

Form **990**

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

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**COMMUNITY FOUNDATION OF GREENVILLE, INC.**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**27 CLEVELAND STREET 101**

City or town, state or country, and ZIP + 4  
**GREENVILLE SC 29601**

**D** Employer identification number  
**57-6019318**

**E** Telephone number  
**864-233-5925**

**F** Accounting method:  Cash  Accrual  Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates

**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See Instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G** Website:  N/A

**J** Organization type (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **9,536,075**

**I** Group Exemption Number

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

		Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received:						
<b>a</b>	Contributions to donor advised funds	<b>1a</b>					
<b>b</b>	Direct public support (not included on line 1a)	<b>1b</b>	<b>7,965,834</b>				
<b>c</b>	Indirect public support (not included on line 1a)	<b>1c</b>					
<b>d</b>	Government contributions (grants) (not included on line 1a)	<b>1d</b>					
<b>e</b>	Total (add lines 1a through 1d) (cash \$ <b>7,260,425</b> noncash \$ <b>705,409</b> )	<b>1e</b>	<b>7,965,834</b>				
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	<b>283,128</b>				
<b>3</b>	Membership dues and assessments	<b>3</b>					
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>					
<b>5</b>	Dividends and interest from securities	<b>5</b>	<b>1,287,113</b>				
<b>6a</b>	Gross rents	<b>6a</b>					
<b>b</b>	Less: rental expenses	<b>6b</b>					
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>					
<b>7</b>	Other investment income (describe )	<b>7</b>					
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
<b>b</b>	Less: cost or other basis and sales expenses	<b>8a</b>		<b>8b</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8c</b>		<b>8d</b>			
<b>d</b>	Net gain or (loss). Combine line 8c, columns (A) and (B)						
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
<b>a</b>	Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>					
<b>b</b>	Less: direct expenses other than fundraising expenses	<b>9b</b>					
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>					
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b>	Less: cost of goods sold	<b>10b</b>					
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>					
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>					
<b>12</b>	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	<b>9,536,075</b>				
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>	<b>4,430,233</b>				
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>	<b>916,065</b>				
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>	<b>37,917</b>				
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>					
<b>17</b>	Total expenses. Add lines 16 and 44, column (A)	<b>17</b>	<b>5,384,215</b>				
<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	<b>4,151,860</b>				
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	<b>28,703,869</b>				
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>0</b>				
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>	<b>32,855,729</b>				

Form **8868**  
(Rev. April 2007)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

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

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

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

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

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ **SHARON GIBBS**

Telephone No. ▶ \_\_\_\_\_ FAX No. ▶ \_\_\_\_\_

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **8/15/08** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2007** or
- ▶  tax year beginning \_\_\_\_\_ , and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

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

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2007)

**Part I Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) <b>STMT 1</b> (cash \$ <b>4,430,233</b> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>4,430,233</b>	<b>4,430,233</b>		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>SEE STATEMENT 2</b>	<b>120,232</b>		<b>120,232</b>	
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	<b>203,507</b>		<b>203,507</b>	
27	Pension plan contributions not included on lines 25a, b, and c	<b>29,960</b>		<b>29,960</b>	
28	Employee benefits not included on lines 25a-27	<b>43,474</b>		<b>43,474</b>	
29	Payroll taxes	<b>28,273</b>		<b>28,273</b>	
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone	<b>5,762</b>		<b>5,762</b>	
35	Postage and shipping				
36	Occupancy	<b>44,558</b>		<b>44,558</b>	
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	<b>4,615</b>		<b>4,615</b>	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	<b>5,198</b>		<b>5,198</b>	
43	Other expenses not covered above (itemize):				
a	<b>SEE STATEMENT 3</b>	<b>468,403</b>		<b>430,486</b>	<b>37,917</b>
b					
c					
d					
e					
f					
g					
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>5,384,215</b>	<b>4,430,233</b>	<b>916,065</b>	<b>37,917</b>

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part II Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

**► DISTRIBUTION OF FUNDS FOR COMMUNITY WELL-BEING.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

<p><b>a SEE STATEMENT 4</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ <b>4,430,233</b> ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p><b>4,430,233</b></p>
<p><b>b</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>c</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>d</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>e Other program services (attach schedule)</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b></p>	<p><b>4,430,233</b></p>

