772,646		997,212	5,607,294
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							650,411
	on line 1 that exceeds 2% of the							
	amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from							4,956,883
	line 4 ection B. Total Support							
	endar year (or fiscal year							
Car	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total
7	A mounts from line 4	363,102	2,021,939	452,395	1,772,646		997,212	5,607,294
8	Gross income from interest,							
Ü	dividends, payments received on							
	securities loans, rents, royalties	528,470	928,137	440,404	319,413		284,614	2,501,038
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income Do not include							
	gain or loss from the sale of	123,239	135,976	122,847	106,588		127,152	615,802
	capital assets (Explain in Part	<i>'</i>	´	<i>′</i>	,		<i>'</i>	,
	IV)							
11	Total support (Add lines 7							8,724,134
4.5	through 10)	/6				1 1		
12	Gross receipts from related activities		·			12		
13	First Five Years If the Form 990 is f	or the organizati	on's first, second,	third, fourth, or fi	fth tax year as a !	501(c)(3) organız	′
	check this box and stop here							► □
	ection C. Computation of Pub	lic Support D	ercentage					
14	Public Support Percentage for 2010			L1 column (f))		14		56 820 %
15	Public Support Percentage for 2009	•		(-7,		15		53 100 %
		•	•		1.4 2.2 4/20/			
тоа	33 1/3% support test—2010. If the and stop here. The organization qua				ne 14 is 33 1/3%	ormore	, cneck ti	IIS DOX ►✓
h	33 1/3% support test—2009. If the	•			a and line 15 is 3	3 3 1/3%	or more	. ,
	box and stop here. The organization				a, and thie 15 is 5) J 1/ J / 0	or more, v	► F
17a	10%-facts-and-circumstances test-	•		=	≥ 13 16a or 16h	and line	14	-,
	is 10% or more, and if the organizat	_						
	in Part IV how the organization mee							ed
	organization				4	F 2 317	F - 1 •	" ▶□
ь	10%-facts-and-circumstances test-	-2009. If the ora	anızatıon dıd not c	heck a box on line	e 13, 16a, 16b. o	r 17a an	d line	•
	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizat	ion meets the "f	acts and circumst	ances" test The	organızatıon qual	ıfıes as a	publicly	
	supported organization				•		·	▶ ┌
18	Private Foundation If the organizati	on dıd not check	a box on line 13,	16a, 16b, 17a or	17b, check this I	box and s	ee	
	instructions		,	•				▶ □

Schedule A (Form 990 or 990-EZ) 2010 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 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 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 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, 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 Add lines 10a and 10b c 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 12 gain or loss from the sale of capital assets (Explain in Part 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

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

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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.

Name of the organization GREENVILLE AREA COMMUNITY FOUNDATIO **Employer identification number**

38-2899657 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 9 108 10,033 1,052,151 Aggregate contributions to (during year) 31,611 3 Aggregate grants from (during year) 1,102,722 Aggregate value at end of year 705,800 14,161,063 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ ____ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Sche	dule D (Form 990) 2010									Page 2
Part	III Organizations Maintaining Co	llections of Art,	Hist	orical Tre	easui	es, or Othe	r Similar	Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	records, check any	of the	following th	ıat are	a sıgnıfıcant u	se of its co	llection	า	
а	Public exhibition		d	Loan oi	rexch	ange programs				
b	Scholarly research		e	┌ Other						
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	llections and explain	n how	they further	the or	ganızatıon's ex	empt purpo	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t						ular	Г	Yes	▽ No
Par	Part IV, line 9, or reported an an					answered "Y	es" to For	m 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					r other assets	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowir	ng table						
								A mou	ınt	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?					Γ	Yes	✓ No
	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete	f the organization (a)Current Year		rior Year			t IV, line I)Three Years		NEQUE V	ears Back
la	Beginning of year balance	13,271,511	(0)	10,041,338		14,958,280	Tillee reals	Dack (e	e)roui i	ears back
b	Contributions	1,102,707		1,604,160		321,767				
c	Investment earnings or losses	1,839,557		2,240,419		-3,955,232				
d	Grants or scholarships	785,655		507,531		463,266				
e	Other expenditures for facilities and programs	452,742		106,875		820,211				
f	Administrative expenses									
g	End of year balance	14,975,378		13,271,511		10,041,338				
2	Provide the estimated percentage of the yea	r end balance held as	5							
а	Board designated or quasi-endowment 🕨	100 000 %								
b	Permanent endowment 🕨									
c	Term endowment ►									
За	Are there endowment funds not in the posses	sion of the organizat	tion th	at are held	and ac	lmınıstered for	the			
	organization by (i) unrelated organizations						1	3a(i)	Yes	No
	(ii) related organizations							3a(ii)	163	No
b	If "Yes" to 3a(II), are the related organization							3b		No
1	Describe in Part XIV the intended uses of th	e organization's endo	owmer	nt funds						<u> </u>
Par	t VI Investments—Land, Buildings	, and Equipmen	t. Se	e Form 99	0, Pa	rt X, line 10.				
	Description of investment			(a) Cost or basis (investi		(b)Cost or other basis (other)	(c) Accumi deprecia		(d) Bo	ok value
1a	_and				60,000					60,000
b I	Buildings		•		75,000			3,750		71,250
c I	_easehold improvements				4,317			2,015		2,302
d I	Equipment				11,487			7,286		4,201
otal	.Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colum	n (B),	line 10(c).)			🕨			137,753

