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Form **990** 

### **Return of Organization Exempt From Income Tax**

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

20**09** 

Open to Public

Department of the Treasury

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 20 10							
В	Check if ap	Please C Name of organization DOWNTOWN GREENSBORO, INC.		D Employer Identific	cation number		
	Addre	use IRS Doing Rusinger As		56-2011549	9		
	7	change print or Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Indal	type   see   122 NORTH ELM STREET	609	(336) 379-0	060		
	Termi	Specific City or town, state or country, and ZIP + 4	003	33007			
<b></b>	Amen	instruc-		G Gross receipts \$	862,224.		
$\vdash$	return Applic			H(a) Is this a group return			
	pendia	122 N. ELM STREET, SUITE 609 GREENSBORO, NC 27401		affiliates?	<b>├</b> ─┤ ```		
-	T			H(b) Are all affiliates incl			
<u> </u>		empt status X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527		If "No," attach a list			
		te. ► DOWNTOWNGREENSBORO.NET		H(c) Group exemption nu	<u> </u>		
			Year of forma	tion 1996 M State	of legal domicile NC		
Pä	art I	Summary					
	1	Bnefly describe the organization's mission or most significant activities		. <b></b>			
9		PROMOTE AND STIMULATE NEW INVESTMENT, INTEREST AND E					
anc		DEVELOPMENT IN THE CENTER CITY AREA OF GREENSBORO, NO	RTH CAR	COLINA.			
Ĕ							
& Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more	than 25% o	of its net assets			
ಕ	3	Number of voting members of the governing body (Part VI, line 1a)		3	28		
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	28		
LUII Activities	5	Total number of employees (Part V, line 2a)		5	5		
Act.	6	Total number of volunteers (estimate if necessary)		6			
\$° `	1	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	<del></del>		
<b>8</b>		Net unrelated business taxable income from Form 990-T, line 34		7b			
z_				Prior Year	Current Year		
JAN P	8	Contributions and grants (Part VIII, line 1h)	260,645.	268,017.			
Á 1	9	Program service revenue (Part VIII, line 2g)	· · · ·	415,022.	593,518.		
SCANNED.	10	Investment income (Part VIII, column (A) lines 3, 4, and 7d)	W DESIGN	206.	95.		
<b>Z</b> &	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 Aceth	200.	0.		
3	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)	·=·= <del>·</del> ·- <del>·</del>	<b>9</b> 675,873.	861,630.		
3			ल जना	130,3,873.	001,030.		
$\widetilde{\mathscr{D}}$	14	· · · · · · · · · · · · · · · · · · ·	. 23 1.6.9	121 0.1	0.		
	45	Benefits paid to or for members (Part IX, column (A), line 4)	<u></u>		. <u> </u>		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5140)  Professional fundraising fees (Part IX, column (A), line 11e)	FW·WZ	- 330,329.	341,731.		
Expenses	10 a		<del></del>	<u> </u>	0.		
Ĕ	_ b	Total fundraising expenses, Part IX, column (D), line 25) ▶33,170.					
	17/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		354,420.	516,401.		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	⊨	684,749.	858,132.		
	19	Revenue less expenses Subtract line 18 from line 12		-8,876.	3,498.		
s or				Beginning of Year	End of Year		
ssets Baland	20	Total assets (Part X, line 16)	🖵	241,260.	243,904.		
ŽŽ	21	Total liabilities (Part X, line 26)	🖵	32,101.	31,247.		
Net A		Net assets or fund balances Subtract line 21 from line 20		209,159.	212,657.		
Pa	art II	Signature Block					
		Under penalties of perjury, I declare that I have examined this return, including accompanying	schedules an	d statements, and to the	ne best of my knowledge		
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is base	ed on all info	ormation of which prep	parer has any knowledge		
9	Sign	Lice), ly state		1 1/5/11			
H	lere	Signature of officer/		Date			
		Edwir J. Wolverton					
		Type or print name and title					
_		Preparer's Date	Check if	Preparer's	identifying number		
Pale		signature	self- employed	(see instru	うるパアト		
	parer's	Firm's name (or yours N.EEPER, KEAN & RUMLEY, LLP	1		6-1333355		
Use	Only	if self-employed).		+	36-274-3700		
May	v the IF	Schooling this return with the propagate should be seen should be					
.,,,,,	, 11	and total market of property strong above (see management)	<u></u>	<del></del>	X Yes No		

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

Form **990** (2009)

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Form 990 (2009)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
_ 5	Sections 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	<u> </u>		
•	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		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	,		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		
0				ν,
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	_ '		١
4.0	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			١,,
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	2 82
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	7.5	5000 5000	$\Sigma X$
	Schedule D, Part VI.	1000 1241.00	1	. 改变: - 1. 元:
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more	<b>*</b> 2	Kela:	
	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	- 43		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		1400 M	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			age in
•	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		7 7 7 7 6 P	
	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,"	80x 22		1 200
	complete Schedule D, Parts XI, XII, and XIII	12	Х	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year?			77.3
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		1 - 125	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		х
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		х
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 <sup>9</sup> 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	<del>  ''-</del>		<del>- ^-</del>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		<u> </u>
13	If "Yes," complete Schedule G, Part III	40		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	_	X
	Did the organization operate one of more nospitals? If Tes, complete schedule IT	20		$L^{A}$

19 Dd 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 17 if "Yes," complete Schedule I, Parts I and III.  20 Dd the organization on once than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III.  21 Dd the organization answer "Yes" to Part IVII. Section A, line 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated organization and former offices, directors, trustees, key employees, and highest compensation of the organization of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines \$240 through 24d and complete Schedule I/ "Wo," go for question 25.  24 Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  25 Dd the organization area an "on behalf of "issuer for bonds outstanding at any time during the year to defease any tax-exempl bonds?  26 Dd the organization area an "on behalf of "issuer for bonds outstanding at any time during the year of the second of the second of the defease any tax-exempl bonds?  26 Dd the organization area an "on behalf of "issuer for bonds outstanding at any time during the year of the second of the defease and the second of the second of the defease of the second of the defease of the second of th	Part	IV Checklist of Required Schedules (continued)			
in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule   Parts I and II				Yes	No
22 Dul the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if Yes," complete Schedule I, Parts I and III	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
United States on Part X, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.  22 Dd the organization aswer "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 24 Dd the organization have a tax-exempt bond issue with an outstanding-principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule If "No," got question 25  b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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.  24 a Did the organization have a tax-exempt bond issue with an outstanding-principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," aware lines 24b through 24d and complete Schedule K If "No,"go to question 25 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year?  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes, "complete Schedule L, Part! .  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organizations that year? If "Yes, "complete Schedule L, Part! .  Did the organization provide a grant or other assistance to an officer, director, fustee, 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.  Was the organization provide a grant or other assistance to an officer, director, fustee, key employee? If "Yes," complete Schedule L, Part IV.  Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV.  b Id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R. Part II.  Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes," complete Schedule	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 a Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25  b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization anitarian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d Dd the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes, complete Schedule L, Part I.  b Is the organization are that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or disqualified person outstanding as of the end of the organization axis year? If "Yes, "complete Schedule L, Part I.  726 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.  727 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II.  728 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  249 A family member of a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  250 Did the organization receive contributions of art,		United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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424 a Did the organization have a tax-exempt bond issue with an outstanding-principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K if "No," go to question 25 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25 a 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?  5 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person outsind with a disqualified person during the year?  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 organizations' prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part II.  27 Did the organization provide a grant or other assistance to an 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.  28 Was the organization by a current or former officer, director, trustee, experiment of the following parties (see Schedule L, Part II).  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV).  29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 A current of officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 A current of		· · · · · · · · · · · · · · · · · · ·			
24a Did the organization have a tax-exempt bond issue with an outstanding-principal amount of more than \$100,000 as of the last day of the year; that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25.  b Did the organization animatin an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  c Did the organization animatin an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  25 a Saction 501(c/3) and 501(c/4) organizations. Did the organization angage in an excess benefit transaction with a disqualified person out any of the organization 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 909-E27 if "Yes," complete Schedule L. Part I.  25 Was aloan to or by a current or former officer, director, frustee, 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.  27 Did the organization provide a grant or other assistance to an officer, director, frustee, 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.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV.  29 Did the organization a current or former officer, director, frustee, or key employee of the organization (or a family member of a current or former officer, director, frustee, or key employee of the organization (or a family member) was an officer, director, frustee, or director, frustee, or key employee of the organization (or a family member) was an officer, director, frustee, or director, frustee, or key e			23		Х
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246 through 24d and complete Schedule K if "No,"go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization at sain "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization at sain "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization at sain "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of unit and the transaction with a disqualified person of yeight of year, and that the transaction has not been reported on any of the organization's prior Forms 990 or disqualified person outstanding as of the end of the organization's tax year? if "Yes," complete Schedule L Part II.  Was alloan to or by a current or former 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. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV. Part IV instructions for applicable filling thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b Did the organization receive contributions of art, historical treasures, or other enganization or a family with yeight organization or former officer, director, trustee, or key employee? If "Yes," complete Schedule R, Part IV.  Did the organization engage of director, trustee, or key employee? If "Yes," complete Schedule R, Part IV.					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24a		х
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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 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	b	· · · · · · · · · · · · · · · · · · ·	24b		
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		19? Note. All Form 990 filers are required to complete Schedule O			1