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash—non-interest-bearing	2,355,913	45	5,138,922
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	61,230		
	b Less: allowance for doubtful accounts		47c	61,230
	48a Pledges receivable	260,820		
	b Less: allowance for doubtful accounts		48c	260,820
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	22,957	53	
	54a Investments—publicly-traded securities <b>SEE STATEMENT 5</b>	30,246,985	54a	32,275,893
b Investments—other securities (attach schedule)		54b		
55a Investments—land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)		55c		
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis	215,743			
b Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 6</b>	58,519	57c	157,224	
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 7</b> )	2,971,424	58	2,957,186	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	36,259,518	59	40,851,275	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	28,295	60	24,135
	61 Grants payable	65,000	61	70,000
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <b>SEE STATEMENT 8</b> )	7,462,354	65	7,901,411
66 <b>Total liabilities</b> . Add lines 60 through 65	7,555,649	66	7,995,546	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	13,588,326	67	12,898,257
	68 Temporarily restricted	7,307,774	68	10,932,681
	69 Permanently restricted	7,807,769	69	9,024,791
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances</b> . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	28,703,869	73	32,855,729
	74 <b>Total liabilities and net assets/fund balances</b> . Add lines 66 and 73	36,259,518	74	40,851,275





Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		
83b	N/A		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85a	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85b	N/A		
c	Dues, assessments, and similar amounts from members		
85c			
d	Section 162(e) lobbying and political expenditures		
85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a			
b	Gross receipts, included on line 12, for public use of club facilities		
86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
			0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed		
	NONE		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		
90b			5
91a	The books are in care of		
	SHARON GIBBS		
	27 CLEVELAND STREET, SUITE 101		
	Located at		
			29601
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
91b			
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes  No

If "Yes," enter the name of the foreign country ▶ .....

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶  and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					283,128
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	1,287,113	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		1,287,113	283,128
105 Total (add line 104, columns (B), (D), and (E))					1,570,241

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	<b>MANAGEMENT FEES RECEIVED TO ADMINISTER VARIOUS PROGRAMS</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a	.....			
b	.....			
c	.....			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

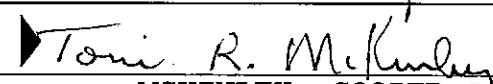
**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature		Date	8/12/08	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X)	433-76-0050
Firm's name (or yours if self-employed), address, and ZIP + 4	MCKINLEY, COOPER & CO., LLP 555 NORTH PLEASANTBURG DRIVE, SUITE 225 GREENVILLE, SC 29607-2191			EIN	57-0856055	
		Phone no.	864-233-1800			

**SCHEDULE A  
(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**COMMUNITY FOUNDATION OF GREENVILLE, INC.**

Employer identification number

**57-6019318**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		<b>X</b>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets?		<b>X</b>
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) <b>SEE STATEMENT 9</b>	<b>X</b>	
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>X</b>	
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>X</b>	
<b>b</b> Did the organization make any taxable distributions under section 4966?		<b>X</b>
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?		<b>X</b>
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		<b>124</b>
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		<b>18,350,697</b>
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		<b>23</b>
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		<b>6,040,364</b>

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,435,229	5,887,854	6,261,764	3,344,078	23,928,925
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	250,391	239,018	208,509	179,052	876,970
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	856,201	433,478	402,432	386,302	2,078,413
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	9,541,821	6,560,350	6,872,705	3,909,432	26,884,308
<b>24</b> Line 23 minus line 17	9,291,430	6,321,332	6,664,196	3,730,380	26,007,338
<b>25</b> Enter 1% of line 23	95,418	65,604	68,727	39,094	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					26a 520,147
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 5,175,298
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 26,007,338
<b>d</b> Add: Amounts from column (e) for lines:	18 2,078,413	19	26b 5,175,298		26d 7,253,711
22					26e 18,753,627
<b>e</b> Public support (line 26c minus line 26d total)					26f 18,753,627
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					72.1090%
<b>27 Organizations described on line 12:</b>					
<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					N/A
(2006)	(2005)	(2004)	(2003)		
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					N/A
(2006)	(2005)	(2004)	(2003)		
<b>c</b> Add: Amounts from column (e) for lines:	15	16	17	20	21
27c					
<b>d</b> Add: Line 27a total and line 27b total					
<b>e</b> Public support (line 27c total minus line 27d total)					
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f				
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g %				
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h %				
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....				
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....				
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges? .....	33a		
b	Admissions policies? .....	33b		
c	Employment of faculty or administrative staff? .....	33c		
d	Scholarships or other financial assistance? .....	33d		
e	Educational policies? .....	33e		
f	Use of facilities? .....	33f		
g	Athletic programs? .....	33g		
h	Other extracurricular activities? .....	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....				
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a		
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>	
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-		
<b>If the amount on line 40 is-</b> <b>The lobbying nontaxable amount is-</b>		
Not over \$500,000 .....	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000 .....	\$1,000,000	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines c through h.) .....			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



