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Form 990

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

Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011 D Employer identification number B Check if applicable UPTOWN REINVESTMENT CORPORATION Address change 38-3493359 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (810) 232-6420 519 S SAGINAW ST - SUITE 200 Terminated G Gross receipts \$ 4,878,871 Amended return City or town, state or country, and ZIP + 4 FLINT, MI 48502 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes 810 MOTT FOUNDATION BLDG **H(b)** Are all affiliates included? FLINT, MI 48502 If "No," attach a list (see instructions) H(c) Group exemption number ► Tax-exempt status Website: ▶ K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation M State of legal domicile MI Part I Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE ECONOMIC GROWTH, EMPLOYMENT AND DEVELOPMENT IN THE DOWNTOWN FLINT BUSINESS DISTRICT BY OFFERING FINANCIAL ASSISTANCE, ASSISTANCE IN OBTAINING PRIVATE INVESTMENT CAPITAL, REAL PROPERTY, AND OTHER INCENTIVES TO BUSINESSESS CONSIDERING LOCATING NEW FACILITIES OR DEVELOPMENTS IN THE DOWNTOWN FLINT BUSINESS DISTRICT TO BRING TOGETHER ALL DOWNTOWN INTERESTS, INCLUDING GOVERNMENT, EDUCATION, BUSINESS, AND CHARITABLE INSTITUTIONS IN A BROAD-BASED COALITION TO SUPPORT EXISTING BUSINESSES AND ENCOURAGE ENTREPRENEURIAL BUSINESS DEVELOPMENT IN THE DOWNTOWN FLINT BUSINESS Activities & Governance DISTRICT TO ENHANCE THE PUBLIC INFRASTRUCTURE AND IMPROVE AESTHETICS TO INCREASE DOWNTOWN RESIDENCY AND DEVELOP THE DOWNTOWN INTO AN ATTRACTIVE AREA FOR BUSINESS, EMPLOYMENT, AND ENTERTAINMENT TO ADVOCATE AND SOLVE PROBLEMS WITH GOVERNMENTAL ENTITIES AND OTHER AGENCIES ON BEHALF OF NEW AND EXISTING BUSINESSES AND OTHER INSTITUTIONS DESIRING TO LOCATE NEW FACILITIES OR DEVELOPMENTS IN THE DOWNTOWN FLINT DISTRICT TO 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 0 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . 5 0 6 **6** Total number of volunteers (estimate if necessary) 7a 0 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 . . **b** Net unrelated business taxable income from Form 990-T, line 34 . . . **Prior Year Current Year** 11,212,988 1,332,836 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 32,459 29,030 2,316,776 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,256,772 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 13,562,223 2,618,638 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 0 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 0 16a b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$ **17** 997,233 1,143,167 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 997,233 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 1,143,167 19 Revenue less expenses Subtract line 18 from line 12 . 12,564,990 1,475,471 Not Assets or Fund Balances **Beginning of Current End of Year** Year Total assets (Part X, line 16) 43,411,802 45,693,319 21 23,234,389 33,890,435 Net assets or fund balances Subtract line 21 from line 20 20,177,413 11,802,884 22 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any 2012-08-10 Signature of officer Date Sign Here TIM HERMAN PRESIDENT Type or print name and title Check if self Print/Type Preparer's signature Date PTIN KIM H LINDSAY KIM H LINDSAY employed 🕨 2012-08-15 preparer's name Paid Firm's name 🕨 LEWIS & KNOPF CPAS

May the IRS discuss this return with the preparer shown above? (see instructions)

