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932001 02-04-10

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)

2009

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

* Open to Public ...

AI	רטו נוו	e 2009 calendar year, or tax year beginning UAN 20, 2009 and ending	DEC 31, 2003	<u></u>
В	Check if	USE INS MINNEAPOLIS DOWNTOWN IMPROVEMENT	D Employer identif	ication number
	Addre	ge print or DISTRICT		
	Name chang		26-4	259628
	Initial return Termi	Number and street (of P.U. box if mail is not delivered to street address) Koom/s		er -333-3807
F	⊥ated ∏Amen ⊥return	ided tions	G Gross receipts \$	2,713,016.
\vdash			H(a) Is this a group r	- ·· · · - · · · · · · · · · · · · · ·
_	tiòn pendi		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates in	
_	r		` ' '	
		te: ► WWW • MINNEAPOLISDID • COM		list. (see instructions)
			H(c) Group exemption	M State of legal domicile: MN
	art I	Summary	ear of formation. 2009 [VI State of legal doffliche. PIIN
		Briefly describe the organization's mission or most significant activities: CREATE A	NI XCMITTE XMM	ID A COUTTAGE
Activities & Governance	1	VIBRANT DOWNTOWN MINNEAPOLIS.	N ACIIVE, AII	RACTIVE,
Ĕ	2	Check this box If the organization discontinued its operations or disposed of r	nore than 25% of its net a	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		22
g	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
SS.	5	Total number of employees (Part V, line 2a)	5	0
ŧ	6	Total number of volunteers (estimate if necessary)	6	22
Ę	7a	Total gross unrelated business revenue from Partylli, column (C), line 12	7a	0.
٩	ь	Net unrelated business taxable income from Form 990-1, line 34	7ь	0.
			Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1 Pr MAY 2 4 2010 0		
Ĕ		Program service revenue (Part VIII. line 2b)		2,713,016.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,713,016.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		Benefits paid to or for members (Part IX, column (A), line 4)	-	
Ø		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		
ē		Total fundraising expenses (Part IX, column (D), line 25)	· 新年 本本 大学 大学 大学 大学 大学 大学 大学	
ũ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		2,244,204.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,244,204.
		Revenue less expenses. Subtract line 18 from line 12		468,812.
Sor	<u> </u>		Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		994,112.
888	21	Total liabilities (Part X, line 26)		525,300.
Net Assets Fund Balan	22	Net assets or fund balances. Subtract line 21 from line 20		468,812.
Pa	art II			<u> </u>
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement		ge and belief, it is true, correct,
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	- I	1
Sig	n	N SULANYAMIN	1 5/1	7/10
Her		Signature of officer	Date	
		► SARAH HARRIS, CHIEF OPERATING OFFICER		
		Type or print name and title		
		Preparer's Date		er's identifying number structions)
Paid		signature The Hand LATE STATE SIGNATURE SIGNAT	Self- mployed > [(see in	55 55 55 55 55 55 55 55 55 55 55 55 55
	parer's	Firm's name or DARSONAT, ENTIT.	EIN ►	
use	Only	self-employed), 220 SOUTH SIXTH STREET, SUITE 300		· · · · · · · · · · · · · · · · · · ·
		address, and ZIP+4 MINNEAPOLIS, MN 55402	Phone no. ▶ 6	12-376-4500
May	v the II	BS discuss this return with the preparer shown above? (see instructions)	1,	X Yes No

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

R

	. MINNEAPOLIS DOWN	TOWN IMPROVEMENT		
	990 (2009) DISTRICT		26-4259628	Page 2
Pa	t III Statement of Program Service Accompl	ishments		
1	Briefly describe the organization's mission: ENHANCING THE VITALITY OF DOWN APPROXIMATELY 120 SQUARE BLOCK SAFER, AND BETTER.			
2	Did the organization undertake any significant program sen	vices during the year which were r	not listed on	
_	the prior Form 990 or 990-EZ?			XNo
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant	changes in how it conducts, any i	program services?	XNo
	If "Yes," describe these changes on Schedule O.	,, , ,, , ,, , , , , , , ,	—	
4	Describe the exempt purpose achievements for each of the	organization's three largest progr	am services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4			
	allocations to others, the total expenses, and revenue, if an		_	
	•	, , , , , , , , , , , , , , , , , , , ,		
4a	(Code:)(Expenses \$ THE ORGANIZATION PROVIDED A VA AND APPEAL OF THE DISTRICT, SU LANDSCAPING, SNOW REMOVAL, AND	JCH AS CLEAN AND	SAFE AMBASSADORS,	·
	(COLLECTIVELY, THE "SERVICES")			
	ADDITION TO MUNICIPAL SERVICES			
	INTENDED TO PROMOTE THE DISTRI			ING.
	ENTERTAINMENT, AND OPERATING H			
	ASSESSMENTS COLLECTED BY THE (
	WITHIN THE 120 BLOCK DISTRICT.			
	CONTRACT WITH THE ORGANIZATION	TO PROVIDE THE	SERVICES. THE	
	ORGANIZATION SUBCONTRACTED WIT			
	VARIOUS SERVICES.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
				•
	A			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
		·····		
			·	
				
				
				
		······		
				
4d	Other program services. (Describe in Schedule O.)			
TU	outor program services. (Describe in Schedule O.)			

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including grants of \$

4e Total program service expenses ►\$

(Expenses \$

) (Revenue \$

Form 990 (2009)	DISTRICT	26-4259628	} Р	age 3
Part IV Checklis	t of Required Schedules			
		<u> </u>	Yes	No
1 le the organization	described in section 501(c)(3) or 4947(a)(1) (other than a n	vrivate foundation)?	1	

			162	LINO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
_	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	 	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	 	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	 	 	
•	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide		İ	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	ļ	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X	l		
_	as applicable	11	X	1.13.3
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		100	300
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			# # T
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	3		
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		rizeli.	1335. 1.73 134
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	200		
	Schedule D, Parts XI, XII, and XIII.	12	39/da - C	X 25.7.5.55
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
12	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	42	ritilizar.	X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
-	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			х
20	complete Schedule G, Part III	19 20		X
<u> </u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		990 (2	
			(*	/

Form 990 (2009) DISTRICT

Part IV | Checklist of Required Schedules (continued)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	ļ	ŀ	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	i		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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		L
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	25. 1 (23.)	1783	47
	instructions for applicable filing thresholds, conditions, and exceptions):	7	200	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X_	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
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<u>'</u>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	-T5- ;	. 23	No
	U.S. Information Returns, Enter -0- if not applicable	1.34	्र	
b	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable		15, 5	S. 10
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	324		7.2
	(gambling) winnings to prize winners?	1c	X	22-22
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	35.5		7 7 1 1 1 1
	filed for the calendar year ending with or within the year covered by this return 2a 2		1,3%	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	30 0000	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		13.7	1015
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	c applicat	X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►	365	38.0	57.162
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	35	35, N	
	Financial Accounts.	1. S.	5,75.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
_	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
_	were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).		20.2	65.3
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	manie i niec	"el streè	344 3 41
	provided to the payor?	7a		1
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		ĺ
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	4 75	- 1PA	444
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	_	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	35.5°	, i.e.	港湾
	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.	4 57 3 1 2 1	***	1.45 1.45 1.45 1.45 1.45 1.45 1.45 1.45
а	Did the organization make any taxable distributions under section 4966?	9a	.,	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	ار الرسانية الا الرسانية	\$115.	
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		91.5 kg	248743 4 22443
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			13.2
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	漢歎		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	25 1 P	***	
		Form	990 (2009)

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

Sec	tion A. Governing Body and Management				
_		2 2		Yes	No
	Enter the number of voting members of the governing body	$\frac{22}{22}$			F.,
ь	Enter the number of voting members that are independent	_44		373	1,165
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		רת - אין מי	200	
	officer, director, trustee, or key employee?	}			X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision		_	υ,]
	of officers, directors or trustees, or key employees to a management company or other person?		3	X	177
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	}	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	ļ	5		X
6	Does the organization have members or stockholders?		6_		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				l
	governing body?	-	7a_	X	
b			7b_	- 77	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			33	
	by the following:	ļ	#I.E	,	.£11.23
а	The governing body?	.	8a	X	
b	Each committee with authority to act on behalf of the governing body?	ļ	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)				, .
				Yes	No
	Does the organization have local chapters, branches, or affiliates?	1	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1.	35.75 35.55	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	. [12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use				ĺ
	to conflicts?	. [12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	in Schedule O how this is done		12c	Х	
13	Does the organization have a written whistleblower policy?	. [13		X
14	Does the organization have a written document retention and destruction policy?	. [14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent	[$\frac{3}{2}$	3.	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				ر منتسر الأم مشهرة المراقع الأمرواق المراقع المراقع المرواق
а	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization	. [15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	[پېرچند		150
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ME.	£33, 13
	taxable entity during the year?	. [16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	َ ۱	推學時		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	ľ	350		
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available.	ulable f	or		
	public inspection. Indicate how you make these available. Check all that apply.				
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest pol	icy, and	d fina	ncial	
	statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	anızatı	on: Þ		
	KATHRYN REALI - 612-656-3820				
	81 SOUTH 9TH STREET, NO. 260, MINNEAPOLIS, MN 55402				
			Form	990 (2009)

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	Í			C)	,		(D)	(E)	(F)
Name and Title	Average			Pos		า		Reportable	Reportable	Estimated
	hours	(cl	heck	k all	that	арр	ly)	compensation	compensation	amount of
	per week	흟		ļ				from the	from related organizations	other compensation
	Week	individual trustee or director		ŀ		量		organization	(W-2/1099-MISC)	from the
	1	ustee	institutional trustee		<u></u>	bens		(W-2/1099-MISC)	(** = *********************************	organization
	1	taal tr	tonal	١.	ploy	yee ye	_			and related
		Individ	Institu	Officer	Key employee	Highest compensated employee	Former			organizations
DAVID STERNBERG	 		\vdash	-	 	\vdash				
CHAIR	2.00	x		X				0.	0.	0.
DAVID WRIGHT										
VICE CHAIR	1.00	Х		Х				0.	0.	0.
TOM HOCH						П				
SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
BOB ANDERSON		Ι								
BOARD MEMBER	1.00	X						0.	0.	0.
COLLIN BARR									-	
BOARD MEMBER	1.00	X			L	L		0.	0.	0.
BILL CHOPP	1									· ·
BOARD MEMBER	1.00	Х	Ш	<u> </u>	<u> </u>	_	L.	0.	0.	0.
JIM DURDA	1					1			_	_
BOARD MEMBER	1.00	X	Щ		<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
BRUCE ENGLESMA	1 1 00	. ,						_		
BOARD MEMBER KEVIN FOSSUM	1.00	Х	Ш			<u> </u>	<u> </u>	0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
MARK HAMEL	1.00	1			├—		┝	0.	0.	<u> </u>
BOARD MEMBER	1.00	x					ŀ	ο.	0.	0.
BRENT HANSON	1.00	11	\vdash			\vdash		- 0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.
CHIP JOHNSON		-			_					
BOARD MEMBER	1.00	X						0.	0.	0.
JEAN KANE					\vdash					
BOARD MEMBER	1.00	X						0.	0.	0.
MIKE LITWIN								•		
BOARD MEMBER	1.00	X					l	0.	0.	0.
JOHN LUKE	1								_	
BOARD MEMBER	1.00	X						0.	0.	0.
DAVID MENKE										
BOARD MEMBER	1.00	Х		$oxed{oxed}$				0.	0.	0.
RUSS NELSON										
BOARD MEMBER 932007 02-04-10	1.00	X		Ш				0.	0.	0.

932007 02-04-10

Form 990 (2009)

Page 7

(B)

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

(D)

Part VII Section A.

TOT	α \mathbf{m}	ד מו	
1 3 1	~ · ·		1

26-4259628

Page 8

Name and title	hours	_{(c}	hecl	Pos k all			iv)	compensation	compensatio		amount of
	per week	Individual trustee or director	Institutional frustee	Officer		Highest compensated employee	Ï	from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	l s	other compensation from the organization and related organizations
TIM O'CONNOR BOARD MEMBER	1.00	x						0.		0.	0.
KATHY STALWICK			_	一							
BOARD MEMBER DAVID WILSON	1.00	X		ļ		ļ.,	-	0.	 	0.	0.
BOARD MEMBER	1.00	x				L		0.		0.	0.
SARAH HARRIS CHIEF OPERATING OFFICER	38.00			х				0.		0.	0.
				<u></u>							
											· · · · · · · · · · · · · · · · · · ·
1b Total						>		0.		0.	0.
2 Total number of individuals (including but new compensation from the organization	ot limited to tr	iose	IISTE	ed ai	oove	e) WT	no r	eceived more than \$100	,000 in reportable	∋	0
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 5 Did any person listed on line 1a receive or a the organization? If "Yes," complete Schedule 	euch individual am of reportab 0,000? If "Yes, accrue compei	le co " <i>coi</i> nsati	ompe mple	ensa ete S from	itior Sche	and	d ot e J i elat	her compensation from t for such individual ted organization for servi	he organization		Yes No
Section B. Independent Contractors	ule o loi sucii	DEIS	<u> </u>	•	•			······································			5 A
Complete this table for your five highest co the organization.	mpensated in	depe	ende	ent c	ontr	acto	ors 1		\$100,000 of com	pensa	
(A) Name and business	address							(B) Description of se	ervices	C	(C) ompensation
BLOCK BY BLOCK								SAFE AND CLEA			
1325 SOUTH 4TH STREET, LOMINNEAPOLIS DOWNTOWN COU		A ,	K	(4	102	208	-	AMBASSADOR PI	ROGRAM		,204,125.
81 SOUTH 9TH STREET, MINI		S,	Mì	1 5	554	102	2	MANAGEMENT SI	ERVICES		334,404.
							- 1		1		

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

DISTRICT

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				\$\$\$\dagger\$\tag{\frac{1}{2}}\$\
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				Wind III
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16			Carried Control of The Control	
4	Benefits paid to or for members			经验的证据的	يُرِينِ فِي اللَّهِ الللَّهِ الللَّمِي الللَّهِ الللّلْمِلْمِلْمِلْمِلْمِلْمِلْمِلْمِلْمِلْمِ
5	Compensation of current officers, directors,				
	trustees, and key employees	· · · · · · · · · · · · · · · · · · ·			
6	Compensation not included above, to disqualified		ł		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	<u></u>			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits .				
10	Payroll taxes				
11	Fees for services (non-employees):	404 306	1		
а	Management	404,306.			
b	Legal	22,337.			
С	Accounting	3,582.			
d	Lobbying		ate or to under the da Mariante	and the second of the second o	
е	Professional fundraising services. See Part IV, line 17	··· · · ·	Martin Control of the Control of the	The second secon	
f	Investment management fees	1 (42 460			
g	Other	1,643,460.			
12	Advertising and promotion	8,700.			
13	Office expenses	28,199.			
14	Information technology	· · · · · · · · · · · · · · · · · · ·			
15	Royalties	57,948.			
16	Occupancy	11,597.			
17	Travel	11,337.			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	5,408.			
19	, , ,	26,250.		 	
20	Interest Payments to affiliates	20,230.		 	
21 22	Depreciation, depletion, and amortization	5,461.			
23	Insurance	13,250.	 		
24	Other expenses, Itemize expenses not covered	Marie Marie Marie Marie	The state of the s		
	above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	The state of the s			
а	DUES AND SUBSCRIPTIONS	8,030.		To any and the state of	day of a same spanie have the
b	MISCELLANEOUS	5,676.			
C		······································			
d		·	 		-
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,244,204.	<u>-</u>		
26	Joint costs. Check here I If following	· · · · · · · · · · · · · · · · · · ·			
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
932016	• • •				Form 990 (2

DISTRICT

Form 990 (2009)

		(A) Beginning of year		(B) End of year
		Degitining of year	 	905,226.
1	Cash - non-interest-bearing		1	303,220.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	Agrical Company of the Company of th	4	. And had had a section of
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L	general name and some and	5	and the same of the property of the
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	The state of the s	SEE.	A Chairman Chairman
	Part II of Schedule L		6	
8	Notes and loans receivable, net		7	
8	Inventones for sale or use		8	F 000
9	Prepaid expenses and deferred charges	to the control of the	9	5,980.
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 71, 457			
b	Less: accumulated depreciation 10b 5,461	0.	10c	65,996.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	16,910.
16	Total assets. Add lines 1 through 15 (must equal line 34)	0.	16	994,112.
17	Accounts payable and accrued expenses		17	333,300.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,		1. A	
21 22	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
23	Secured mortgages and notes payable to unrelated third parties		23	192,000.
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0.	26	525,300.
	Organizations that follow SFAS 117, check here X and complete		क्ट्यूड्डिस इ.स.च्या	
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	man security and an incomplete the security secu	27	468,812.
28	Temporanly restricted net assets		28	0.
29	Permanently restricted net assets		29	0.
	Organizations that do not follow SFAS 117, check here	grandation and		Angelie and the last to have the first the
.	complete lines 30 through 34.	The state of the s		
30	Capital stock or trust principal, or current funds		30	ter in the second second in the second second second
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	-	32	
33	Total not present as fund belonger	0.	33	468,812.
34	Total liabilities and net assets/fund balances	0.	34	994,112.
	Total habilities and het assets/fund baldifices		- C	Form 990 (2009)

MINNEAPOLIS DOWNTOWN IMPROVEMENT DISTRICT

Form	990 (2009) DISTRICT 26-425	9628	Pa	ge 12
Pai	rt XI Financial Statements and Reporting			
		1	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	15~5 c		12.0
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			*
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			}
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	5	50.	1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	32.3		1 7 7
	consolidated basis, separate basis, or both:		74. CH-	
	Separate basis X Consolidated basis Both consolidated and separate basis		75	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or guidte, explain why in Schedule O and describe any steps taken to undergo such guidts	3h	l	ĺ