Part VII Investments—Other Securities. See (a) Description of security or category		2. (c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se		<u>. </u>
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or end-of-year market value
Totali (comm (b) should equal term soo, tale to, eet (b) into 15)	<u>• </u>	
Part IX Other Assets. See Form 990, Part X, II (a) Descri		(b) Book value
(4) 5 66611	p 1.10.11	(D) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
ASSETS HELD FOR OTHERS	176,246	
EMPLOYEE WITHHOLDINGS	2,700	
	-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	178,946	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	<u>its </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,473,950
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,395,328
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	78,622
4	Net unrealized gains (losses) on investments	4	1,546,592
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 - 8	9	1,546,592
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,625,214
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	3,020,542
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
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	1,546,592
3	Subtract line 2e from line 1	3	1,473,950
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,473,950
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	1,395,328
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
b c	Prior year adjustments		
c	Other losses	2e	
c d	Other losses	2e 3	1,395,328
c d e	Other losses 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d		1,395,328
c d e 3	Other losses 2c Other (Describe in Part XIV) 2d Add lines 2a through 2d		1,395,328
c d e 3	Other losses		1,395,328
c d e 3 4	Other losses		1,395,328

Part V, line 4, Part X, 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

Identifier Return Reference Explanation

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DLN: 93493136025821

OMB No 1545-0047

Employer identification number

Department of the Treasury

Schedule I

(Form 990)

Internal Revenue Service

Name of the organization

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

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

Inspect ion

GREENVILLE AREA COMMUNITY F	OUNDATIO						
	OUNDATIO					38-2899657	
Part I General Information	on on Grants and	d Assistance					
 Does the organization maintain the selection criteria used to av Describe in Part IV the organiz 	ward the grants or as	sıstance?					√ Yes
Part II Grants and Other A Form 990, Part IV, Induplicated if additional	ne 21 for any recip	nent that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 5 3 Enter total number of other organizations		=				· · · · • <u>•</u> _	13
3 Enter total number of other orga	amzativiis	· · · · · ·	· · · · · · ·			<u> </u>	

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) OTHER		395,718			
(2) DONOR ADVISED		31,611			
(3) SCHOLARSHIP		25,623			

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

Identifier Return Reference

Explanation

Schedule I (Form 990) 2010

Software ID: Software Version:

EIN: 38-2899657

Name: GREENVILLE AREA COMMUNITY FOUNDATIO

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MONTCALM ADULT READING COUNCIL200 W JUDD GREENVILLE, MI 48838	38-3341867	501	15,000						
FIRST CONGREGATIONAL CHURCH126 E CASS GREENVILLE, MI 48838	38-6122709	501	10,000						
MID MICHIGAN DISTRICT HEALTH DEPART615 N STATE RD SUITE 2 STANTON,MI 48888	38-1808049	GOV	10,136						
UNITED LIFESTYLES407 S NELSON DRIVE GREENVILLE,MI 48838	38-3589727	501	35,266						
FRIENDS OF HEARTLAND TRAILPO BOX 455 EDMORE,MI 48829	38-3166521	501	6,588						
GREENVILLE PUBLIC SCHOOLS1414 CHASE GREENVILLE,MI 48838	38-6032604	GOV	194,029						
CITY OF GREENVILLE411 S LAFAYETTE GREENVILLE, MI 48838	38-6004556	GOV	7,412						
ST CHARLES SCHOOL502 S FRANKLIN GREENVILLE, MI 48838	38-1708440	GOV	15,775						
EIGHTCAP INC904 OAK DRIVE TURK LAKE GREENVILLE,MI 48838	38-6111652	GOV	8,000						
FAITH COMMUNITY CHRISTIAN SCHOOL9614 FISK RD BELDING,MI 48809	38-2385241	501	5,400						
FLAT RIVER COMMUNITY PLAYERSPO BOX 284 GREENVILLE, MI 48838	38-2289118	501	7,000						
MONTCALM COUNTY 4-H FAIR ASSOCIATIOPO BOX 513 GREENVILLE, MI 48838	38-1793200	501	341,175						

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST GLEANERS FOOD BANK864 W RIVER CENTER DR COMSTOCK PARK, MI 49325	38-1793200	501	15,600				

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OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization GREENVILLE AREA COMMUNITY FOUNDATIO **Employer identification number**

38-2899657

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE MISSION OF THE GREENVILLE AREA COMMUNITY FOUNDATION IS TO ENHANCE THE QUALITY OF LIFE IN THE GREATER GREENVILLE AREA TO DO THIS IT WILL ATTRACT AND HOLD PERMANENT ENDOWMENT FUNDS FROM A WIDE RANGE OF DONORS, IT WILL MANAGE THESE FUNDS TO ASSURE SAFETY AND GROWTH, IT WILL MAKE GRANTS DIRECTED TO THE COMMUNITY'S CULTURAL, EDUCATIONAL, SOCIAL, ENVIRONMENTAL, RECREATIONAL, AND HEALTH RELATED CONCERNS AND IT WILL FUNCTION AS A COMMUNITY LEADER AND CATALYST

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990		PRESIDENT/CEO REVIEWS THE 990 AND A COPY IS PROVIDED TO THE BOARD OF TRUSTEES PRIOR TO FILING

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO SIGN CONFLICT OF INTEREST POLICY ANNUALLY BOARD MEMBERS ARE ASKED TO ABSTAIN FROM VOTING ON ISSUES THAT ARE A CONFLICT OF INTEREST

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	BOARD PROVIDES REVIEW OF THE PRESIDENT/CEO'S PERFORMANCE, AND APPROVES AN ANNUAL SALARY

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST