

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

A Fo	r the	2009 ca	alendar vea	r, or tax year beginning 01-	01-2009 and ending 12-31-2009	9		
		pplicable	Please	C Name of organization Greensboro Area Chamber of 0			D Employer ide	entification number
┌ Add	tress ch	nange	use IRS		commerce inc		56-024504	
┌ Nar	ne cha	nge	label or print or	Doing Business As			E Telephone nu	ımber
┌ Init	ial retu	rn	type. See Specific	Number and street (or P.O. bo	x if mail is not delivered to street addre	se) Doom/suite	(336) 387-8	8300
Ter			Instruc- tions.	342 North Elm Street		ss) Room, suite	G Gross receipts	\$ 2,640,039
☐ Am	ended	return		City or town, state or country, Greensboro, NC 27401	and ZIP + 4			
App	olication	n pending		·				
				ne and address of principal	officer		- ıs a group returr	
				ck Danahy orth Elm Street		affilia	ites?	ΓYes Γ Nο
			Greens	boro, NC 27401		H(b) Are al	l affiliates includ	ed?
						If"N	o," attach a lıst	(see instructions)
I Ta	x-exen	npt status	 ✓ 501(c)) (6) ◀ (insert no)	a)(1) or 527	H(c) Grou	ıp exemption nu	mber ►
) W	ebsite	e: 🕨 ww	w greensbo	ro org				
K Forr	n of or	ganızatıon	▽ Corporat	tion Trust Association Ot	her 🕨	L Year of fo	rmation 1888 M	State of legal domicile NC
Pa	rt I	Sum	mary			•		
	1			e organization's mission or			d I	
æ		<u>O rgani</u>	zed for the p	purpose of advancing and pr	omoting business and communit	y growth and	development	
Governance								
Ě								
\$	2	Check	this box 🛏	if the organization discont	inued its operations or disposed	of more than	25% of its net a	assets
	3	Numbe	r of voting r	members of the governing b	ody (Part VI, line 1a)		3	52
20 67	4	Numbe	r of ındepen	dent voting members of the	governing body (Part VI, line 1b)	. 4	52
Activities &	5	Total n	umber of en	nployees (Part V , line 2a)			5	34
춫	6	Total n	umber of vo	lunteers (estimate if neces	sary)		6	60
ď	7a	Totalg	ross unrela	ted business revenue from I	Part VIII, column (C), line 12 .		7 a	n
	ь	Net unr	elated busi	ness taxable income from F	orm 990-T, line 34		71:	•
						Prio	r Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)			4,005,352	1,074,405
를	9	Progra	am service	revenue (Part VIII, line 2g)			1,350,092	1,292,122
Rayen	10				ines 3, 4, and 7d)		34,670	11,712
æ	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		2,092	261,800
	12				equal Part VIII, column (A), line	9	,	<u> </u>
							5,392,206	2,640,039
	13				lumn (A), lines 1-3)		110,000	190,000
	14				umn (A), line 4)			0
Ø	15	Saları 10)	es, other co	ompensation, employee ben	efits (Part IX, column (A), lines 5	5-	1,067,007	1,747,754
Expenses	16a	•	sional fund	raising foos (Part IV colum	n (A), line 11e)		274,532	1,747,734
<u>क</u>							274,332	
ŭ	b			enses (Part IX, column (D), line 2	· —		1 010 133	1 157 122
	17				1a-11d, 11f-24f)		1,919,123	1,157,432
	18				al Part IX, column (A), line 25)		3,370,662	3,095,186
	19	Keven	ue iess exp	penses Subtract line 18 fro	m line 12	D	2,021,544	-455,147
Net Assets or Fund Balances							g of Current 'ear	End of Year
2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	20	Total	assets (Par	rt X, line 16)			4,333,234	3,786,604
A B	21			Part X, line 26)			435,449	343,966
훘	22			d balances Subtract line 2			3,897,785	3,442,638
Pai	t II		ature Blo				, ,	, ,
		_			ned this return, including accompanying	schedules and s	tatements, and to t	he best of my knowledge
		and bel	ief, it is true,	correct, and complete Declaration	of preparer (other than officer) is base	d on all informat	on of which prepar	er has any knowledge
Sian						12010	05.04	
Sign Here		**** Sign	*** ature of office	er		2010- Date	05-04	
		1.						
			trick Danahy e or print nam					
		r ''			Date	Check If	Preparer's identif	fying number
D-! 1		Preparei signatur		a F Skiles	2010-04-27	self-	(see instructions	
Paid	۔ اند میں د		<u>, , , , , , , , , , , , , , , , , , , </u>		empolyed 🕨 🦵			
Prepa			ame (or yours	BERNARD ROBINSON & COM	EIN ▶			
Use (אוווע		and ZIP + 4	PO BOX 19608				
_				GREENSBORO, NC 2741996	08		Phone no 🕨 (3	36) 294-4494
May	he IR	S discus	ss this retu	·	above? (see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Organized for the purpose of advancing and promoting business and community growth and development

4e	Total program co	rvice expenses►\$			
	(Expenses \$	ıncludıng	g grants of \$) (Revenue \$)
4d	Other program se	ervices (Describe in Schedule	e O)		
	-				,
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	of doing business in t		Greenspord area to serve members a	ind to inform prospective pusifiesse	s and members of the advantag
4b	(Code) (Expenses \$	including grants of \$ Greensboro area to serve members a) (Revenue \$))
	- Country 5	apports civic and cultural opportuniti			
		A program of the economic develop upports civic and cultural opportuniti	oment department to assist existing bi	usinesses to expand and prosper A	attracts and recruits new busines
4a	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	Section 501(c)(3)	and 501(c)(4) organizations	and section 4947(a)(1) trusts venue, if any, for each program	are required to report the an	
4		these changes on Schedule O	each of the organization's thre	e largest program services h	v expenses
	services?				┌ Yes ┌ No
3	•		significant changes in how it c	onducts, any program	
	'	or 990-EZ? these new services on Schedi			Yes No
2	•	, , ,	rogram services during the yea	ar which were not listed on	┌ Yes ┌ No

Part IV Checklist of R	Required Schedules
------------------------	--------------------

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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		Νo
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
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			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
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		Νο
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		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
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		No
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

Form	Form 990 (2009)				Page 5	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			1		

342 North Elm Street Greensboro, NC 27401 (336) 387-8300

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

Se	ction A. Governing Body and Management			
			Yes	No
		1		
		1		
1a	Enter the number of voting members of the governing body 1a 52	!		
ь	Enter the number of voting members that are independent 1b 52			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Ke	venue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
	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		Νo
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		N o
•	describe in Schedule O how this is done	12c		Νo
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
10	Own website Another's website V Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e orga	nızatıor	►

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 or former officer, director, trustee or key employee

(A) Name and Title	(B) A verage hours	Posit	(0	:) chec	:k al			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Highest compensated employee Key employee Officer Institutional Trustee or clirector		Officer Institutional Trustee Individual trustee or director		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
J Cantey Alexander Director	1 00	Х						0	0	0
David Barger director	1 00	Х						0	0	0
R Steve Bowden director	2 00	Х						0	0	0
Linda Brady director	1 00	Х						0	0	0
Robert Braswell director	1 00	Х						0	0	0
Spence Broadhurst director	1 00	Х						0	0	0
Carole Bruce director	1 00	Х						0	0	0
Robert Bruggeworth director	1 00	Х						0	0	0
Mıchael Bumpass director	1 00	Х						0	0	0
Timothy Burnett director	1 00	Х						0	0	0
Charles Burns director	2 00	Х						0	0	0
Donald Cameron director	1 00	Х						0	0	0
Roy Carroll III director	1 00	Х						0	0	0
Greg Chabon director	2 00	Х						0	0	0
Charles Cornelio director	2 00	Х						0	0	0
Louis DeJoy director	1 00	Х						0	0	0
Valdemar Fischer director	1 00	х						0	0	0