4 a Enter the number reported in Box 3 of Form 1098, Annual Summary and Transmittal of U.S Information Returns Enter-0- if not applicable.  5 b Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable  6 b Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable  7 b Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable  8 b Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable  9 c Did the diagramization comply with backup withholding rules for reportable payments to vendors and reportable garming (garnibing) winnings to prize withholding rules for reportable payments to vendors and reportable of the standard of the calendar year ending with or within the year covered by this return.  9 2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax  9 2 Statements, filled for the calendar year ending with or within the year covered by the return.  9 2 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to -rifle this return (see instructions)  9 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  9 b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O.  9 b If "Yes," and uning 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 accounts or a securities of the foreign country is account.  9 b If "Yes," enter the name of the foreign country is account."  9 b If "Yes," enter the name of the foreign country is account."  9 a Was the organization have are provided and the securities of the provided and the pagnazion of the securities of the provided and the pagnazion of the securities of the provided and the pagnazion of the securities of the pagnazion has a entity to a prohibited tax sheller transaction?  9 a Did th	Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns Enter-0-intot applicable		. •		Yes	No
U.S. Information Returns Enter-0-intot applicable	1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	`	2	٠, ١
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					· 1
agaming (gambing) winnings to prize winners?  2a Elbert for number of employees reported on Form W-3. Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2b   5    Statements, filed for the calendar year ending with or within the year covered by this return?  Note, if the sum of lines 1s and 2s is greater than 250, you may be required to <i>e-file</i> this return?  Note if the sum of lines 1s and 2s is greater than 250, you may be required to <i>e-file</i> this return?  3a   Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  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)?  5b   If "Yes," the treat the name of the foreign country    5c ethe instructions for exceptions and filing requirements for Form TD F 90-22 1. Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction?  5b   If "Yes," to question 5 ao r 5b, did the organization file Form 8886-T, Discoustre by Tax-ExemplEntity Regarding Prohibited Tax Shelter Transaction?  5c   Does the organization any examination in the form 8886-T, Discoustre by Tax-ExemplEntity Regarding Prohibited Tax Shelter Transaction?  5c   If "Yes," indicate the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  a Did the organization organization on the file wery solicitation and express statement that such contributions or gifts were not tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	b		,		`
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c if "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization should the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  g For all contributions of qualified intellectual property, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  9 Did the organization make a distribution to a donor, donor advised funds.  a Did the organizations better a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  b Gross receipts, included on Form 990, P			$\vdash$		_
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a Gross income from members or shareholders 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			,		
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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			ľ l	1,	
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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b					
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	D		.	- :	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	49 -		120		
			12a		L
	D	1 100, onto the amount of tax-exempt interest received of accided during the year, [120]	Form	990	(2009)

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.

Sect	ion A. Governing Body and Management		ν.	
			Yes	No
1a	Enter the number of voting members of the governing body			**
b	Enter the number of voting members that are independent			1
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		X
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_		X
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?	_5	ļ	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 governing body?	7a	ļ	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		1	
	the year by the following.			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9a		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	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	Х	
11A				,
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b	х	
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		Х
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	Ť		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
_	The organization's CEO, Executive Director, or top management official	15a	X	
a	Other officers or key employees of the organization	15b		Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)	100		1
46-			*	
16 a		16a		x
	with a taxable entity during the year?	IVa	1	<del></del>
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	406	<del> </del>	<del> </del>
<u></u>	the organization's exempt status with respect to such arrangements?	160	1	
Seci	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   NC			
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 for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► KATE PHILLIPS 122 NORTH ELM STREET, SUITE 609 GREENSBORO, NC 27401			
	336-379-0060			

### 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 com  (A)	(B)	1		((				(D)	(E)	(F)
Name and Title	Average hours per week	Posit or dir			all t	hat app	y) Former	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
ELIZABETH W. CONE										
BOARD CHAIRMAN	1.00	Х		Х				0.	0.	0
TOM TAYLOR										
BOARD TREASURER	1.00	Х		Х				0.	0	0
SUSAN S. SCHWARTZ BOARD SECRETARY	1.00	х		Х				0.	0	. 0
E. DURANT BELL	1.00	<del>                                     </del>						······································		<u> </u>
BOARD MEMBER	1.00	x						٥.	0.	0
ROBERT T. BRASWELL	1.00	<del></del> -				<del></del>		· · · · · · · · · · · · · · · · · · ·		
BOARD MEMBER	1.00	x						0.	0.	О
KIM BROWN	1.00					-		· · · · · · · · · · · · · · · · · · ·		<u> </u>
BOARD MEMBER	1.00	х						0.	0.	0
CHESTER BROWN, III	ļ									
BOARD MEMBER	1.00	Х			_			0.	0	0
MICHAEL F. BUMPASS										
BOARD MEMBER	1.00	Х						0.	0	0
J. FRANK BURTON										
BOARD MEMBER	1.00	Х						0.	0;	0
BRUCE CANTRELL	ļ									
BOARD MEMBER	1.00	Х						0.	0	0
DAWN CHANEY										
BOARD MEMBER	1.00	Х						0.	0	0
SETH COKER										
BOARD MEMBER	1.00	Х						0.	0.	0
DEREK ELLINGTON										
BOARD MEMBER	1.00	Х					l	0.	0.	. 0
HENRI FOURRIER										
BOARD MEMBER	1.00	Х			L			0.	0.	. 0
BRENDA JONES FOX					_					
BOARD MEMBER	1.00	Х			L			0.	0.	0
JIM HOFFMAN										
BOARD MEMBER	1.00	x			l			0.	l ol	0

Form 990 (2009)

BOARD MEMBER	Part VII Section A. Officers, Directors, Tr	ustees, Ke	ey Er	npl	oye	es,	and	Hig	hest Compensa	ted Employ	<b>veea</b> (c	ontinued)
Dours per   Set	, ( <del>A</del> )	(B) (C) (D) (E)				(F)						
	Name and title	hours per							compensation	compensat	tion	amount of
		week	vidu	1	<u>ह</u>	em	hest	ॡ				
			흑	nalt		o Se	# S			(W-2)1099-M	IISC)	
SECORD HEMBER			stee	L SE		<b>&amp;</b>	pens		(44-51099-MISC)			
BOARD MEMBER				ď		}	ated					organizations
BOARD MEMBER	GEORGE HOUSE			<del> </del>	-							
GARY PAUL KANE  BOARD MEMBER  1.00 X  0.0  MILITON KERN BOARD MEMBER 1.00 X  0.0  MILITON KERN BOARD MEMBER 1.00 X  0.0  MILITON MEMBER 1.00 X		1.00	x	1					0.		0.	0
MILTON KERN  BOARD MEMBER  1.00 X  0. 0  TOM PHILTON  BOARD MEMBER  1.00 X  0. 0  AL LEONARD  BOARD MEMBER  1.00 X  0. 0  AL LEONARD  BOARD MEMBER  1.00 X  0. 0  JOHN LOMAX  JOHN LOMAX  BOARD MEMBER  1.00 X  0. 0  DAN LYNCH  BOARD MEMBER  1.00 X  0. 0  DAN LYNCH  BOARD MEMBER  1.00 X  0. 0  DONAID C. MOORE  BOARD MEMBER  1.00 X  0. 0  DONAID C. MOORE  BOARD MEMBER  1.00 X  0. 0  DONAID C. MOORE  BOARD MEMBER  1.00 X  0. 0  DONAID C. MOORE  BOARD MEMBER  1.00 X  0. 0  DONAID C. MOORE  BOARD MEMBER  1.00 X  0. 0  DONAID C. MOORE  BOARD MEMBER  1.00 X  0. 0  DONAID C. MOORE  BOARD MEMBER  1.00 X  0. 0  DONAID C. MOORE  BOARD MEMBER  1.00 X  0. 0  DONAID C. MOORE  BOARD MEMBER  1.00 X  0. 0  DONAID C. MOORE  BOARD MEMBER  1.00 X  0. 0  WICHAEL SCHIFTAN  BOARD MEMBER  1.00 X  0. 0  DONAID C. MOORE  BOARD MEMBER  1.00 X  0. 0  WICHAEL SCHIFTAN  BOARD MEMBER  1.00 X  0. 0  DONAID C. MOORE  BOARD MEMBER  1.00 X  0. 0  WICHAEL SCHIFTAN  BOARD MEMBER  1.00 X  0. 0  DONAID C. MOORE  BOARD MEMBER  1.00 X  0. 0  WICHAEL SCHIFTAN  BOARD MEMBER  1.00 X  0. 0  COMPONIATION TO THE MEMBER  1.00 X  0. 0  COMPONIATION TO T	GARY PAUL KANE											
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DARL LYNCH   DA		1.00	X	<u> </u>		ļ		_	0.		0.	C
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DONALD C. MOORE   DONALD MEMBER									_			
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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					DOV	e) w	/no re	ceiv	rea more man \$100	,000 in		
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												Ves No
employee on line 1a? If "Yes," complete Schedule J for such individual	3 Did the organization list any former offic	er directo	· ·	ţ.	ıcto		kov c	mn	lovee or highest	componed	tod	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											leu	
Individual	• • •										• •	
Individual												
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										ui <del>u</del> 3 ioi Si	ucii	The second secon
services rendered to the organization? If "Yes," complete Schedule J for such person										raanization	for	
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	services rendered to the organization? If "Yes."	complete S	Sched	lule	J fo	r su	ch pe	rsor	1			
compensation from the organization  (A) (B) (C) Compensation  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received											<u> </u>	l . · · · · · · ·
compensation from the organization  (A) (B) (C) Compensation  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	<u> </u>											
Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received	compensation from the organization	·										·
2 Total number of independent contractors (including but not limited to those listed above) who received												
								1_				
	The same of the sa											
					nited	d to		e I	isted above) who	received		

t VIII	Statement of Reven	ue		· · · · · · · · · · · · · · · · · · ·	56-2011549	<del></del>	Page
		, , ,	, `	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
1a	Federated campaigns	1a		8.36	1,2	833	
ь	Membership dues						
C	Fundraising events					** **	
ď	Related organizations			٠ ٠٠	•		
e	Government grants (contribution	[ . T	140,000	, '		•	
f	All other contributions, gifts, grants,	,	110,000				
'			128,017	· -			
_	and similar amounts not included at			•	,		
g h	Noncash contributions included in li Total. Add lines 1a-1f			260 017			
	Total. Add lines fa-17	•••••	Business Code	268,017		i	
_	CITY DDC IDDG		Dusiness code	252.552		······································	
2a	CITY PROJECTS	<del></del>		260,650	260,650.		
b	CENTER CITY PARK			188,649	188,649		
С	DOWNTOWN GREENSBORO IMPROV	EMENT CORP.		115,500	115,500		
d	WASTE MGMT			22,160	22,160		<u> </u>
е	OTHER PROGRAMS	<del></del>		6,559	6,559		
f	All other program service rever						
g	Total. Add lines 2a-2f	<u> </u>	<u> </u>	593,518			
3	Investment income (including dother similar amounts) A.1	lividends, interes	st, and 3 ▶	689			. 6
4	Income from investment of tax-	exempt bond pro	oceeds	0.			
5	Royalties		<u></u> ▶	0			
	Ĺ	(ı) Real	(ii) Personal				· ·
6a	Gross Rents			. 9			Fig. 12 is
b	Less rental expenses			. 142			
c	Rental income or (loss)						
ď	Net rental income or (loss)			0.			
_		(ı) Securities	(II) Other			, ,	
7a	Gross amount from sales of assets other than inventory			2.743	374 - 1	•	Ĺ
	·			1 3 2 2	* *	~	
b	Less cost or other basis		594	÷	, .	>	1
	and sales expenses		1	, e, ·,	,		
C	Gain or (loss) L		-594				-
d	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	-594.	#.5.j. 4	S. reditalished	-59
8a	Gross income from ful	•	l				
	events (not including \$				<b>3</b> 74(3)		19
	of contributions reported on line	e 1c)					
	See Part IV, line 18	a		3 \4	14- 0 **		
b	Less direct expenses	b	L	• • •			<b> </b>
C	Net income or (loss) from fundr	raising events .	<u></u>	0			
9a	Gross income from gaming act	ıvıtıes		`		•	1
	See Part IV, line 19	а		-	,		
b	Less direct expenses						
c	Net income or (loss) from gami			0			
10a	Gross sales of inventor						<u> </u>
	returns and allowances			<u>,.</u>		,	
b	Less cost of goods sold			. 13	,	*	
C	Net income or (loss) from sales			0.			<u> </u>
	Miscellaneous Revenu		Business Code				
40-			1	<del></del>			<del> </del>
11a			<del>                                     </del>				<del>                                     </del>
b			<del></del>				<del> </del>
С	-			· -			<del> </del>
d	All other revenue						<u> </u>
е	Total. Add lines 11a-11d · ·			0			ļ
12	Total Revenue. See instruction	16	▶	861,630.	593,518.		

### Part IX Statement of Functional Expenses

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

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

	All other organizations must complet not include amounts reported on lines 6b.		(B)		
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				1
	organizations in the U.S. See Part IV, line 21	0.			<del></del>
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22	0.			<u> </u>
3	Grants and other assistance to governments,			م اسم دست بند ن	
	organizations, and individuals outside the	_			,
	U S See Part IV, lines 15 and 16	0.		*	
4	Benefits paid to or for members	0.			<del></del>
5	Compensation of current officers, directors,	000 705	100 000	70.060	12 074
	trustees, and key employees ATCH. 4	209,735.	122,999.	72,862.	13,874.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.	41 471	14 570	
7	Other salaries and wages	62,317.	41,471.	14,578.	6,268.
8	Pension plan contributions (include section 401(k)	10.064	10 005	6 400	1 470
_	and section 403(b) employer contributions)	19,964.	12,085.	6,400.	1,479.
9	Other employee benefits	28,880.	16,693.	9,530.	2,657.
10	Payroll taxes	20,835.	12,563.	6,703.	1,569.
11	Fees for services (non-employees)	_			
	Management	0.			<del></del>
	Legal			E 050	
	Accounting	5,050.		5,050.	· · · · · · · · · · · · · · · · · · ·
	Lobbying	0.		<del></del>	<del></del>
	Professional fundraising services See Part IV, line 17	0.			
	Investment management fees	1,505.		1,505.	
_	Other	0.		1,303.	
12	Advertising and promotion	53,081.	30,726.	17,097.	5,258.
13	Office expenses	3,446.	2,075.	1,110.	261.
14	Information technology	0.	2,013.	1,110.	201.
15	Royalties	4,445.	2,677.	1,432.	336.
16 47	Occupancy	4,911.	2,958.	1,582.	371.
17	Payments of travel or entertainment expenses	4,011.	2,350.	1,302.	
18	,	0.			
40	for any federal, state, or local public officials  Conferences, conventions, and meetings	8,635.	5,201.	2,781.	653.
19		0,039.	3,201.	27701.	
20	Payments to affiliates	0.			
21 22	Depreciation, depletion, and amortization	5,870.	3,535.	1,891.	444.
23	· ' ' ' '	1,757.		1,757.	4.4.4
23 24	Other expenses Itemize expenses not			2,,3,,	,
24	covered above (Expenses grouped together	,			
	and labeled miscellaneous may not exceed		•		,
	5% of total expenses shown on line 25 below)	•			
	CITY PROJECTS	244,271.	244,271.		
-	CENTER CITY PARK	174,059.	174,059.		
	WASTE MANAGEMENT	9,371.	9,371.		
_		-,	-,	1	<del></del>
ء					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	858,132.	680,684.	144,278.	33,170.
	Joint Costs. Check here ► If following	222,2021	,		
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
JSA			1	· L-	Form <b>990</b> (2009)

JSA 9E1052 1 000

Part X		7 2011349		rage II
T GT C X		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	201,061.	1	214,552.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	17,812.	4	13,819.
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of Schedule L		5	•
6	Receivables from other disqualified persons (as defined under section		<u> </u>	
•	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
န္ <u>မ</u> 7			7	
ssets 7	Inventories for sale or use		8	
۷ و ا	Prepaid expenses and deferred charges	6,479.		4,892.
	Land, buildings, and equipment cost or 10a 44,099.	7.81		1,052.
10 6	other basis Complete Part VI of Schedule D			
	Less accumulated depreciation	13,858.	100	8,591.
11	•	13,030.	11	0,331.
12	Investments - publicly traded securities		12	•
1 '	· · · · · · · · · · · · · · · · · · ·		13	
13	Investments - program-related See Part IV, line 11		14	
14	Intangible assets			2 050
15	Other assets. See Part IV, line 11	2,050.	_	2,050.
16	Total assets. Add lines 1 through 15 (must equal line 34)	241,260.	_	243,904.
17	Accounts payable and accrued expenses	32,101.	-	31,247.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	<del> </del>	20	
<u>ဗ</u> 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key			,
Liabilities 22	employees, highest compensated employees, and disqualified			
-	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		25	
26	Total liabilities. Add lines 17 through 25	32,101.	26	31,247.
es	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.	· · · · · · · · · · · · · · · · · · ·		
을 27	Unrestricted net assets	154,109.	27	164,230.
ਲੋਂ 28	Temporarily restricted net assets	55,050.	28	48,427.
프 29	Permanently restricted net assets		29	
or Fund Balance	Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.	. ú <i>a</i>		,
ဖ္ဘု 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · · · · · · · · · · · · · · ·	31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets 33 32 33 30 30 31	Total net assets or fund balances	209,159.	33	212,657.
34	Total liabilities and net assets/fund balances	241,260.	34	243,904.

Form **990** (2009)

Fon	m 990 (2009)		Pε	ige <b>12</b>
Pá	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990.			
	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		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	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		ئىپ، ش	
	Schedule O		`	′ ,
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		٠. ١٠.	~ ,
	issued on a consolidated basis, separate basis, or both			1
	X Separate basis			1
3а	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ľ	İ	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

DO	NTOWN GREENSBORO, INC.		56-2011549
	organizations Maintaining Donor Adv	ised Funds or Other Similar Funds o	
	the organization answered "Yes" to For	m 990, 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 adv	visors in writing that the coasts held in denor	e advised
•	funds are the organization's property, subject to the	•	· · · · · · · · · · · · · · · · Yes · · No
6	the state of the s		
٠	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber		
Da	purpose conferring impermissible private benefit?  til Conservation Easements. Complete if	the experience appropriate Fe	······································
r al	Purpose(s) of conservation easements held by the o		orm 990, Part IV, line /
1		·	_
	Preservation of land for public use (e.g., recrea		f an historically important land area
	Protection of natural habitat	∟_ Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contribution in the	form of a conservation
	easement on the last day of the tax year.		Ø
			Held at the End of the Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfer	erred, released, extinguished, or terminated	by the organization during
	the tax year >		
4	Number of states where property subject to conserva	ation easement is located	
5	Does the organization have a written policy regarding		ng of
	violations, and enforcement of the conservation ease		
6	Staff and volunteer hours devoted to monitoring, insp		
	<b>&gt;</b>	<b>.</b>	3 · · · · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements d	furing the year
	<b>▶</b> \$	.g, c ccg concertation accomonts a	aumig the year
8	Does each conservation easement reported on line 2	2(d) above satisfy the requirements of section	nn
•	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	• •	
9	In Part XIV, describe how the organization reports of		
•	balance sheet, and include, if applicable, the text of t		
	the organization's accounting for conservation easen		latements that describes
Par	t III Organizations Maintaining Collections		or Similar Assets
	Complete if the organization answered	"Yes" to Form 990. Part IV. line 8	ommar Assets.
40		<del></del>	
ıa	art, historical treasures, or other similar assets he	ld for public exhibition, education, or rese	latement and balance sneet works of earch in furtherance of public service
	If the organization elected, as permitted under S art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its fill	nancial statements that describes these ite	ems.
b	If the organization elected, as permitted under S	FAS 116, to report in its revenue statem	nent and balance sheet works of art.
	historical treasures, or other similar assets held	for public exhibition, education, or resear	arch in furtherance of public service,
	provide the following amounts relating to these iter		
	(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 a		assets for financial gain, provide the
	following amounts required to be reported under S	FAS 116 relating to these items	•
а	Revenues included in Form 990, Part VIII, line 1 .		<b>▶</b> \$
b	Assets included in Form 990, Part X		

Par	t III Organizations Maintaini	ng Colle	ctions o	of Art, His	torical	Treasure	s, or	Other Similar A	ssets(	continued	<u>)                                    </u>
3	Using the organization's acquisition,	acces su	on ando	ther record:	s check	any of the	fallo	wing that are a sign	บficant ย	se of its	
•	collection items (check all that apply		o., a.a.		0, 0.100.			ga. a.o a o.g.		00 01 110	
а	Public exhibition	,		dГ	$\neg$	Loan or ex	chand	je programs			
b	Scholarly research			ě		Other	0,,0,,,	go programo			
c	Preservation for future gen	erations		• [					·		
4	Provide a description of the organiza		ilections	and explain	n how th	ev further t	he or	ganization's exemi	ot nurnos	e in	
7	Part XIV.	100113 00	J.I.C.C.I.O.I.G	and explain	1 11047 (1	icy idition		gamzation a exemp	n puipos	,	
5	During the year, did the organization	solici to	or receive	donations	ofart h	istorical tre	20116	e or other similar			
·	assets to be sold to raise funds rather					_			г	Yes	No
Par	t IV Escrow and Custodial A	rrangen	nents.C	omplete if	the org	ganization					
	IV, line 9, or reported an	amount (	on Form	990, Part	X, line	21.					
1a	Is the organization an agent, trustee				-				_		_
	included on Form 990, Part X?								٠٠٠ ل	Yes	No
b	If "Yes," explain the arrangement in	Part XI V	and com	plete the fo	llowing	table:				<u></u>	
								Ar	nount		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	•										····
2a	•			, Part X, line	217				[	Yes	No
	If "Yes," explain the arrangement in							<del></del>			
Par	t V Endowment Funds. Com	<del></del>		tion answ	ered "\	es" to Fo	rm 9	90, Part IV, line	10		
	Į	(a) Curre	ent Year	(b) Prior	year	(c) Two ye	ars ba	ck (d) Three yea	rs back	(e) Four y	ears back
1a	Beginning of year balance					,					
b	Contributions					*	к.	( 4 ~	` `		
C	Net investment earnings, gains,					· .	`			15	
	and losses										
	Grants or scholarships [	•						•		, ,	
е	Other expenditures for facilities .					,		,			1/2
	and programs							,			
f	Administrative expenses										
g	End of year balance					, ,,,,	3 سر	3 ( ) 2 ^			. `
2	Provide the estimated percentage of	the y ea	r end bal	ance held a	ıs						
а	Board designated or quasi-endowme	ent 🕨		%							
b	Permanent endowment >	%		<del></del>							
	·	%									
3a	Are there endowment funds not in th	e pos se	ession of	the organiz	ation th	at are held	and a	administered for the	<b>)</b>		
	organization by									Y	es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(II), are the related orga	ınızati on	s listed as	s required o	n Sche	dule R? .				3b	
4	Describe in Part XIV the intended us	es of t he	organiza	ation's endo	wment	funds.					
Par	t VI Investments - Land, Buil	ldings, a	ınd Equ	ipmentSe	e Forn	n 990, Pa	rt X,	line 10.			
	Description of investment			or other basis estment)		) Cost or other basis (other)	۲	(c) Accumulated depreciation	(0	d) Book valu	е
1a	Land										
b	Buildings	ļ.					1				
C	Leasehold improvements					<del>, ,</del>	$\neg \uparrow$				
d	Equipment				<del>                                     </del>	44,0	99.	35,508			3,591.
e	Other	L			1	,-		,		<u>`</u>	, <del></del>
	I. Add lines 1a through 1e (Column		equal For	rm 990. Par	t X, coli	ımn (B). lın	e 100	c)),,,,,			3,591.
		. ,	,	.,		. ,,	- '		Sched	ule D (Form	

1855

Schedule D (Form 990) 2009			56-20115	549	Page 3
Part VII Investments - Other S	ecurities. See Form	990, Part X, line	e 12.		
(a) Description of security or ca (including name of security	ategory ty)	(b) Book value	Cos	(c) Method of valuation to rend-of-year marke	on et value
Financial derivatives					
Closely-held equity interests					
Other					
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · ·	
				<del></del>	
<del></del>			<del></del>	<del></del>	
					<del></del>
		<u> </u>		<del></del>	<del></del>
	<del></del>		-		
Total. (Column (b) must equal Form 990, Part X, c			L		
Part VIII Investments - Program		<u>ı 990, Part X, lin</u>	e 13.		
(a) Description of investment	type	(b) Book value	Cos	(c) Method of valuation to control of the control o	on et value
Total. (Column (b) must equal Form 990, Part X, c			8 , • ,		, ,
Part IX Other Assets. See For	m 990, Part X, line 1	5.		· · · · · · · · · · · · · · · · · · ·	
	(a) Des	cription			(b) Book value
Total. (Column (b) must equal Form 990, Part X, c	ol (B) line 15)				
Part X Other Liabilities. See F			<u> </u>		<del>17 10 71 2</del>
1. (a) Description of liability		(b) Amount		····	
Federal income taxes	· · ·	(2)	· 5 / 4		
Todoral moonie taxes					
	· · · · -   · - · ·		-		
			-		
		<del> </del>			
Total (Column (b) must equal Form 990, Part X o	of (B) line 25.)				

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche

1.05.5

Schedule	D (Form 990) 2009 56-2011549		Page 4
Part >	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	861,630
	• • • • • • • • • • • • • • • • • • • •	2	858,132
3		3	3,498
4	• • • • • • • • • • • • • • • • • • • •	4	
5		5	
	Investment expenses	<u> </u>	·
7		7	<del></del>
8	· benea nelection	В —	
9		-	
		9	2 400
10 Part X		0	3,498
	Table and the second of the se		062 224
1	Total revenue, gains, and other support per audited financial statements	1	862,224
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments	4	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants	4	
	Other (Describe in Part XIV )	╛	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	862,224
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	-594
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		861,630
Part >	III Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn	
1	Total expenses and losses per audited financial statements	1	858,726
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b	7	
C	Other losses 2c		
d	Other (Describe in Part XIV) 2d 594	7	
е	Add lines 2a through 2d	2e	594
	Subtract line 2e from line 1	3	858,132
	Amounts included on Form 990, Part IX, line 25, but not on line 1		,
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV )	7	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		858,132
	IV Supplemental Information		000,202
and 2h	te this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also c	ines 1	D
this par	to provide any additional information		
	to provide any additional miorination.		
OTHER			
	`		
SCHE	ULE D, PART XII, LINE 4B & PART XIII, LINE 2D		
	<del></del>		
LOSS	ON DISPOSAL OF ASSETS INCLUDED IN FUNCTIONAL EXPENSES FOR FINANCIAL		
STATE	MENT PURPOSES.		
	<del></del>		
<del>-</del>			
			· <del>-</del> ·

Part XIV Supplemental Information (continued)

### SCHEDULE J-2 (Form 990)

### **Continuation Sheet for Form 990**

OMB No 1545-0047

<u> 2009</u>

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

➤ See the Instructions for Form 990.

Name of the Organization

DOWNTOWN GREENSBORO, INC.

Employer identification number 56-2011549

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (C) (F) (B) (E) (A) Estimated Reportable Name and title Average hours Position (check all that apply) Reportable per week compensation compensation amount of employee Individual trustee Officer Institutional trustee Key employee Highest compensated from related other from director organizations compensation the (W-2/1099-MSC) from the organization (W-2/1099-MISC) organization and related organizations JEREMY SPIDELL BOARD MEMBER 1.00 Х 0 0 0. SAM TUCKER BOARD MEMBER 1.00 Х 0. 0. 0. MIKE WINSTEAD, JR Х 0. 0. BOARD MEMBER 1.00 0. RASHAD YOUNG BOARD MEMBER 0 0 1.00 Х 0. ED WOLVERTON PRESIDENT & CEO 40.00 Х 107,716. 0. 13,576. KATE PHILLIPS CFO 40.00 Х 52,523. 0. 9,319. LEE MORTENSEN VICE PRESIDENT Х 9,576. 40.00 49,496. 0.

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

Schedule J-2 (Form 990) 2009

### SCHEDULE O (Form 990)

### 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

Department of the Treasury Internal Revenue Service Name of the organization

DOWNTOWN GREENSBORO, INC.

Employer Identification number

56-2011549

ATTACHMENT 1

PROCESS USED BY THE ORGANIZATION TO REVIEW FORM 990

PART VI, SECTION B, LINE 11A

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND THEN APPROVED BY
THE EXECUTIVE COMMITTEE AND THEN FINALLY APPROVED BY THE BOARD OF
DIRECTORS.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

IF A BOARD MEMBER HAS A CONFLICT OF INTEREST THEY MUST ABSTAIN FROM VOTING ON AN ITEM FOR WHICH THEY HAVE A VESTED INTEREST.

PROCESS FOR DETERMINING COMPENSATION

PART VI, SECTION B, LINE 15A

COMPENSATION FOR THE CEO IS DETERMINED BY USING INDUSTRY STANDARD COMPENSATION OBTAINED FROM THE INTERNATIONAL DOWNTOWN ASSOCIATION.

DOCUMENTATION AVAILABLE TO THE PUBLIC

PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTA	CHMENT	2

Schedule O (Form 990) 2009 Page 2 Name of the organization Employer Identification number DOWNTOWN GREENSBORO, INC. 56-2011549 ATTACHMENT 2 (CONT'D) FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION GRANTS EXPENSES REVENUE CONSOLIDATED PLAN 107,722 105,650 PUBLIC ADVOCACY 25,627 WASTE MANAGEMENT 20,942. 22,160. PHYSICAL IMPROVEMENTS 6,609. OTHER PROGRAMS 884. 6,559. TOTALS 134,369. ATTACHMENT 3 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) UNRELATED TOTAL RELATED OR EXCLUDED DESCRIPTION EXEMPT REVENUE REVENUE BUSINESS REV. REVENUE INTEREST INCOME 689. 689. TOTALS 689. 689\_ ATTACHMENT 4 FORM 990, PART IX - COMPENSATION OF OFFICERS, DIRECTORS, ETC.

NAME	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ED WOLVERTON COMPENSATION:	81,205.	25,451.	1,060.
KATE PHILLIPS COMPENSATION:	13,054.	37,033.	2,436.

lame of the organization		Employer iden	tification number
DOWNTOWN GREENSBORO, INC.		56-201	1549
		ATTACHMENT	4 (CONT'D)
FORM 990, PART IX - COMPENSATION OF OFFICE	RS, DIRECTORS, I	ETC_	
	PROGRAM	MANAGEMENT	
<u>NAME</u>	SERVICES	AND GENERAL	FUNDRAISING
LEE MORTENSEN	28,740.	10,378.	10,378.
TOTALS	122,999.	72,862.	13,874.
		ATTACHMENT 5	
FORM 990, PART X - PREPAID EXPENSES AND DE	FERRED CHARGES		
<u>DESCRIPTION</u>		ENDII BOOK V	
PREPAID AND DEFERRED EXPENSES			4,892.

TOTALS

4,892.

### SCHEDULE R (Form 990)

DOWNTOWN GREENSBORO, INC.

Partl

Department of the Treasury Internal Revenue Service

Name of the organization

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.

2009	
------	--

OMB No 1545-0047

Employer identification number 56-2011549 ٠.

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

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because of had one or more related tax-exempt organizations during the tax year.) (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a)Name, address, and EIN of disregarded entity Part II

time from the first and the fi	•				
(a)	(9)	(0)	( <b>p</b> )	(0)	ω
Name, address, and EIN of related organization	Primary activity	le (state ountry)	Exempt Code section Public charity status (if section 501(c)(3))	Public charity status (if section 501(c)(3))	Direct controlling entity
DOWNTOWN GREENSBORD IMPROVEMENT CORP. 20-2675071 122 NORTH ELM STREET, SUITE 60 GREENSBORD, NC 27401	ECONOMIC DEV. NC		501(C)(4)	N/A	N/A
DOWNTOWN GREENSBORD FOUNDATION 56-2242416 122 NORTH ELM STREET, SUITE 60 GREENSBORO, NC 27401	SUPPORT	NC	501 (C) (3)	6	N/A
				1	

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

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Schedule R (Form 990) 2009

1855

56-2011549

Page 2

Schedule R (Form 990) 2009

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.)

General or managing partner?	Yes No			:	-		
(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)							m 990, Part
(f) Disproportionate abcorbons?	Yes No					-	on Fo
(g) Share of end-of-year assets	Α.						tion answered "Yes" e tax year.)
(f) Share of total income							ole as a Corporation or Trust(Complete if the organization answered "Yes" on Form 990, Part organizations treated as a corporation or trust during the tax year.)
(e) Predominant income (related, unrelated, excluded from tax under sections	512-514)						ration or Trust(Cor
(d) Direct controlling entity							able as a Corpo d organizations t
(c) Legal domicile (state or foreign	(6						ons Tax e relate
(b) Primary activity							lated Organizati it had one or mo
(a) Name, address, and EIN of related organization							Part IV Ine 34 because it had one or more related c

IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	d organizations tre	eated as a corp	oration of trust	during the tax	year.)		
(a) Name, address, and ElN 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	(9) Share of end-of-year assets	(h) Percentage ownership

1855

Schedule R (Form 990) 2009

PAGE 27

JSA

Yes Ę 9 ပ 9 <u>5</u> 무 7 Loans or loan guarantees by other organization(s) or 36.) Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from other organization(s) Gift, grant, or capital contribution from other organization(s) Gift, grant, or capital contribution to other organization(s) Loans or loan guarantees to or for other organization(s) Part V Ec

9

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(4)		
(2)		
(3)	-	
(4)		
(9)	-	
(9)		
		Schedule R (Form 990) 2009

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.

Reimbursement paid by other organization for expenses ...............

Reimbursement paid to other organization for expenses

0

Other transfer of cash or property to other organization(s)

Other transfer of cash or property from other organization(s)

σ

JSA 9E1309 1 000

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

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

(a) Name address and Elv of entity	(a)		(d) Are all partners	(e) Share of	(f) Disprependionate		(h) General or
Court of the Court	funda (	(state or foreign country)	section 501(c)(3)		allocations?	amount in box 20 of Schedule K-1	managing partner?
		-	Yes No		Yes No	(Form 1085)	Yes No
					-		
					-		
					<del></del>		
						Schedule R (Form 990) 2009	900) 2009

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### Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Internal Revenue Service

► Attach to your tax return.

► See separate instructions.

OMB No 1545-0184 Attachment Sequence No 27

Name(s) shown on return Identifying number DOWNTOWN GREENSBORO, INC. 56-2011549 Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (g) Gain or (loss) 2 (a) Description (b) Date acquired (c) Date sold (d) Gross basis, plus Subtract (f) from the of property (mo, day, yr) (mo . dav. vr ) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale ATTACHMENT 6 -594. 3 Gain, if any, from Form 4684, line 43 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 Gain, if any, from line 32, from other than casualty or theft 7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows -594 7 Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below Nonrecaptured net section 1231 losses from prior years (see instructions) 8 Subtract line 8 from line 7 if zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) Part II Ordinary Gains and Losses(see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less) Loss, if any, from line 7 594 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 Gain, if any, from line 31 13 13 Net gain or (loss) from Form 4684, lines 35 and 42a 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 Combine lines 10 through 16 -594. 17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below a If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a" 18a See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, 18b For Paperwork Reduction Act Notice, see separate instructions.