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

∡ Open to Public ∵

OMB No 1545-0047

inspection

MINNEAPOLIS DOWNTOWN IMPROVEMENT DISTRICT

Employer identification number 26-4259628

Pa	irt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
-	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	Ting that the assets held in donor advis	eed funds
3	are the organization's property, subject to the organization's ex	•	Yes No
6	Did the organization inform all grantees, donors, and donor adv		• • • • • • • • • • • • • • • • • • • •
U	for charitable purposes and not for the benefit of the donor or	5 5	•
	impermissible private benefit?	donor advisor, or for any other purpose	
Pä	int II Conservation Easements. Complete if the organized	nization answered "Ves" to Form 990. F	Yes No
1	Purpose(s) of conservation easements held by the organization		-art IV, line 7.
•	Preservation of land for public use (e.g., recreation or ple		stoneelle van extent land even
			stoncally important land area
	Protection of natural habitat Preservation of open space	Fleservation of a cert	tified histonc structure
-	·	d aanaan satian aantiib steen oo tha farma	-f
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		E SE Hold at the End of the Tay Voca-
_	Total number of concentation accoments		Held at the End of the Tax Year
a			2a
b	• • • • • • • • • • • • • • • • • • • •		2b
C			2c
d	(1)		2d
3	Number of conservation easements modified, transferred, release	ised, extinguished, or terminated by the	e organization during the tax
	Number of states where presents subject to appear which	mont in Innated N	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the perio		
_	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and an	-	
7	Amount of expenses incurred in monitoring, inspecting, and en	_	
8	Does each conservation easement reported on line 2(d) above	satisty the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	•	•
	include, if applicable, the text of the footnote to the organizatio conservation easements.	n's financial statements that describes	the organization's accounting for
Pa	rt III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
,,,	Complete if the organization answered "Yes" to Form 99		aici olimidi Assets.
	Complete in the digal measurement of the test control		
10	If the organization elected, as permitted under SFAS 116, not t	a report in its revenue statement and b	alanas abost wada of art, buttered
14	treasures, or other similar assets held for public exhibition, edu		
	the footnote to its financial statements that describes these ite		blic service, provide, in Part XIV, the text of
	If the organization elected, as permitted under SFAS 116, to re		
U	or other similar assets held for public exhibition, education, or r		
		esearch in furtherance of public service	e, provide the following amounts relating to
	these items: (i) Poveryous included in Form 900. Bort VIII. line 1		.
	(i) Revenues included in Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical treas		ıı gaın, provide
_	the following amounts required to be reported under SFAS 116	•	. .
a			• \$
D	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2009

MINNEAPOLIS DOWNTOWN IMPROVEMENT

	edule D (Form 990) 2009 DISTRIC								8 Page 2
Pa	rt III Organizations Maintaining (Collections of A	rt, Historical T	reasures,	or Oth	er Simila	ar Asse	ts (cont	inued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following th	at are a	significant (use of its	collectio	n items
	(check all that apply):								
а	Public exhibition	c	Loan or ex	change prog	rams				
b	Scholarly research	€	e L Other						
C	Preservation for future generations								
4	Provide a description of the organization's c	ollections and expla	in how they further	the organizat	tion's ex	empt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or otl	ner simila	ar assets		_	
	to be sold to raise funds rather than to be m							Yes	No_
Pa	rt IV. Escrow and Custodial Arran		ete if organization a	answered "Ye	es" to Fo	m 990, Pa	rt IV, lıne	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custoo	lian or other intermed	diary for contribution	ons or other a	ssets no	t included		_	
	on Form 990, Part X?						. L	」Yes	L∐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:				 		
								Amount	:
С	Beginning balance					. 1c			
d	Additions during the year					. 1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2 a	Did the organization include an amount on F	orm 990, Part X, line	21?				ㄴ	Yes	└ No
	If "Yes," explain the arrangement in Part XIV								
Pai	t-V: Endowment Funds. Complete	f the organization ar	swered "Yes" to F	orm 990, Parl	IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three ye		(e) Four	years back
1a	Beginning of year balance			minate of C	(403ff1.1		gy jêr		
b	Contributions .			Hall the state of	34. CAL-35		54. K.	redi	nertet
С	Net investment earnings, gains, and losses				Spranch				
d	Grants or scholarships			A CONTRACTOR OF				\$." <u></u>	
е	Other expenditures for facilities			Far County					
	and programs			1					
f	Administrative expenses			ALLEN TO	TO STATE OF			under 1	
g	End of year balance		· · · · · · · · · · · · · · · · · · ·		ii - Erick	Carrier.			
2	Provide the estimated percentage of the year	ir end balance held a	as:						
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	<u></u> %							
C	Term endowment	%							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administ	ered for t	the organiza	ation	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations	•						3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?					3b	
4	Describe in Part XIV the intended uses of the								
Pại	t VI Investments - Land, Building	gs, and Equipme	ent. See Form 99	D, Part X, line	10.				
	Description of investment	(a) Cost or o	ther (b) Cos	t or other	(c) A	ccumulated	d l	(d) Book	value
		basıs (investr	nent) basis	(other)	1	preciation			
1a	Land				I PAIN	THE PROPERTY.	18. E.		
b	Buildings								
C	Leasehold improvements								
	Equipment			14,538.		4,75			787.
	Other			26,919.		71	.0.		5,209.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)			>	65	5,996.