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

(A) Name and Title	(B) A verage hours		((tion (that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Steve Frost director	1 00	Х						0	0	0
Shirley Frye director	1 00	Х						0	0	0
Joseph Gorga director	1 00	Х						0	0	0
Maurice Green director	1 00	х						0	0	0
Charles Hagan III director	2 00	х						0	0	0
Randall Kaplan director	1 00	х						0	0	0
J Edward Kitchen director	3 00	х						0	0	0
Cathy Levinson director	1 00	х						0	0	0
Julianne Malveaux director	1 00	Х						0	0	0
Eric Manuel director	1 00	х						0	0	0
Harold Martin Sr	1 00	х						0	0	0
director Kenneth Mayer Jr	1 00	х						0	0	0
director Michael McCutcheon	1 00							0	0	0
director Charles Melvin Jr	1 00							0	0	0
director Ralph Mitchell	1 00							0	0	_
director Richard Moore	3 00							0	0	0
William Nutt Jr	2 00							0	0	0
director Jim Phillips Jr	1 00							0	0	0
director Austin Pittman									_	_
director Pressley Ridgilli	1 00							0	0	0
director Arthur Samet	1 00							0	0	0
director H Walker Sanders	1 00							0	0	0
director Robin Saul	1 00		_					0	0	0
director Susan Schwartz	1 00	Х						0	0	0
director	4 00	Х						0	0	0
Ralph Shelton director	2 00	Х						0	0	0
Stephen Showfety director	1 00	Х						0	0	0
David Stevens director	1 00	Х						0	0	0
Tim Templeton director	1 00	Х						0	0	0
Martin Weissburg director	1 00	Х						О	0	0
William Wilcox IV director	1 00	Х						0	0	0
Edward Winslow III director	1 00	х						0	0	0
Eric Wiseman director	2 00	х						0	0	0
Tim Rice Chair	3 00	х		х				0	0	0
Deborah Hooper Secretary/Treasurer	3 00	х		х				0	0	0
M Lee McAllister director	2 00	х						0	0	0
J Patrick Danahy President	40 00				х			252,628	0	15,350
Daniel Lynch President, GEDA	40 00				х			169,340	0	10,550
Robert Clapper President, Chamber	40 00					х		110,300	0	5,125
April Harris	40 00					х		98,643	0	
Executive Dir , Action G 1b Total	<u> </u>	<u> </u>	Ή.	-	٠.	<u>I</u>	<u>▶</u>	532,268	0	31,025

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization►3

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	-		Nο
				IND

Section	В.	Inde	pendent	Contractors	

1	Complete this table for your five highest compensated independent contractors that received more than
	\$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

Form 99	•	•						Page 9
Part V	<u> </u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts ots	1a	Federated camp	paigns 1a					
gra our	ь	Membership du	es 1b					
ts,	С		ents 1c					
<u></u>	d	Related organiz Government grants	eations 1d	400,000				
ons sin	e f	_	ons, gifts, grants, and 1f	674,405				
buti	g	sımılar amounts no	butions included in					
Contributions, gifts, grants and other similar amounts	9		Dations meraded in					
ဝမ	h	Total. Add lines	s 1a-1f	►	1,074,405			
<u> </u>				Business Code				
Program Service Revenue	2a	Membership Dues		900,099	889,477	889,477		
<u>22</u>	b	Programs, Publicati	ions	900,099	402,645	402,645		
Š	c d							
38	e e							
<u>ran</u>	f	All other progra	am service revenue					
Š	g		s 2a – 2f	<u> </u>	1,292,122			
	3		ome (including dividend		1,232,122			
		and other simila	aramounts)	▶	11,712			11,712
	4		tment of tax-exempt bond p	oroceeds				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	52,884	(II) F elsolial				
	ь	Less rental expenses						
	С	Rental income or (loss)	52,884					
	d		me or (loss)		52,884			52,884
		C	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other						
		than inventory Less cost or						
	Ь	other basis and sales expenses						
	с	Gain or (loss)						
	d		s)					
Φ	8a	Gross income for events (not inc	_					
Other Revenue		\$	reported on line 1c)					
Вę		See Part IV, lin	e 18					
<u> </u>	Ь	Loss direct ox	a penses b					
₹	c		(loss) from fundraising e	events 🕨				
	9a	Gross income f	rom gaming activities					
		See Part IV, lın	e 19 a					
	ь	Less direct ex	penses b					
	С		loss) from gaming activ	/ities►				
	10a	Gross sales of returns and allo						
	ь	_	oods sold b					
	С		(loss) from sales of inve					
	112	Miscellaneous	s Kevenue	Business Code 900,099	109,886			109,886
	ь	Annual Dinner Management fe	e income	900,099	81,000			81,000
	c	Miscellaneous		900,099	18,030			18,030
	d	All other revenu						
	e	Total. Add lines	s 11a-11d		208,916			
	12	Tatalague	See Instructions	•	230,310			
		iotal levenue.	see instructions		2,640,039	1,292,122	(273,512

Part IX Statement of Functional Expenses

Do no	l other organizations must complete column (A) but are not required to ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	<u> </u>	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	190,000			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	447,868			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	999,726			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	55,255			
9	Other employee benefits	136,099			
LO	Payroll taxes	108,806			
L1	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	14,453			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
.2	Advertising and promotion				
3	Office expenses	95,575			
4	Information technology	16,374			
5	Royalties				
6	Occupancy	249,019			
.7	Travel	6,955			
.8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	50,067			
0	Interest	2,783			
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	37,114			
:3	Insurance	23,212			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Program Expenses	386,860			
b	General and Administrat	187,929			
c	Marketing	87,091			
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,095,186			
26	Joint costs. Check here ▶ ☐ If following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		757,269	1	98,063
	2	Savings and temporary cash investments		481,929	2	1,189,243
	3	Pledges and grants receivable, net		2,784,121	3	2,384,114
	4	Accounts receivable, net		25	4	
	5	Receivables from current and former officers, directors, trustees, key enhighest compensated employees. Complete Part II of				
		Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section persons described in section $4958(c)(3)(B)$ Complete Part II of	4958(f)(1)) and			
		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		42,121	9	33,283
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D 10a	514,647			
	ь	Less accumulated depreciation 10b	433,197	100,394	10c	81,450
	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		167,375	15	451
	16	Total assets. Add lines 1 through 15 (must equal line 34)		4,333,234	16	3,786,604
	17	Accounts payable and accrued expenses .		151,281	17	127,245
	18	Grants payable			18	
	19	Deferred revenue		249,948	19	193,470
	20	Tax-exempt bond liabilities			20	
es.	21	Escrow or custodial account liability Complete Part IV of Schedule D .			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ei.		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties .			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		34,220	25	23,251
	26	Total liabilities. Add lines 17 through 25		435,449	26	343,966
Fund Balances		Organizations that follow SFAS 117, check here ► 🔽 and complete line through 29, and lines 33 and 34.	nes 27			
อกเ	27	Unrestricted net assets		526,179	27	169,779
69	28	Temporarily restricted net assets		3,371,606	28	3,272,859
Z	29	Permanently restricted net assets			29	
표		Organizations that do not follow SFAS 117, check here ▶ ┌ and comp	olete			
<u>-</u>		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		3,897,785	33	3,442,638
_	34	Total liabilities and net assets/fund balances		4,333,234	34	3,786,604

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493125006090

OMB No 1545-0047

Open to Public

Inspection

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization Greensboro Area Chamber of Commerce Inc **Employer identification number**

56-0245040

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		oradvised Yes No				
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit						
Pai	t III Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure)	historically importantly land area certified historic structure				
2	Complete lines 2a-2d if the organization held a quali easement on the last day of the tax year	fied conservation contribution in the form	of a conservation				
	casement on the last day of the tax year	I	Held at the End of the Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified his	toric structure included in (a)	2c				
d							
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during				
	the taxable year 🛌						
4	Number of states where property subject to conserva	ation easement is located 🛌					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and Yes No				
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents during the year 🛌				
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	s during the year ► \$				
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion Yes No				
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements						
Par	Complete if the organization answered "		or Other Similar Assets.				
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,				
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ii	·				
	(i) Revenues included in Form 990, Part VIII, line 1		- \$				
	(ii) Assets included in Form 990, Part X		► \$				
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or financial gain, provide the				
а	Revenues included in Form 990, Part VIII, line 1		► \$				

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Assets included in Form 990, Part X

Part IV Ine 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ine 21. If "Yes," explain the arrangement in Part XIV and complete the following table It It It It It It It I	arı	Titl Organizations Maintaining Co	ollections of Art	t, His	tori	<u>cal Tr</u>	easur	es, or C	the	<u>r Similar</u>	Asse	ts (co	ntınued _.
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV Dump the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV explain the arrangements. Complete if the organization answered "Yes" to Form 990, Part XIV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Yes If "Yes," explain the arrangement in Part XIV and complete the following table C Beginning balance D istributions during the year D if "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 21? Yes Yes If "Yes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 10. A mount Quarter Yes, explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. A mount Quarter Yes, explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. A mount Quarter Yes, explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. A mount Quarter Yes, explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. A form of the part XIV the intermediations of the organization that are held and administered for the organization by Quarter Yes Quarter Ye	3		r records, check an	y of th	ie foll	owing t	hat are	a significa	ant u	se of its col	lection	1	
c	а	Public exhibition		d	Γ	Loand	rexch	ange progi	rams				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV Part XIV During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization an aswered "Yes" to Form 990, Part XV, line 9, or reported an amount on Form 990, Part XV, line 21. La Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If Yes, "explain the arrangement in Part XIV and complete the following table Beginning balance Amount 1c Beginning balance Additions during the year Distributions during the year Finding balance Distributions during the year If Yes, explain the arrangement in Part XIV Part VE Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part VE Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions In the organization include an amount on Form 990, Part X, line 21? Part VE Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part VE Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions Additions of the organization answered "Yes" to Form 990, Part IV, line 10. Contributions Additions of the organization answered "Yes" to Form 990, Part IV, line 10. Contributions Additions of the organization answered organization and the part of the organization that are held and administered for the organization by organization by organizations Board designated organizations Board designated organizations Board designated organizations Board designated organizations Board organization by organizations organizations is ted as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds Description of investment B	b	Scholarly research		e	Γ	Other							
Part XIV During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV, line 9, or reported an amount on Form 990, Part X, line 21. La Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves La Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves La Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X V. In 2 In	С	Preservation for future generations											
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV, line 9, or reported an amount on Form 990, Part X, line 21. A	ı		ollections and expla	aın hov	v the	/ furthe	r the or	ganızatıor	ı's ex	empt purpo	se in		
Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table Beginning balance Additions during the year Ending balance Did the organization include an amount on Form 990, Part X, line 21? Yes Tending balance Did the organization include an amount on Form 990, Part X, line 21? Frequency Tyes," explain the arrangement in Part XIV Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Amount Tyes, Tyes,	5	. ,			,					ılar	_	Yes	┌ No
a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If Yes, "explain the arrangement in Part XIV and complete the following table Amount 1c Amount 1c Additions during the year Distributions during the year Ending balance Distributions during the year If Is If Yes, "explain the arrangement in Part XIV Tendowment Funds. Complete If the organization answered "Yes" to Form 990, Part IV, line 10. (a)Cument Year (b)Pnor Year (c)Two Years Back (d)Times Years Back (e)Four Years Back (e)Four Years Sach	ar							answere	d "Y	es" to For	m 990	١,	
Included on Form 990, Part X? If "Yes," explain the arrangement in Part XIV and complete the following table Amount Ic		<u> </u>		•									
Randow R		included on Form 990, Part X?					ions or	other ass	ets r	not	_	Yes	☐ No
d Additions during the year Distributions during the year Ending balance Distributions during the year Ending balance Did the organization include an amount on Form 990, Part X, Jine 21? Tyes	b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		г	1				
d Additions during the year Ending balance	_							-	_		A mou	nt	
Ending balance It	_							-					
Ending balance Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Beginning of year balance (a)Current Year (b)Pnor Year (c)Two Years Back (d)Three Years Back (e)Four Years (c)Two Years Back (d)Three Years Back (e)Four Years (d)Tree Years (d)Tr								-					
Did the organization include an amount on Form 990, Part X, line 21? Press ("explain the arrangement in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. A complete if the organization answered (c) Two Years Back (d) Three Years Back (e) Four Years and Programs (d) Two Years Back (d) Three Years Back (e) Four Years and Programs (d) Two Years Sack (d) Three Years Back (e) Four Years Sack (d) Three Years Back (d) Three Years Back (e) Four Years Sack (d) Three Years Back (e) Four Years Sack (d) Three Years Back (d) Three Years Back (e) Four Years Sack (d) Three Years Back (d) Three Years Back (e) Four Years Sack (d) Three Years Back (d) Four Years Sack (d) Three Years Back (d) Three Y								-					
Term endowment Warrendowment Warrendowme	Ī	Ending balance						L	1 f				
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Can	3	Did the organization include an amount on Fo	orm 990, Part X, lın	e 21?							Γ.	Yes	┌ No
Contributions Contribution													
Beginning of year balance	a	t V Endowment Funds. Complete										\	DI
Investment earnings or losses		Reginning of year balance	(a)Current Year	(6)	Prior	rear	(c) Iwo	Years back	(a)	inree Years B	ack (e)Four Ye	ears back
Control of the expenditures for facilities and programs													
Grants or scholarships													
e Other expenditures for facilities and programs	_												
and programs		·											
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment ▶ % Permanent endowment ▶ % A rethere endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	=	·											
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment % Permanent endowment % Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	f	Administrative expenses											
Board designated or quasi-endowment % Permanent endowment % Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	g	End of year balance											
Permanent endowment % Term endowment % A re there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations		Provide the estimated percentage of the yea	ar end balance held	as									
Term endowment % A Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	a	Board designated or quasi-endowment 🕨	%										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	ь	Permanent endowment 🕨 %)										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	С	Term endowment ► %											
(i) unrelated organizations			ssion of the organiz	ation 1	thata	re held	and ad	lmınıstere	d for	the			
(ii) related organizations		-								_		Yes	No
If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?		(i) unrelated organizations			•				•				
Describe in Part XIV the intended uses of the organization's endowment funds art VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (d) Book of the basis (investment) (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated depreciation (d) Book of the basis (investment) (e) Accumulated (d) Book of the basis (investment) (e) Accumulated (d) Book of the basis (investment) (e) Accumulated (e) Book of the basis (investment) (e) Accumulated (e) Book of the basis (investment) (e) Accumulated (e) Accumula	ı_	• •					•					 	
The strict of investment and a Land	D								•		3D		
Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book of the basis (other) (e) Accumulated depreciation (f) Book of the basis (other) (h) Book of the basis (other) (h) Cost or other basis (other) (h) Book of the basis (oth							n Da	rt Y lına	10				
b Buildings			s, and Equipme	iii. 3	(a) Cost or	other	(b) Cost or	other	1 ' '		(d) Bo	ook value
b Buildings	— a												
c Leasehold improvements													
		•						10	3,332		92,866		10,46
		·											70,984
e Other	e	Other											

81,450

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin		1 222
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	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	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
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:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV) 4b]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

OMB No 1545-0047

DLN: 93493125006090

2009

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Attach to Form 990

Open to Public Inspection

Employer identification number Name of the organization Greensboro Area Chamber of Commerce Inc 56-0245040

Pa	General Infor	<u>mation on Grant</u>	ts and Assistance					
1			bstantiate the amount of the sor assistance?	•			•	∀ Yes ⊢
2	Describe in Part IV the	organization's proced	lures for monitoring the use	e of grant funds in the l	Inited States			
Pa	Form 990, Part	IV, line 21 for any	to Governments and recipient that received (90) if additional space (l more than \$5,000.	Check this box if no	one recipient rece	eived more than \$5,0	000. Use
(a) Name and address of	(b) EIN	(c) IRC Code section	(d) A mount of cash	(e) A mount of non-	(f) Method of	(g) Description of	(h) Purpose of grant

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Downtown Greensboro122 North Elm Street Suite 609 Greensboro, NC 27401	562011549	501(c)(6)	25,000				To stimulate new investment and interest in Greensboro's central business district
Nussbaum Center for Entrepreneurship2007 Yanceyville Street Greensboro, NC 27405	561577495	501(c)(3)	10,000				To enhance economic development in Greensboro and the surrounding area
Piedmont Triad Film Commission7025 Albert Pick Road Suite 303 Greensboro, NC 27409	311739694	501(c)(6)	30,000				To promote the economic growth of the Triad area through marketing film locations and promoting film productions
Piedmont Triad Partnership 7025 Albert Pick Road Suite 303 Greensboro, NC 27409	561750279	501(C)(3)	125,000				To promote activities related to economic development and marketing, engagement of regional leaders and regional collaboration, workforce development programming to strengthen industry clusters and innovation and entrepreneurship outreach efforts which include rural and underserved

2	Enter total number of section 501(c)(3) and government organizations
3	Enter total number of other organizations

populations

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

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The Organization makes grants to pre-selected recipients. The Organization verifies that the recipients' activities support the purpose of the grants. Grants are made for general operating support, therefore, the Organization does not perform additional procedures to monitor the use of grants.