Fırm's address 🕨 5206 GATEWAY CENTRE SUITE 100

FLINT MI 48507

Preparer

Use Only

(810) 238-

Firm's EIN

Phone no

▽ Yes

4617

Form	990 (2010)				Page 2
Par	Statement of Progr Check if Schedule O con				
1	Briefly describe the organizatio	n's mission			
OFFE INCE BUSI AND ENTE INFR ATTE GOV	ROMOTE ECONOMIC GROWTH RING FINANCIAL ASSISTANCENTIVES TO BUSINESSESS CONTIVES DISTRICT TO BRING TO CHARITABLE INSTITUTIONS REPRENEURIAL BUSINESS DEVASTRUCTURE AND IMPROVE ARACTIVE AREA FOR BUSINESS ERNMENTAL ENTITIES AND OUR RING TO LOCATE NEW FACILITY	E, ASSISTANCE IN OE NSIDERING LOCATIN DETHER ALL DOWNTO IN A BROAD-BASED C ELOPMENT IN THE DO AESTHETICS TO INCR , EMPLOYMENT, AND I THER AGENCIES ON B	BTAINING PRIVATE INVESTM G NEW FACILITIES OR DEVE DWN INTERESTS, INCLUDING OALITION TO SUPPORT EXI DWNTOWN FLINT BUSINESS REASE DOWNTOWN RESIDEN ENTERTAINMENT TO ADVOCE HALF OF NEW AND EXISTIME	MENT CAPITAL, REALOPMENTS IN THE GOVERNMENT, EDISTING BUSINESSE DISTRICT TO ENHACY AND DEVELOP TO THE AND SOLVE POR BUSINESSES AN	AL PROPERTY, AND OTHER DOWNTOWN FLINT DUCATION, BUSINESS, S AND ENCOURAGE ANCE THE PUBLIC FHE DOWNTOWN INTO AN ROBLEMS WITH
2	Did the organization undertake at the prior Form 990 or 990-EZ?		services during the year which	were not listed on	「Yes ▼ No
3	If "Yes," describe these new ser Did the organization cease cond services?		ant changes in how it conducts	, any program	┌ Yes ┌ No
	If "Yes," describe these change	s on Schedule O			
4	Describe the exempt purpose as Section $501(c)(3)$ and $501(c)(4)$ allocations to others, the total 6) organizations and sec	tion 4947(a)(1) trusts are requ	ured to report the am	
4a	(Code) (Expe	enses \$ 715,19	4 including grants of \$) (Revenue \$)
	ACQUISITION OF UNDER USED COMM	ERCIAL REAL ESTATE FOR PU	JRPOSES OF DOWNTOWN DEVELOPME	NT	·
4b	(Code) (Expe		3 including grants of \$) (Revenue \$)
4c	(Code) (Expe	enses \$	including grants of \$) (Revenue \$)
	0.11				
4d	Other program services (Desc (Expenses \$	ribe in Schedule O) including grants	of \$) (F	Revenue \$)
4e	Total program service expense	s► \$ 1,143,	167		

Part TV	Checklist of	Required	Schedules
4 1 2 2 2 2	CHECKHISE OF	reuun eu	SCHEUUICS

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes \checkmark No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	<u>.</u>	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 19			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
3	Enter the 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
)	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
3	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		N c
)	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
ı	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
-	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	-		
1	Did the organization make any taxable distributions under section 4966?	9a		
)	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	-		
,	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
)	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
•	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
2	Enter the amount of reserves on hand	1		
•	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Nic
	If "You " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14a		No

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

Chack if Schadula C	contains a response to any question in this Part VI							<u> </u>
Check ii Schedule O	contains a response to any question in this Part VI	-	•	•	-	•	-	.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		Νo
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following		v	
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			

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

810 MOTT FOUNDATION BLDG

FLINT, MI 48502 (810)232-6420

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

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

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

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

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

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

Check this box if neither the organiz	•	lated o	rganı	<u>zatı</u> c	<u>on c</u> c	<u>mpe</u> n	<u>sat</u> e	d any current office	er, director, or trust	ee
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) REVERAND REGINALD FLYNN DIRECTOR	5 00	х						0	0	0
(2) GREG FIEDLER DIRECTOR	5 00	х						0	0	0
(3) LOYST FLETCHER DIRECTOR	5 00	х						0	0	0
(4) SAM HARRIS VICE CHAIR/S	5 00	х						0	0	0
(5) KATHI HORTON DIRECTOR	5 00	х						0	0	0
(6) DAVID LOSSING DIRECTOR	5 00	х						0	0	0
(7) TODD M JOHNSON DIRECTOR	5 00	х						0	0	0
(8) DAN KILDEE DIRECTOR	5 00	х						0	0	0
(9) BOB KITTEL DIRECTOR	5 00	х						0	0	0
(10) BOB NICHOLS DIRECTOR	5 00	х						0	0	0
(11) BARBARA VEASLEY DIRECTOR	5 00	х						0	0	0
(12) TIM HERMAN PRESIDENT	5 00			х				0	0	0
(13) CLAUDE HIGH V PRESIDENT	5 00			х				0	0	0
(14) INEZ BROWN CHAIR	5 00			х				О	0	0
(15) STUART FORSYTH TREASURER	5 00			х				0	0	0
(16) LEWIS DRISKELL AT-LARGE	5 00			х				0	0	0

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

	(A) Name and Title	(B) Average hours per	1	(tion that a			II		(D) Reportable compensation from the	(E) Reportable compensation from related	- 1 '	(F) Estima amount o	ited fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t organizati relati organiza	the ion and ed
											_		
											+		
1b	Sub-Total			<u> </u>	<u> </u>	<u> </u>	<u> </u>	▶ -			_		
С	Total from continuation sheets						 - -						
d	Total (add lines 1b and 1c) .							F					
2	Total number of individuals (inc \$100,000 in reportable comper					ted	above) who	received more tha	in			
										Г		Yes	No
3	On line 1a? If "Yes," complete Sc						mploy •	ee,o	or highest compens	ated employee	3		No
4	For any individual listed on line organization and related organization										4		No
5	Did any person listed on line 1a services rendered to the organi									or individual for			No_
			compice	.0 007	reaur	C J /	or sucr	r per.		· [5		No_
Se1	ction B. Independent Cor Complete this table for your five \$100,000 of compensation from	hıghest compei		ındep	end	ent o	contra	tors	that received mor	e than			
		(A) me and business ad							Desc	(B) ription of services		(C Comper	
											\exists		
											#		
	Total number of independent con \$100,000 in compensation from			not lir	mite	d to	those	liste	d above) who receive	ved more than	+		

m 990 (
irt VIII	Statement of	Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
<u> ½</u> 1a	Federated campai	gns 1a					
를 _B	Membership dues	1b					
Ē c							
ल je d							
<u>₩</u> •	G /-						
ੱਡ ੱ ਜ	All other contributions,		1,332,836				
혈 .	sımılar amounts not in	cluded above					
ਰ ∣ ਾ	Noncash contributions	ıncluded ın lines 1a-1f \$					
and other similar amounts	Total. Add lines 1	a-1f	. •	1,332,836			
			Business Code				
2a							
b							
c							
d							
e							
f	All other program	service revenue					
2a b c d e	Total Add been 3	a-2f					
' g 3		ne (including dividends, inte					
		amounts)	▶	29,030			29,030
4		ent of tax-exempt bond proceeds		·			
5			· · ·				
	,	(ı) Real	(II) Personal				
6a	Gross Rents	1,633,639					
Ь	Less rental expenses	2,260,233					
c	Rental income	-626,594					
d	or (loss)	or (loss)	<u> </u>	-626,594	-626,594		
<u> </u>	Net rental income	(i) Securities	(II) Other	020,331	020,331		
7a	Gross amount	(i) Securities	(II) Other				
	from sales of assets other						
	than inventory						
b	other basis and						
_	sales expenses Gain or (loss)						
ď							
8a		n fundraising events					
	\$	_					
b	of contributions re See Part IV, line 1	ported on line 1c)					
		a					
Ь	Less direct exper	nses b					
c	Net income or (los	ss) from fundraising events					
9a		n gamıng actıvıtıes See					
	Part IV, line 19	. а					
Ь	Less direct expenses	b					
С	Net income or (los	ss) from gaming activities					
10a	Gross sales of inv returns and allowa						
Ь	Less costofgood						
C		ss) from sales of inventory	<u> </u>				
<u> </u>	Miscellaneous F		Business Code				
118	BROWNFIELD TA			1,137,129	1,137,129		
	DEVELOPER FEE			708,775	708,775		
	MISCELLANEOUS			116,405	116,405		
ı	All other revenue			-78,943	-78,943		
	Total. Add lines 1		<u>. </u>	,	,- 10		
	Total revenue. See			1,883,366			
12	rotar revenue. 386	CINSUNCTIONS	•	2,618,638	1,256,772		29,030

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).									
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21								
2	Grants and other assistance to individuals in the U S See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$								
7	Other salaries and wages								
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
а	Fees for services (non-employees) Management								
b	Legal								
С	Accounting	160,906	160,906						
d	Lobbying								
е	Professional fundraising services See Part IV, line 17								
f	Investment management fees								
g	Other								
L2	Advertising and promotion	22,586	22,586						
L3	Office expenses								
L4	Information technology								
L5	Royalties								
L6	Occupancy	25,040	25,040						
L7	Travel								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	204,513	204,513						
23 24	Insurance	7,060	7,060						
	line 25, column (Å) amount, list line 24f expenses on Schedule O)								
а	GRANT EXPENSE	290,097	290,097						
b	PROGRAM EXPENSES	133,274	133,274						
C	STAFFING	130,329	130,329						
d	GROUNDS & MAINTENANCE	49,392	49,392						
e	UTILITIES	40,270	40,270						
f	All other expenses	79,700	79,700						
25	Total functional expenses. Add lines 1 through 24f	1,143,167	1,143,167	0	C				
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralising solicitation								

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,119,740	1	2,818,210
	2	Savings and temporary cash investments			357,839	2	959,094
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			72,055	4	67,145
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$, and contributing e sponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	mploy	ers, and			
s ts		Schedule L				6	
Assets	7	Notes and loans receivable, net			4,057,298	7	3,773,470
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			107,372	9	93,115
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	31,181,495			
	b	Less accumulated depreciation	10b	1,622,570	28,097,432	10c	29,558,925
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11		12	_		
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			32,038	14	23,858
	15	Other assets See Part IV, line 11			8,568,028	15	8,399,502
	16	Total assets. Add lines 1 through 15 (must equal line 34)			43,411,802	16	45,693,319
	17	Accounts payable and accrued expenses .			774,939	17	580,019
	18	Grants payable				18	
	19	Deferred revenue			52,422	19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part IV of Schedu	le D .			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		•			
Lia Lia		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			22,407,028	25	33,310,416
	26	Total liabilities. Add lines 17 through 25			23,234,389	26	33,890,435
		Organizations that follow SFAS 117, check here ▶ 🗸 and comp	lete li	ines 27			
ф О		through 29, and lines 33 and 34.					
e B	27	Unrestricted net assets			20,159,188	27	10,165,949
Balance	28	Temporarily restricted net assets			18,225	28	1,636,935
포	29	Permanently restricted net assets				29	_
Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	nd com	plete			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Ŋĕţ	33	Total net assets or fund balances			20,177,413	33	11,802,884
_	34	Total liabilities and net assets/fund balances			43,411,802	34	45,693,319

Ра	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2.6	518,63
2	Total expenses (must equal Part IX, column (A), line 25)	2			.43,16
3	Revenue less expenses Subtract line 2 from line 1	3		1,4	175,47
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		20,1	177,41
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-9,8	350,00
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		11,8	302,88
Par	Table 1 The Check of Schedule O contains a response to any question in this Part XII			୮	
1		ſ		Yes	No
•	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	За		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

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As Filed Data -

DLN: 93493228033112

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

UPTOWN REINVESTMENT CORPORATION 38-3493359 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	ted EIN lines 1 - 9 above		(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support	
		instructions))	Yes	No	Yes	No	Yes	No		
Total										

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

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

S	ection A. Public Support		and to quanty t			Jaco complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-ti	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no include any "unusual grants")	3,143,149	689,111	991,984	11,212,988	1,332,836	17,370,068
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	182,185	235,751	66,783	4,076,132	3,517,005	8,077,856
3	Gross receipts from activities that are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	3,325,334	924,862	1,058,767	15,289,120	4,849,841	25,447,924
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	148,911	226,473	56,003			431,387
c	Add lines 7a and 7b	148,911	226,473	56,003			431,387
8	Public Support (Subtract line 7c	,	,				25,016,537
	from line 6)						23,010,337
	ction B. Total Support ndar year (or fiscal year beginning	(=) 3006	(b) 2007	(c) 2008	(4) 2000	(e) 2010	(5) Total
_	in)	(a) 2006	(b) 2007	1,058,767	(d) 2009		(f) Total 25,447,924
9 10a	A mounts from line 6 Gross income from interest,	3,325,334	924,862	1,036,767	13,269,120	4,849,841	23,447,924
104	dividends, payments received on securities loans, rents, royalties and income from similar sources	2,017	2,914	19,251	32,459	29,030	85,671
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the	2,017	2,914	19,251	32,459	29,030	85,671
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,017	2,914	19,251	32,459	29,030	85,671
12	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,	3,327,351	2,914 2,776	19,251	32,459 15,321,579	29,030 4,878,871	85,671 25,533,595
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,327,351	927,776	1,078,018	15,321,579	4,878,871	25,533,595
13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	3,327,351 for the organization	927,776 on's first, second	1,078,018 , third, fourth, or t	15,321,579	4,878,871	25,533,595) organization,
13 14	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul	3,327,351 for the organization Dlic Support Pe	927,776 on's first, second ercentage f) divided by line	1,078,018 , third, fourth, or t	15,321,579	4,878,871	25,533,595) organization,
13 14 Se	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	3,327,351 for the organization Dlic Support Pe	927,776 on's first, second ercentage f) divided by line	1,078,018 , third, fourth, or t	15,321,579	4,878,871 section501(c)(3	25,533,595) organization, ▶┌
13 14 Se 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11 and 12.) First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul Public Support Percentage for 201. Public support percentage from 20. ection D. Computation of Inventor in the properties of the properties of the properties of the public support percentage from 20.	3,327,351 for the organization plic Support Pe 0 (line 8 column (09 Schedule A, Pa restment Inco	927,776 on's first, second ercentage f) divided by line art III, line 15 me Percentage	1,078,018 , third, fourth, or t 13 column (f))	15,321,579 fifth tax year as a	4,878,871 section501(c)(3	25,533,595) organization, ▶ - 97 970 % 97 030 %
13 14 Se 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pull Public Support Percentage for 201 Public support percentage from 20 ection D. Computation of Investment income percentage for	3,327,351 for the organization Dlic Support Pe 0 (line 8 column (09 Schedule A, Pa restment Inco 2010 (line 10c co	927,776 on's first, second ercentage f) divided by line art III, line 15 me Percentage	1,078,018 , third, fourth, or to 13 column (f)) ge by line 13 column	15,321,579 fifth tax year as a	4,878,871 section501(c)(3	25,533,595) organization, ► ► 97 970 %
13 14 Se 15 16	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11 and 12.) First Five Years If the Form 990 is check this box and stop here. Ection C. Computation of Pul Public Support Percentage for 201. Public support percentage from 20. Ection D. Computation of Investment income percentage for Investment income percentage from Investment Income perce	3,327,351 for the organization Dlic Support Period 0 (line 8 column (09 Schedule A, Paragrament Inco 2010 (line 10 c com 2009 Schedule A	927,776 on's first, second ercentage f) divided by line art III, line 15 me Percentage lumn (f) divided by	1,078,018 , third, fourth, or to 13 column (f)) ge by line 13 column 7	15,321,579 fifth tax year as a	4,878,871 section501(c)(3	25,533,595) organization, P 97 970 % 97 030 %

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported

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

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493228033112

OMB No 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

7

► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** UPTOWN REINVESTMENT CORPORATION 38-3493359 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ✓ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

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

(ii) Assets included in Form 990, Part X

170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

▶\$_____

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2010

Par	Titl Organizations Maintaining Co	llections of Ar	t, His	<u>stori</u>	cal T	reası	ures, or C	the	<u>r Similar As</u>	sets (continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	ny of tl	he fol	lowing	that a	re a signific	ant u	se of its collec	tion	
а	Public exhibition		d	\vdash	Loan	orexc	hange prog	rams			
ь	Scholarly research		e	\vdash	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	allections and eval	ain ho	w the	v furth	ar tha	organizatioi	1'c A1	emnt nurnose	ın	
4	Part XIV						_			111	
5	During the year, did the organization solicition assets to be sold to raise funds rather than t									┌ Yes	√ No
Par	t IV Escrow and Custodial Arrang	ements. Compl	lete ıf	the	organ	ıızatıo				,	1 110
	Part IV, line 9, or reported an an										
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	lian or other interm	ediary	/ for c	ontribi	utions	or other ass	sets		┌ Yes	✓ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follov	ving t	able		-		<u> </u>		
							-		Ar	nount	
С	Beginning balance						Ļ	1c			
d	Additions during the year						Ļ	1d			
е	Distributions during the year						L	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	•						┌ Yes	✓ No
ь	If "Yes," explain the arrangement in Part XIV	/									
Pa	rt V Endowment Funds. Complete	ıf the organızatıo	n ans	swer	ed "Ye	es" to	Form 990				
		(a)Current Year	(b) Prior	Year	(c)⊤\	wo Years Back	(d)	Three Years Back	(e)Four	Years Back
1 a	Beginning of year balance										
b	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
С	Term endowment ►										
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	zatıon	that	are hel	d and	admınıstere	d for	the	Yes	i No
	(i) unrelated organizations								3a		No
	(ii) related organizations								3a(No
b	If "Yes" to 3a(II), are the related organization								3	 	No
4	Describe in Part XIV the intended uses of th	e organızatıon's en	ndowm	ent fu	ınds					•	
Par	t VI Investments—Land, Building:	s, and Equipme	ent. S	See F	orm 9	990, P	art X, line	10.			
	Description of investment				Cost or s (inves		(b)Cost or o basis (othe		(c) Accumulated depreciation	(d) B	ook value
	Land						1,342	2,693			1,342,693
	Buildings						,	•		1	· · ·
	Leasehold improvements									1	
	Equipment										
	Othor						29,838	3,802	1,622,57	0	28,216,232
	I. Add lines 1a-1e (Column (d) should equal Fo), line	10(c)) _				+	29,558,925
	and the second s	222) raic xy coru	(D)	,,	(_ / ,	, • •			Schedule [_	
									Julioudic L	- \ 1111	,

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	1	d of valuation
(including name of security)	(2)20011 14140	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
(a) Description of investment type	(B) Book value	Cost or end-of	-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip			(b) Book value
(1) INVESTMENT IN 500 BLOCK LLC	rcion		3,027,198
(2) INVESTMENT IN BAKER UPTO WN LLC			2,824,216
(3) INVESTMENT IN FIRST STREET LOFTS			
(4) INVESTMENT IN COMMUNITY FIRST LLC			1,403,980 862,911
(5) INVESTMENT IN UPTOWN DEVELOPMENTS			229,852
(6) INVESTMENT IN 501-SSS, LLC			41,148
(7) INVESTMENT IN UPTOWN FJ			13,774
(8) DEPOSITS			2,000
(9) INVESTMENT IN ECONOMY BLDG LLC	<u> </u>		-5,577
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			8,399,502
Part X Other Liabilities. See Form 990, Part X	•		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
LOAN FROM FURS - RIVERFRONT ST HSG	27,000,000		
LOAN FROM FURS - ROWE PROJECT	5,500,000		
LOAN FURC	475,000		
SECURITY DEPOSITS	178,602		
RETAINAGE PAYABLE	130,027		
LOAN URC	10,195		
GIFT CERTIFICATES	9,115		
ACCRUED EXPENSES	7,477		
NOTES PAYABLE - MEDC			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	33,310,416		

- 0.1	Reconcination of Change in Net Assets from Form 990 to Financial Statemen	113	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,618,638
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,143,167
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,475,471
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	348,518
9	Total adjustments (net) Add lines 4 - 8	9	348,518
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,823,989
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	5,227,389
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	2,608,751
3	Subtract line 2e from line 1	3	2,618,638
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,618,638
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	3,403,400
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	2,260,233
3	Subtract line 2e from line 1	3	1,143,167
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,143,167

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	LINE 8	EXPENSES FOR RENTAL INCOME NETTED AGAINST REVENUE 2,260,233 ELIMINATION OF PARTNERSHIP INCOME 348,518 EXPENSES FOR RENTAL INCOME NETTED AGAINST REVENUE -2,260,233
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	LINE 2D	EXPENSES FOR RENTAL INCOME NETTED AGAINST REVENUE 2,260,233 ELIMINATION OF PARTNERSHIP INCOME 348,518
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	· · · · · · · · · · · · · · · · · · ·	EXPENSES FOR RENTAL INCOME NETTED AGAINST REVENUE 2,260,233

Additional Data

Software ID: Software Version:

EIN: 38-3493359

Name: UPTOWN REINVESTMENT CORPORATION

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
INVESTMENT IN 500 BLOCK LLC	3,027,198
INVESTMENT IN BAKER UPTOWN LLC	2,824,216
INVESTMENT IN FIRST STREET LOFTS	1,403,980
INVESTMENT IN COMMUNITY FIRST LLC	862,911
INVESTMENT IN UPTOWN DEVELOPMENTS	229,852
INVESTMENT IN 501-SSS, LLC	41,148
INVESTMENT IN UPTOWN FJ	13,774
DEPOSITS	2,000
INVESTMENT IN ECONOMY BLDG LLC	-5,577

(b) A mount

Form 990, Schedule D, Part X, - Other Liabilities (a) Description of Liability

LOAN FROM FURS - RIVERFRONT ST HSG	27,000,000
LOAN FROM FURS - ROWE PROJECT	5,500,000
LOAN FURC	475,000
SECURITY DEPOSITS	178,602
RETAINAGE PAYABLE	130,027
LOAN URC	10,195
GIFT CERTIFICATES	9,115
ACCRUED EXPENSES	7,477
NOTES PAYABLE - MEDC	

OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization
UPTOWN REINVESTMENT CORPORATION

Employer identification number

38-3493359

Identifier	Return	Explanation
	Reference	—-
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	TO PROMOTE ECONOMIC GROWTH, EMPLOY MENT AND DEVELOPMENT IN THE DOWNTOWN FLINT BUSINESS DISTRICT BY OFFERING FINANCIAL ASSISTANCE, ASSISTANCE IN OBTAINING PRIVATE INVESTMENT CAPITAL, REAL PROPERTY, AND OTHER INCENTIVES TO BUSINESSES CONSIDERING LOCATING NEW FACILITIES OR DEVELOPMENTS IN THE DOWNTOWN FLINT BUSINESS DISTRICT TO BRING TOGETHER ALL DOWNTOWN INTERESTS, INCLUDING GOVERNMENT, EDUCATION, BUSINESS, AND CHARITABLE INSTITUTIONS IN A BROAD-BASED COALITION TO SUPPORT EXISTING BUSINESSES AND ENCOURAGE ENTREPRENEURIAL BUSINESS DEVELOPMENT IN THE DOWNTOWN FLINT BUSINESS DISTRICT TO ENHANCE THE PUBLIC INFRASTRUCTURE AND IMPROVE AESTHETICS TO INCREASE DOWNTOWN RESIDENCY AND DEVELOP THE DOWNTOWN INTO AN ATTRACTIVE AREA FOR BUSINESS, EMPLOY MENT, AND ENTERTAINMENT TO ADVOCATE AND SOLVE PROBLEMS WITH GOVERNMENTAL ENTITIES AND OTHER AGENCIES ON BEHALF OF NEW AND EXISTING BUSINESSES AND OTHER INSTITUTIONS DESIRING TO LOCATE NEW FACILITIES OR DEVELOPMENTS IN THE DOWNTOWN FLINT DISTRICT TO PURCHASE, SELL, IMPOVE, SUBDIVIDE, CONDOMINIUMIZE, DEWOLISH, LEASE, BORROW, PLEDGE, MORTGAGE, MANAGE, AND CONTROL ANY REAL OR PERSONAL PROPERTY WHICH MAY BE NECESSARY TO FULFILL THE FOREGOING CHARITABLE PURPOSES OR WHICH MAY BE TRANSFERRED TO THIS CHARITABLE ORGANIZATIOM BY GIFT, GRANT, DEVISE, BEQUEST, OR OTHERWISE FOR THE GENERAL PURPOSE OF UPTOWN REINVESTMENT CORPORATION TO IDENTIFY NEW CONSTRUCTION OR EXPANSION OPPORTUNITIES IN THE DOWNTOWN FLINT BUSINESS DISTRICT, TO AND IN OR LOCATE APPROPRIATE SITES FOR CONSTRUCTION OR EXPANSION OPPORTUNITIES IN THE DOWNTOWN FLINT BUSINESS DISTRICT, TO AID IN OR LOCATE APPROPRIATE SITES FOR CONSTRUCTION OR EXPANSION OPPORTUNITIES, AND TO EXPENDITE THEIR FULFILLMENT TO INITIATE APPLICATIONS FOR FEDERAL AND STATE FINANCIAL AND OTHER CHARITABLE SUPPORT OF ECONOMIC DEVELOPMENT IN THE DOWNTOWN FLINT BUSINESS DISTRICT, TO AID IN OR LOCATE APPROPRIATE SITES FOR CONSTRUCTION AND DUSINESS THAT WILL PROVIDE ADDED JOBS AND INCREASE THE JOB BASE OF THE CITY OF FLINT AND TO COMMIT LOCAL BUSINESS AND MAJOR N

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO	FORM 990, PAGE 6, PART VI,	990 INFORMATIONAL RETURN IS PROVIDED FOR REVIEW PRIOR
REVIEW FORM 990	LINE 11B	TO FILING WITH THE IRS

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

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DLN: 93493228033112

2010

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Name of the organization

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

				38-3493359			
Part I Identification of Disregarded Entities (Comple	te ıf the organızatı	on answered "Ye	s" on Form 990, Pa	irt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign country		(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organiz or more related tax-exempt organizations during the	ations (Complete le tax year.)	the organization	n answered "Yes"	on Form 990, Par	t IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	rolled
44) FOUNDATION FOR UNTOWN DETAILS						Yes	No
(1) FOUNDATION FOR UPTOWN REINVESTMENT 519 S SAGINAW ST SUITE 200 FLINT, MI 48502 20-2159723	NON PROFIT	MI	501	9	N/A		No
						1	
						+	(g) n 512(b)(13 ntrolled anization No No
For Privacy Act and Paperwork Reduction Act Notice, see the Instructio	ns for Form 990.	Cat No 5	<u> </u> 50135Y		Schedule R (Form 990	2010