Schedule D (Form 990) 2009 DISTRICT			26	-4259628 Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of value Cost or end-of-year ma	
Financial derivatives				
Closely-held equity interests				
Other				

	· · · · · · · · · · · · · · · · · · ·			
			-	
			·	
Total (Cal (b) must aqual Form 000, Part V and (P) line 12)		manufact tendent report of the controlled	an all of the second an	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. Se	. F 000 D 4V I	40	190 7 2 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	pour manue (Lake en la la principal de la
Part Vill investments - Program Related. Se	e Form 990, Part X, line	9 13.	(-)) (-)	
(a) Description of investment type	(b) Book value		(c) Method of value	
			Cost or end-of-year mai	ket value
				
	· · · · · · · · · · · · · · · · · ·			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			The fact the states	
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
H.V		· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·	·		
	·			
				· , , , , , , , , , , , , , , , , , , ,
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				· · · · · · · · · · · · · · · · · · ·
				
7.1.(0.1	<u></u>			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line			<u></u>	
Part X Other Liabilities. See Form 990, Part X, II	ne 25.	/L\ A	The way or the second process	the second and a street address to the second
1. (a) Description of liability		(b) Amount		A said for from the desired and the said of the said o
Federal income taxes				
				A part of the state of the stat
			The state of the s	The state of the s
				
			And the state of t	
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	-		The state of the s
2 FIN 49 Feetnets in Best VIV provide the text of the feet		-l- 6	Poster and the desire of the state of the	A THE SHARE CONTRACTOR AND THE PROPERTY OF THE

uncertain tax positions under FIN 48. 932053 02-01-10

Schedule D (Form 990) 2009

MINNEAPOLIS DOWNTOWN IMPROVEMENT

	dule D (Form 990) 2009 DISTRICT			age 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial S	Statements	_
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
		5		
5	Donated services and use of facilities			
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Rever	nue p	er Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		200	
а	Net unrealized gains on investments 2a			
ь	Donated services and use of facilities 2b			
С	Recovenes of prior year grants 2c		\$135 de	
d	Other (Describe in Part XIV.)			
	Add to a Cotton of Od		2e	
e	Culturat fine to from the 4		3	
3		• •		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		2 22.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	_		
b	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		. 5	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses	per Return	
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		- <u></u>	
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIV.)		San	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		14.34	
٠,	· · · · · · · · · · · · · · · · · · ·		THE TOTAL	
b	Other (Describe in Part XIV.)		21 10 E	
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
<u>,</u> Pai	t:XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lı	nes 1b and 2b; Part V, line 4; I	Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro	vide ar	ny additional information.	
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	<u> </u>			

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization MIN	NEAPOL	IS	DOW	NTOWN	1 IMPRO	VEMEN	T			mploye		ication r	number
Part I Excess Benefit		ons (sectio	n 501(c)(3) and sectio	n 501(c)(4)	organizatio	ns only)					
Complete if the orga	nization ansi	wered '	"Yes"	on Form	990, Part IV,	line 25a o	r 25b, or Fo	rm 990-E	Z, Part	V, line 40)b		
(a) Name of disc	gualified per	son				(b) i	Description	of transa	ection				rected?
(4) (14)										 -		Yes	No
												 	
												 	
					```							<del>                                     </del>	
	· · · · · · ·								<del>-</del>			<del>                                     </del>	
2 Enter the amount of tax impo	sed on the	organiz	ation	manager	s or disqualifi	ed person	s during the	year ur	der				
										. 🕨 \$			
3 Enter the amount of tax, if an	ıy, on line 2,	above,	, reimt	oursed by	the organiza	ition				▶ \$			
Part II Loans to and/or	From Int	orosi	lod D	orcons									
						lina OG or	Earm 000 E	7 Dart 1	/ line 20	) _n			
Complete if the orgai	(b) Loan				nal principal		ance due	Y	in e sc	(f) App	oroved	(a) W	ritten
person and purpose	the orga			ar	nount	(u) Dai	arice due		ault?		ard or nttee?	agree	
	То	Fro	om					Yes	No	Yes	No	Yes	No
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								<del> </del>	ļ	<b>├</b> ──		<b> </b>	
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Total			1		▶ \$			38 38		75.75		. ઋુ્દ્ધ	<u> </u>
Part III Grants or Assis	tance Bei	nefitir	ng In	tereste		S. `		1010 - 41		940 1754			
Complete if the organ	nization ansv	wered '	"Yes"	on Form	990, Part IV,	fine 27.							
(a) Name of interested p	person			(b) Relatı	onship betwe			and				d type o	f
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Part IV. Business Trans	actions Ir	volvi	ng Ir	iterest	ed Person	s.							
Complete if the organ	nization ansv	vered '	"Yes"	on Form	990, Part IV,	line 28a, 2	8b, or 28c.					T-10-	
(a) Name of interested p	person				ip between ir d the organiz		(c) Amo transa		1	Descnpt transacti		òrganiz	
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SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

Instructions for Form 990 or 990-EZ.