Pa	Gain From Disposition of Property U (see instructions)	Inder Sections 12	45, 1250, 1252, 1254	l, and 1255	
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255	property		(b) Date acquired (mo , day, yr )	(c) Date sold (mo , day, yr )
	<u> </u>			( ) == ), ), )	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Е					
	;				
		Property A	Property B	Bronorty C	Bronosty D
	These columns relate to the properties on lines 19A through 19D.	► Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing ) 20	0			
21	Cost or other basis plus expense of sale 21	1.			
22	Depreciation (or depletion) allowed or allowable 22	2		·	
23	Adjusted basis Subtract line 22 from line 21 23	3	ļ		<del></del>
24	Total gain Subtract line 23 from line 20	4		l	
<u></u>	If section 1245 property:				
	a Depreciation allowed or allowable from line 22	ia			
	b Enter the smaller of line 24 or 25a				
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291				
	a Additional depreciation after 1975 (see instructions) . 26	a			
	b Applicable percentage multiplied by the smaller of				
	line 24 or line 26a (see instructions)	ib			
	c Subtract line 26a from line 24 If residential rental property				
	or line 24 is not more than line 26a, skip lines 26d and 26e . 26	ic		-	
	d Additional depreciation after 1969 and before 1976 . 26	id			
	e Enter the smaller of line 26c or 26d	ie			
	f Section 291 amount (corporations only) <u>26</u>	Sf			
	g Add lines 26b, 26e, and 26f	g		<del></del>	e
27	dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)				
	a Soil, water, and land cleaning expenses	'a			
	b Line 27a multiplied by applicable percentage (see instructions)	'b			
	c Enter the smaller of line 24 or 27b	'c			
	If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)  28.	a			
	b Enter the smaller of line 24 or 28a28	b			
29	If section 1255 property:			· · <del></del>	
	Applicable percentage of payments excluded from				
	income under section 126 (see instructions)29	a			
	b Enter the smaller of line 24 or 29a (see instructions) . 29				
Su	mmary of Part III Gains. Complete property co	olumns A through	D through line 29b b	efore going to line	30.
30	Total gains for all properties Add property columns A through				
31 32	Add property columns A through D, lines 25b, 26g, 27c, 28 Subtract line 31 from line 30 Enter the portion from casual			<u>31</u>	
JΣ	- th th th - 0 4707 to - 0	•	,		
Pa	Recapture Amounts Under Sections (see instructions)	179 and 280F(b)(	2) When Business (		or Less
				(a) Section	(b) Section
				179	280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in	in prior years			
34					
35	Recapture amount Subtract line 34 from line 33 See the		report 35		

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ATTACHMENT 6

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DOWNTOWN GREENSBORO, INC. Supplement to Form 4797 Part I Detail

Γ	<del></del>	<del>.</del>	_	1		τ_	_	_	_	_	T	Т	т —	1	_	1	_	_	 _	_	1	i —	ı	_	,	Τ	• •	т —	1	_	1	1
Gain or (Loss)	ior enuire year	#CC _																													-594.	
Cost or Other	12 730	121,000	-	  -		_			_	-		_		_		_				-	 -			_	_			_			1	_
Deprecation Allowed	12 136	.001/71																														
Gross Sales	3										111111111111111111111111111111111111111																					
Date	06/30/2010	22/22/22																														
Date	VAR																															
Description	COMPUTER EQUIPMENT																														Totals	

PAGE 32

Downtown Greensboro, Inc.

Depreciation Expense Report As of June 30, 2010

> Book = Internal FYE Month = June

Sys No Description	In Svc Date	Acquired Value	P Depr T Meth	E: E:	Salv/168 Allow Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Current YTD Depreciation	Current Accum Depreciation	Section 179 / Bonus Amt	168 Allowance	Code .
Acquisition Date = 1997 000001 Computer System	05/08/97	3.324.16	P SIMM	02 00	000	3.324.16	12/31/09	3.324.16	000	3.324.16	89 000		• `
	05/08/97	1,616.50	_	02 00	0.00		12/31/09	1,615.97	000	1,615.97	00:0		
000003 Cabinet, Chairs, and Frames	05/08/97	445.20	P SLMM	02 00	0.00		12/31/09	445.20	0.00	445.20	0.00		
000005 L Shaped Desk	07/14/97	503.50	P SLMM	05 00	0.00	503.50	12/31/09	503.50	00'0	503.50	000		
Acquisition Date = 1997	ate = 1997	5,889,36			0.00	5,889.36		5,888.83	00'0	5,888.83	\$ 0.00		
Less disposals and transfers	nd transfers	0.00			0.00	0.00	ı	0.00		00:0			
_	Net Subtotal	5,889,36			0.00	5,889.36		5,888.83	0000	5,888.83	\$ 0.00		
Acquisition Date = 2000													
000006 Best Buy Computer	02/24/00	2,436.68	2,436.68 P SLMM	0 <del>2</del> 00	00'0	2,436.68 12/31/09	12/31/09	2,436.68	0.00	2,436.68	\$ 0.00		
000007 Best Buy Computer	08/27/00	1,763.00	1,763.00 P SLMM	02 00	0.00	1,763.00 12/31/09	12/31/09	1,763.00	00:0	1,763.00	0.00		
Acquisition Date = 2000	ate = 2000	4,199.68			000	4,199.68		4,199.68	00'0	4,199.68	\$ 0.00		
Less disposals and transfers	nd transfers	0.00			0.00	0.00	ı	0.00		00:0			
	Net Subtotal	4,199.68			00:00	4,199.68		4,199.68	00'0	4,199.68	\$ 0.00		
3 1 1													
Acquisition Date = 2001 000008 32mh FP 35 ht 72 nin SIM Mo. 04/12/01	04/12/01	1 08:067	MM IS	55	9	420.30		420.30	000	420.30	\$ 0.00		70
000009 MS OFFICE XP PROFESSION 06/21/01	06/21/01	348.74	. ~	8 8	000		12/31/09	348.74	0.00	348.74	0.00		
000010 AMD K7 1.4ghz, 60gb, 60gb m 09/11/01	n 09/11/01	1,914.50	۵	05 00	0.00			1,914.50	0.00	1,914.50	00'0		-0
Acquisition Date = 2001	late = 2001	2,683.54		ļ	00:00	2,683.54	l	2,683.54	0.00	2,683.54	\$ 0.00		
Less disposals and transfers	nd transfers	(2,334.80)		ļ	0.00	(2,334.80)	١	(2,334.80)		(2,334.80)			
	Net Subtotal	348.74			0.00	348.74		348.74	0.00	348.74	\$ 0.00		
Acquisition Date = 2002	N 05/31/02	7 241 20	724120 P SIMM	8	000	7 241 20	12/31/09	7 241 20	000	7.241.20	90 97		, ,
000012 HP XP PAVILION COMPUTEF 09/05/02	F 09/05/02	1,585.70	P SLMM	02 00	0.00	1,585.70		1,585.70	000	1,585.70	0.00		<sub>P</sub>
Acquisition Date = 2002	ate = 2002	8,826.90		l	0.00	8,826.90		8,826.90	0.00	8,826.90	\$ 0.00		•
Less disposals and transfers	nd transfers	(1,585.70)		ı	0.00	(1,585,70)	I	(1,585.70)		(1,585./0)			
	Net Subtotal	7,241.20	,		0.00	7,241.20		7,241.20	000	7,241.20	\$ 0.00		
Acquisition Date = 2003 000015 2 Norstar 7310 Telephones	11/24/03	762.80	76280 P SLMM	00 20	0:00	762.80	762.80 12/31/09	608.42	108.97	717.39	\$ 0.00		