DLN: 93493125006090

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Gree	nsboro Area Chamber of Commerce Inc		56.0245	0.40			
Da	t I Questions Regarding Compensation		56-0245	040			
FG	Questions Regarding Compensation					Yes	No
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t					103	110
	First-class or charter travel		Housing allowance or residence for personal				
	Travel for companions	i –	Payments for business use of personal reside				
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees				
	✓ Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef	f)			
b	If any of the boxes in line 1a are checked, did the organism termbursement or provision of all the expenses described.			r	1b	Yes	
2	Did the organization require substantiation prior to reofficers, directors, trustees, and the CEO/Executive [2		No
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha Compensation committee Independent compensation consultant Form 990 of other organizations	t appl	y Written employment contract	mittee			
4	During the year, did any person listed in Form 990, Pa or a related organization	art VII	I, Section A, line 1a with respect to the filing o	rganızatıon			
а	Receive a severance payment or change-of-control pa	aymer	it?		4a		No
ь	Participate in, or receive payment from, a supplement	alnon	qualified retirement plan?		4b		Νo
С	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	vide th	e applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must	t comi	olete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of						
а	The organization?				5a		
b	Any related organization?			ļ	5b		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	did the organization pay or accrue any				
а	The organization?				6a		
b	Any related organization?				6b		
	If "Yes," to line 6a or 6b, describe in Part III			ļ			
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de				7		
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in F in Part III				8		

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(i) Base compensation (ii) Breakdown of W-2 and/or 1099-1		SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(1)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
J Patrick Danahy	(I) (II)	196,000	47,628	9,000	15,350		267,978	
Daniel Lynch	(I) (II)	135,700	19,540	14,100	10,550		179,890	
								•

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
Supplemental Information		The Organization provides a discretionary automobile allowance to J Patrick Danahy in the amount of \$9,000 The Organization provides a discretionary automobile allowance of \$7,200 and dues for a local country club of \$6,900 to Daniel Lynch, bringing his total of other reportable compensation to \$14,100 These amounts are reported on Schedule J, Part II, column B(iii) All of these items are included in the employees' W-2s

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493125006090

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Supplemental Information to Form 990

Name of the organization
Greensboro Area Chamber of Commerce Inc

Employer identification number
56-0245040

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section B, line 11		The Organization's Board Treasurer and/or other Finance Committee member(s) will review the Organization's Form 990 prior to filing	
Form 990, Part VI, Section B, line 15		The process for determining compensation for top management of the Organization includes a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	
Form 990, Part VI, Section C, line 19		The Organization does not make available to the general public its governing documents, conflict of interest policy, or financial statements	

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493125006090

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

23-7181435

Related Organizations and Unrelated Partnerships

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

Name of the organization

Greensboro Area Chamber of Commerce Inc

Employer identification number

56-0245040

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

Primary activity

Legal domicile (state or foreign country)

Total income

End-of-year assets

(f) Direct controlling entity

> (f) controlling

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controll entity
Action Greensboro					
317 South Elm Street	Charity	NC	501(c)(3)	Line 7	
Greensboro, NC 27401 56-2251250					
Greensboro Chamber Foundation					
342 North Elm Street	Charity	NC	501(c)(3)	Line 7	
Greensboro, NC 27401					

(j)

General or

managing

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

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(4)

(5)

(6)

Cile	dule k (Form 990) 2009		Pag	ge .
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to other organization(s)	1b		Ž
c	Gift, grant, or capital contribution from other organization(s)	1c		Ž
d	Loans or loan guarantees to or for other organization(s)	1d		Ż
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1f		N
g	Purchase of assets from other organization(s)	1g		N
h	Exchange of assets	1h		N
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n	Sharing of paid employees	1n		N
o	Reimbursement paid to other organization for expenses	10		N
р	Reimbursement paid by other organization for expenses	1p		Ne
q	Other transfer of cash or property to other organization(s)	1q		N
r	O ther transfer of cash or property from other organization(s)	1r		N
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			
	(a) Name of other organization (b) Transaction Autype(a-r)		(c) : involve	ed
1) 2)				
• \				
3)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No