Schedule of Contributors

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

2007

Name of organization <b>COMMUNITY FOUNDATION OF GREENVILLE, INC.</b>	Employer identification number <b>57-6019318</b>
---	---

Organization type (check one):

- Filers of:                      Section:
- Form 990 or 990-EZ             501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                     501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**COMMUNITY FOUNDATION OF**

Employer identification number

**57-6019318**

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<p>SEE ATTACHMENT 1 - CASH VARIOUS</p> <hr/> <p>GREENVILLE SC 29601</p>	<p>\$ 4,067,508</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
2	<p>SEE ATTACHMENT 1 - STOCK VARIOUS</p> <hr/> <p>GREENVILLE SC 29601</p>	<p>\$ 705,409</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
---	<hr/> <hr/> <hr/>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
---	<hr/> <hr/> <hr/>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
---	<hr/> <hr/> <hr/>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>
---	<hr/> <hr/> <hr/>	<p>\$ _____</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution.)</p>

# Federal Statements

## Statement 1 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity	NonCash Contrib	Cash Contrib	Book Value	BV Expl	FMV Expl
					\$ 4,430,233	\$	\$		
					\$ 4,430,233	\$ 0	\$ 0		
TOTAL									

## Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
OFFICER COMPENSATION		120,232	
COMPENSATION			
TOTAL	\$ 0	\$ 120,232	\$ 0

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	\$	\$	\$	\$
MARKETING	18,075			18,075
POSTAGE	3,705		3,705	
PROFESSIONAL FEES	14,103		14,103	
OFFICE SUPPLIES	27,836		27,836	
PROFESSIONAL DEVELOPMENT	5,467		5,467	
ANNUAL CAMPAIGN	1,969			1,969
DONOR DEVELOPMENT	17,873			17,873
DUES AND SUBSCRIPTIONS	15,158		15,158	
INSURANCE	20,479		20,479	
INVESTMENT EXPENSES	76,457		76,457	
MANAGEMENT FEES	249		249	
CFG ADMINISTRATIVE EXPENSE	241,267		241,267	
COMPUTER EXPENSE	9,877		9,877	
REPAIRS AND MAINTENANCE	15,888		15,888	
TOTAL	\$ 468,403	\$ 0	\$ 430,486	\$ 37,917

**Statement 4 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**

Description

THE COMMUNITY FOUNDATION OF GREENVILLE CARRIES FORWARD ITS MISSION AS A GRANT MAKER THAT PROVIDES DIRECT FINANCIAL RESOURCES TO TARGETED PROGRAMS. THE FOUNDATION ENCOURAGES COLLABORATION AMONG GROUPS IN SOLVING COMMUNITY PROBLEMS, MANAGES AND DISTRIBUTES FUNDS, AND SERVES AS A RESOURCE DEVELOPER SEEKING CURRENT, PLANNED GIVING, AND DONOR-ADVISED FUNDS. IN 2007, THE FOUNDATION DISTRIBUTED MORE THAN \$4.4 MILLION TO OVER 150 CHARITIES FOR USE IN THE GREENVILLE COMMUNITY.

**Statement 5 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT POOLED INVESTMENTS, CAPITAL VENTURE INVESTMENTS, & MONEY MARKET FUNDS	\$ 27,928,463	\$ 29,749,181	MARKET
CORPORATE STOCK CORPORATE SECURITY FUNDS	2,318,522	2,526,712	MARKET
TOTAL	<u>\$30,246,985</u>	<u>\$32,275,893</u>	

**Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
EQUIPMENT	\$ 215,743	\$ 53,321	\$ 215,743	\$ 58,519
TOTAL	<u>\$ 215,743</u>	<u>\$ 53,321</u>	<u>\$ 215,743</u>	<u>\$ 58,519</u>

**Statement 7 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
EXPECTED COLLECTION UNDER AGREEMENT WITH THIRD PARTIES	\$ 1,483,593	\$ 1,413,052
ASSETS HELD - CHARITABLE REMAINDER	1,321,228	1,357,190
CASH SURRENDER VALUE LIFE INSURANCE	166,603	186,944
TOTAL	<u>\$ 2,971,424</u>	<u>\$ 2,957,186</u>

**Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
FUNDS HELD FOR OTHERS	\$ 5,023,856	\$ 5,462,126
LIABILITY UNDER UNITRUST AGREEMENTS	954,905	1,026,233
OBLIGATIONS UNDER AGREEMENTS WITH THIRD PARTIES	1,483,593	1,413,052
TOTAL	<u>\$ 7,462,354</u>	<u>\$ 7,901,411</u>

23358 COMMUNITY FOUNDATION OF

57-6019318

FYE: 12/31/2007

# Federal Statements

## Form 990, Part IV-B - Other Expenses included on Return

Description	Amount
BOOK / TAX DEPREC DIFFERENCE	\$ 5,198
TOTAL	\$ 5,198

**Statement 9 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications**

Description

1) THE COMMUNITY FOUNDATION OF GREENVILLE WELCOMES GRANT REQUESTS FROM NON-PROFIT 501(C)(3) TAX-EXEMPT AGENCIES LOCATED WITHIN OR OFFERING SERVICES TO THE CITIZENS OF GREENVILLE. AN ANNUAL COMPETITIVE GRANT CYCLE IS CONDUCTED IN THE SPRING. AN ORGANIZATION MUST SUBMIT A GRANT APPLICATION INCLUDING ALL REQUIRED ATTACHMENTS. ONCE A PROPOSAL IS SUBMITTED TO THE FOUNDATION, IT IS THEN CHECKED TO VERIFY THAT ALL REQUIREMENTS HAVE BEEN MET. THE GRANTS REVIEW COMMITTEE WILL THEN EVALUATE THE PROPOSAL AND SUBMIT ITS RECOMMENDATION TO THE BOARD OF DIRECTORS.

2) IT IS THE POLICY OF THE COMMUNITY FOUNDATION OF GREENVILLE THAT DONORS MAY MAKE RECOMMENDATIONS FOR REQUESTS FROM THEIR FUNDS. FUNDS ARE NOT DISTRIBUTED FROM ANY DONOR-ADVISED TYPE FUND WITHOUT THE SIGNED APPROVAL OF THE DONOR IN ORDER TO ENSURE THAT GRANTS ARE MADE THAT ARE CONSISTENT WITH THE DONOR'S INTENT. HOWEVER, THE FOUNDATION'S BOARD OF DIRECTORS RESERVES THE RIGHT TO REVIEW AND APPROVE ALL SAID REQUESTS.

## List of Board Members for 2007

**Wanda Adams**

Judge, Family Court

**Bill Bridges**

Graham Foudation

**Doug Brown**

Realti Corp

**Mark Clary**

Northwestern Mutual Financial Network

**Randy Fisher – Vice Chair**

Thomas & Fisher, P.A.

**Perry Gilreath**

Community Volunteer

**Harriet Goldsmith**

Community Volunteer

**Paul Goldsmith**

Colliers Keenan Goldsmith

**Rudolph Gordon**

Former School Superintendent

**Jo Hackl**

Wyche, Burgess, Freeman & Parham

**Sean Hartness**

Hartness International

**Ben Haskew**

Greenville Chamber of Commerce

**Anna Kate Hipp**

Community Volunteer

**Ken Holcomb**

Elliott Davis

**Bob Howard**

Greenville Symphony Orchestra

**Tod Hyche – Legal Counsel**

Leatherwood, Walker, Todd & Mann, P.C.

**C. Dan Joyner - Chair**

Prudential / C. Dan Joyner

**Fletcher Kirkland**

Mackey Mortuary

**Doug Kroske –Treasurer**

Liberty Capital Advisors

**Ernie Lathem – Past Chair**

M.D. - Retired

**Martha Louise Lewis - Asst. Treasurer**

Martha Louise Ramage Lewis, LLC

**Pedrick Lowrey – Secretary**

Community Volunteer

**Deborah Randolph McKetty**

Greenville Housing Fund

**Glenn Oxner**

Belmont Coporation

**Louise Oxner**

Community Volunteer

**Sue Priester**

Cliffwood Enterprises

**Matt Puckett**

The Puckett Group

**L. Kent Satterfield**

Dixon-Hughes

**Tim Schools**

South Financial Group-Carolina First Bank

**Jennifer Whittle**

Community Volunteer