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization

MINNEAPOLIS DOWNTOWN IMPROVEMENT DISTRICT

Employer identification number 26-4259628

FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS CONSISTS OF THE OFFICERS THE CORPORATION WHO ARE DIRECTORS AND SUCH ADDITIONAL DIRECTORS AS THE BOARD OF DIRECTORS SHALL DESIGNATE. OFFICERS OF THE CORPORATION WHO ARE NOT DIRECTORS, IF ANY, MAY ATTEND MEETINGS OF THE EXECUTIVE COMMITTEE BUT SHALL HAVE NO VOTE. EXCEPT TO THE EXTENT EXPRESSLY LIMITED FROM TIME TO TIME BY THE BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS OF THE CORPORATION. THE EXECUTIVE COMMITTEE WILL ACT ONLY IN THE INTERVAL BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND AT ALL TIMES IS SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 3: THE ORGANIZATION CONTRACTED FOR
PROFESIONAL MANAGEMENT SERVICES FROM THE MINNEAPOLIS DOWNTOWN COUNCIL THAT
INCLUDES THE CONTRACTED SERVICES OF THE CHIEF OPERATING OFFICER AND OTHER
RELATED STAFF, OFFICE SPACE, AND OVERSIGHT OF THE FUNCTIONS NECESSARY TO
IMPLEMENT SERVICES TO THE DISTRICT. FORM 990, PART IX, STATEMENT OF
FUNCTIONAL EXPENSES IS PRESENTED BY NATURAL CLASS; THE MANAGEMENT FEE PAID
TO MINNEAPOLIS DOWNTOWN COUNCIL FOR THE YEAR ENDED DECEMBER 31, 2009 WAS
\$334,404.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD CHAIR OF THE MINNEAPOLIS

DOWNTOWN COUNCIL, THE BOARD CHAIR OF THE DOWNTOWN HOTEL ASSOCIATION, AND

THE PRESIDENT OF THE HENNEPIN THEATRE TRUST SERVE ON THE ORGANIZATION'S

BOARD OF DIRECTORS.

FIVE MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS ARE APPOINTED BY THE

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

Schedule O (Form 990) 2009

932211
020-03-10

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047

2009
Open to Public Inspection

Name of the organization

MINNEAPOLIS DOWNTOWN IMPROVEMENT DISTRICT

Employer identification number 26-4259628

MINNEAPOLIS DOWNTOWN COUNCIL.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL BE REVIEWED AND APPROVED BY THE FINANCE AND GOVERNANCE COMMITTEE PRIOR TO FILING. THE FORM 990 WILL BE PROVIDED TO THE FULL BOARD ELECTRONICALLY BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF
INTEREST POLICY COVERS MEMBERS OF THE BOARD OF DIRECTORS, MEMBERS OF
COMMITTEES WITH THE AUTHORITY OF THE BOARD, AND OFFICERS. ALL INDIVIDUALS
COVERED BY THE POLICY ARE REQUIRED TO FILE AN ANNUAL CONFLICT OF INTEREST
DISCLOSURE STATEMENT THAT IDENTIFIES ANY ANTICIPATED OR POTENTIAL CONFLICT
SITUATIONS. COVERED INDIVIDUALS WITH POTENTIAL CONFLICTS ARE REQUIRED TO
DISCLOSE ALL FACTS TO THE BOARD, COMMITTEE, OR CHIEF OPERATING OFFICER.
THOSE INDIVIDUALS WITHOUT CONFLICT WILL REVIEW EACH INSTANCE TO DETERMINE
IF A CONFLICT EXISTS. THE CONFLICTED INDIVIDUAL SHALL NOT PARTICIPATE IN
THE DISCUSSION NOR VOTE ON ANY TRANSACTION WHERE A CONFLICT HAS BEEN
DETERMINED TO EXIST. ALL PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE
NOTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: ENTERPRET.COM
- (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

#### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public

MINNEAPOLIS DOWNTOWN IMPROVEMENT Name of the organization **Employer identification number** 26-4259628 DISTRICT FAMILY MEMBER OF AN OFFICER; OWNER (D) DESCRIPTION OF TRANSACTION: PROFESSIONAL SERVICES FORM 990, PART VII, SECTION A, LINE 1A EXPLANATION FOR NUMBER OF HOURS WORKED SARAH HARRIS WORKED DEVOTED APPROXIMATELY 40 HOURS PER WEEK AS FOLLOWS: MINNEAPOLIS DOWNTOWN IMPROVEMENT DISTRICT 38 HOURS MINNEAPOLIS SAFEZONE COLLABORATIVE 2 HOURS DAVID STERNBERG WORKED DEVOTED APPROXIMATELY 2.5 HOURS PER WEEK AS FOLLOWS: MINNEAPOLIS DOWNTOWN IMPROVEMENT DISTRICT 2 HOURS MINNEAPOLIS SAFEZONE COLLABORATIVE .5 HOUR ALL OTHER BOARD MEMBERS OF MINNEAPOLIS DOWNTOWN IMPROVEMENT DISTRICT LISTED IN FORM 990, PART VII ALSO SERVED ON THE BOARD OF MINNEAPOLIS SAFEZONE COLLABORATIVE AND DEVOTED APPROXIMATELY 1.25 HOURS PER WEEK AS FOLLOWS: MINNEAPOLIS DOWNTOWN IMPROVEMENT DISTRICT 1 HOUR MINNEAPOLIS SAFEZONE COLLABORATIVE .25 HOUR

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Sopen to Public

OMB No 1545-0047

Schedule R (Form 990) 2009 Employer identification number 26-4259628 Direct controlling Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A End-of-year assets status (if section Public charity 501(c)(3)) <u>e</u> LINE ➤ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Exempt Code Total income section 501(C)(3) ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) MINNESOTA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. MINNEAPOLIS DOWNTOWN IMPROVEMENT MAKE DOWNTOWN MINNEAPOLIS ▶ Attach to Form 990. TO REDUCE CRIME IN, AND Primary activity Primary activity BETTER 20-5357228, 81 SOUTH 9TH STREET, #260, DISTRICT MINNEAPOLIS SAFEZONE COLLABORATIVE Name, address, and EIN Name, address, and EIN of related organization of disregarded entity MN 55402 Name of the organization Department of the Treasury Internal Revenue Service MINNEAPOLIS, Part Part II

21

MINNEAPOLIS DOWNTOWN IMPROVEMENT

DISTRICT Schedule R (Form 990) 2009

Page 2 The interpretation of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related in the issues and in the same organizations treated as a partnership during the tax year.)

26-4259628

(j) General or managing partner? Percentage ownership Yes No Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Ξ Code V-UBI Ramount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) Ŧ Share of total income (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or
foreign
country) 22 Direct controlling entity Primary activity € Legal domicile (state or foreign country) ত Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 932162 02-04-10 Part IV

26-4259628

Page 3

Schedule R (Form 990) 2009 DISTRICT

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		+
		10 m
		1
c Gift, grant, or capital contribution from other organization(s)		1c   X
d Loans or loan guarantees to or for other organization(s)		T V
e Loans or loan guarantees by other organization(s)		1e
		The state of the s
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		
		Th X
l Lease of facilities, equipment, or other assets to other organization(s)		
		F. F
] Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		1k X
I Performance of services or membership or fundraising solicitations by other organization(s)		×
m Sharing of facilities, equipment, mailing lists, or other assets		T X
n Sharing of paid employees		t X
		14. 8/66 12 War Will Say
o Reimbursement paid to other organization for expenses		t X
p Reimbursement paid by other organization for expenses		X qt
		The state of the s
q Other transfer of cash or property to other organization(s)		1a X
r Other transfer of cash or property from other organization(s)		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds	
(a) Name of other organization(s)	(b) Transaction tvoe (a-r)	(c) Amount involved
	( a) and (	
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932163 02-04-10	Scheo	Schedule R (Form 990) 2009

MINNEAPOLIS DOWNTOWN IMPROVEMENT DISTRICT

26-4259628

Page 4

Schedule R (Form 990) 2009 DISTRICT

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

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

s, and EIN  Primary activity  The state of foreign  The state of end of end of the state of end of	(H) (g)	(h)	(9)	3	(6)	9	(2)	3	
Name, address, and EIN  Trimary activity  Of entity  Of entity  Trimary activity  Trimary activity  Of entity  Trimary activity  Of entity  Trimary activity  Trimary activity  Of entity  Trimary activity  Trimary activit				3		Ξ,	6		
Country) Yes No	Name, address, and EIN of entity	Primary activity		Are all partners section 501(c)(3) organizations?		Uspropor- tionate allocations?	Code V-UBI amount in box 20	General or managing	2 <u>5</u> 2
				Yes No		Yes No	(Form 1065)	1.	2
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Schedule R (Form 990) 2009