Page 1

August 11, 2010 at 1:51 PM

### Page 2

August 11, 2010 at 1:51 PM

Downtown Greensboro, Inc.
Depreciation Expense Report
As of June 30, 2010

Book = Internal FYE Month = June

Key		9	000 d 000 s	000 d 000 s 000 s	\$ 0.00 \$ 0.00 \$ 0.00 \$	\$ 0.00 0.00 0.00
168 Allowance	:		₩   6	,	φ   φ   φ	₩
Section 179 / Bonus Amt	\$ 0.00	00°0 00°0 \$	0000	000 000 000 \$ 000 \$ 000	\$ 0.00	\$ 0.00 0.00
Current Accum Depreciation	0.00	790.00 239.98 699.42	104.19 2,382.70 4,216.29 (3,186.31)	2,789,73 964,56 3,754,29 (2,789,73) 964,56	10,791,23 2,238,99 13,030,22 (2,238,99) 10,791,23	597.58 847.08 1,032.12
Current YTD Depreciation	108.97	000	79.42	597.80 210.45 808.25 808.25	2,398.05 526.82 2,924.87 2,924.87	188.71 267.50 334.74
Prior Accum Depreciation	608.42	790.00 239.98 699.42	104.19 2,303.28 4,136.87 (3,106.89)	2,191,93 754.11 2,946.04 (2,191,93) 754.11	8,393.18 1,712.17 10,105.35 (1,712.17) 8,393.18	408.87 579.58 697.38
Prior Thru		12/31/09		12/31/09	12/31/09	12/31/09 12/31/09 12/31/09
Depreciable Basis	762.80	790.00 239.98 699.42	104.19 2,382.70 4,216.29 (3,186.31)	2,989.00 1,052.24 4,041.24 (2,989.00) 1,052.24	11,990.27 2634.10 14,624.37 (2,634.10)	1,320,95 1,337,50 2,343,16
Salv/168 Allow Sec 179	0.00	000	0.00	000	0.00	0.00
Est Life	1 1	05 05 05 05 05 05	05 00 05 00 1	05 00 05 00 00 00 00 00 00 00 00 00 00 0	05 00 05 00	07 00 05 00 07 00
P Depr T Meth			<b>a a</b>	P SLMM	Z SLMM P SLMM	1,320.95 P SLMM 1,337.50 P SLMM 2,343.16 P SLMM
Acquired Value	762.80	790.00 239.98 699.42	104.19 2,382.70 4,216.29 (3,186.31)		11,990.27 Z 2,634.10 P 14,624.37 (2,634.10) 11,990.27	1,320.95   1,337.50   2,343.16
In Svc Date	Acquisition Date = 2003 Less disposals and transfers	o, cabin: 02/11/04 03/08/04 03/29/04	06/16/04  ON XP COMPUTE 09/08/04  Acquisition Date = 2004  Less disposals and transfers	105 er 10/17/05 at 11/16/05 Acquisition Date = 2005 Less disposals and transfers Net Subtotal	06 relopment 01/01/06 er 03/31/06 Acquisition Date = 2006 Less disposals and transfers Net Subtotal	04/20/07 File Stor 04/20/07 all table 06/13/07
Sys No Description	Acquis Less dispo		000017 HP Scanner 06/16/04 000020 AMD ATHLON XP COMPUTE 09/08/04 Acquisition Date = 2004 Less disposals and transfers	Acquisition Date = 2005 000022 Dell Computer 000024 Filing Cabinet Acquisi	Acquisition Date = 2006 000025 Website Development 000023 Dell Computer Acquisi	Acquisition Date = 2007         04/20/07           000026 Blueprint File Cabinets         04/20/07           000027 Dlink Dual Hard Drive File Sto 04/20/07           000028 Reception desk with wall table 06/13/07

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## Downtown Greensboro, Inc. Depreciation Expense Report As of June 30, 2010

Book = Internal FYE Month = June

In Svc Sys No Description Date		Acquired Value	P Depr T Meth	Est Est	Salv/168 Allow Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Current YTD Depreciation	Current Accum Depreciation	Section 179 / Bonus Amt	168 K Allowance C	Key . Code .
Acquisition Date = 2007 Less disposals and transfers	2007	5,001.61		ı	0.00	5,001.61		1,685.83	790.95	2,476.78	\$ 0.00	\$ 0.00	• •
Net Subtotal	btotal	5,001.61		'	00'0	5,001.61	1	1,685.83	790.95	2,476.78	\$ 0.00	\$ 0.00	
Acquisition Date = 2008 000029 PowerLite 1705c Multimedia P 02/29/08 000030 Dell Desktop - Kate's compute 10/01/08	29/08 31/08	1,149.00	1,149.00 P SLMM 1,790.00 P SLMM	05 00 05 00	00:00	1,149.00	12/31/09 12/31/09	306.41	229.80 358.00	536.21 596.67,	\$ 0.00	\$ 0.00 0.00	
Acquisition Date = 2008 Less disposals and transfers	2008 Isfers	2,939.00 0.00			0.00	2,939.00		545.08	587.80	1,132.88	\$ 0.00	\$ 0.00	
Net Subtotal	btotal	2,939.00			00'0	2,939.00		545.08	587.80	1,132.88	\$ 0.00	\$ 0.00	
Acquisition Date = 2009 000031 Dell Laptop with Extra Monitor 02/09/09 000032 Website Development - Carolir 06/30/09	60/66 60/08	1,767.78	1,767.78 P SLMM 680.00 Z SLMM	05 00	000	1,767.78	1,767.78 12/31/09 680.00 12/31/09	147.32	353.56 136.00	500.88 136.00	\$ 0.00	\$ 0.00	
Acquisition Date = 2009 Less disposals and transfers	2009 Isfers	2,447.78		•	0.00	2,447.78	1	147.32	489.56	636.88	\$ 0.00	\$ 0.00	
Net Subtotal	btotal	2,447.78			0.00	2,447.78	   	147.32	489.56	636.88	\$ 0.00	\$ 0.00	
Acquisition Date = 2010 000033 DELL COMPUTER - ASHLEY 03/01/10	11/10	1,196.03	1,196.03 P SLMM	02 05 06	00:00	1,196,03		000	79.74	79.74	\$ 0.00	\$ 0.00	
Acquisition Date = 2010 Less disposals and transfers	2010 Isfers	1,196.03		ı	0.00	1,196.03		0.00	79.74	79.74 0.00	\$ 0.00	\$ 0.00	
Net Subtotal	ototal	1,196.03			00'0	1,196.03		0.00	79.74	79.74	\$ 0.00	\$ 0.00	1
Grand Total Less disposals and transfers	Total Isfers	56,828.60 (12,729.91)		i	000	56,828.60 (12,729.91)		41,773.86 (10,931,49)	5,869.56	47,643.42 (12,135.53)	\$ 0.00	\$ 0.00	
Net Grand Total	를 	44,098.69		IJ	0.00	44,098.69	II	30,842.37	5,869.56	35,507.89	\$ 0.00	\$ 0.00	3

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## Downtown Greensboro, Inc.

Depreciation Expense Report As of June 30, 2010

Book = Internal

FYE Month = June

Section 179 / Bonus Amt Current Accum Current YTD Depreciation Prior Accum Depreciation Prior The Depreciable Basis Salv/168 Allow Sec 179 를 많 P Depr T Meth Acquired Value In Svc Date Sys No Description

168 Allowance

Depreciation

Report Assumptions

The asset has switched from a MACRS table calculation to the MACRS formula calculation.

The asset has been disposed.

A depreciation adjustment amount is included in the reporting penod. The asset's business-use percentage is less than 100%,

Include Sec 168 Allowance & Sec 179 No

Adjustment Convention None

Key Codes:

Report Name: Depreciation Expense LKR

Source Report. Depreciation Expense

Calculation Assumptions: Short Year none The asset's depreciation was calculated using the mid-quarter convention. The asset's acquired value was reduced to amve at the deprecable basis. The asset has switched from declining-balance to a straight-line.

The asset's depreciation has been limited by luxury auto rules.

The asset has switched to remaining value over remaining life due to ACE.

The asset was transferred.

Sorted by Acquisition Date (with subtotals by year), System No, Extension

Group = All FAS Assets Include Assets that meet the following conditions.

Group/Sorting Criteria:

All FAS Assets

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