Part III Identifi because	because it had one or more related organizations treated as a partnership during the tax year.)														
(a) Name, address, and EIN of related organization	(b) Primary activity	(b) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) (g) Share of total income assets		(f) Share of total income		hare of end-of-year		ortionate	amount in be Schedule	ox 20 of K-1	Gene mana	ral or aging	(k) Percentage ownership		
									Yes	No			Yes	No	
(a) Legal domicile related organization (b) Primary activity (state or foreign country) (a) Legal domicile related organization (c) Legal domicile related organization (c) Legal domicile related organization (c) Legal domicile related, unrelated, excluded from tax under sections 512-514) (d) Direct controlling entity (c) Disproprtionate allocations? (d) Disproprtionate allocations? (f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (Form 1065) (Form 1065) (Form 1065)															
Name, address, an	(a) d EIN of related organiz	ation		Legal domicile (state or foreign	Direct cor		introlling Type of er city (C corp, S o		Share of tota corp,		f total income Sha end-c		nare of -of-year		Percentage

ched	ule R (Form 990) 2010		Рa	ge 3
Par	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 3	6.)		
ı	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b		No
C	Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f :	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i L	Lease of facilities, equipment, or other assets to other organization(s)	1 i		No
j l	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I F	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m :	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
0	Reimbursement paid to other organization for expenses	10		No
р	Reimbursement paid by other organization for expenses	1р		No
q	Other transfer of cash or property to other organization(s)	1q		No
	Other transfer of cash or property from other organization(s)	1r		No
2]	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thres			
	(a) (b) (c) Method	(d) Lofdetermu	una am	ount

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) FOUNDATION FOR UPTOWN REINVESTMENT	С	768,497	GRANT
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	
			Yes	No		Yes	No		Yes	No
									+	
										1
							\vdash		+	\vdash
										T
									-	\vdash
										╁
									+	+

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

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OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury nternal Revenue Service (99)	•	See separate i	inst ruct ions	s. 🕨 Attach	to your tax ı	eturn.		Attachment Sequence No 67
Name(s) shown on returr UPTOWN REINVESTME		⊃ N	Business	or activity to w	hich this for	m relates	Id	lentifying number
UPIOWN REINVESIME	NICORPORATIO	JN	INDIREC	T DEPRECIAT	ION		3	8-3493359
Part I Election	To Expense (Certain Pro						
Note: If	you have any li	isted propert	y, comple	te Part V befo	ore you coi	mplete Part I.		
1 Maximum amount Se	ee the instructions	s for a higher li	mıt for cert	aın busınesses			1	500,000
2 Total cost of section	179 property plac	ced in service	(see ınstru	ctions) .			2	
3 Threshold cost of se	ction 179 propert	y before reduct	tion in limit	atıon (see ınstr	uctions)		3	2,000,000
4 Reduction in limitation	on Subtract line 3	from line 2 If	zero or les	s. enter - 0 -			4	
5 Dollar limitation for t)- If marrie	d filina		
separately, see instr							5	
				(b) Cost (bu	ISINESS IISE	T		
6 (a) Description of p	roperty		on		(c) Elected co	ost	
7 Listed property Ente	er the amount from	ılıne 29 🔒			. 7			
8 Total elected cost of	section 179 prop	erty Add amo	unts ın colı	ımn (c), lınes 6	and 7 .		8	
9 Tentative deduction							9	
10 Carryover of disallow	ed deduction from	line 13 of voi	ır 2009 Foi	m 4562			10	
11 Business income limitation					e instructions)		11	
			•	,	·			
12 Section 179 expense		•			. —		12	
13 Carryover of disallow					. 13			
Note: Do not use Par								
	-			-	_		<u>ropert</u>	y) (See instructions)
14 Special depreciation tax year (see instruc		lified property	(other than	listed property) placed in s	ervice during the	14	
15 Property subject to s	ection 168(f)(1)	election .					15	
16 Other depreciation (i	ncluding ACRS)						16	194,441
Part IIII MACRS D	epreciation (Do not inclu	de listed p	roperty.) (Se	e instructi	ons.)		
			Se	ction A				
17 MACRS deductions f	orassets placed i	n service in ta	x years be	ginning before 2	010 .		17	10,072
18 If you are electing	to group any a	ssets placed	ın service	e during the ta	ax year ınt	o one or more		
general asset acco	ounts, check he	re				▶□		
Section B—As	sets Placed in	Service D	uring 201	LO Tax Year	Using the	General Dep	recia	tion System
		(c) Bas						•
(a) Classification of	(b) Month and			(d) Recovery				(g)Depreciation
property	year placed in service	(business/in use		period	(e) Conver	ition (f) Metho	od	deduction
	Service	only—see ins						
19a 3-year property			•					
b 5-year property								
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property								
g 25-year property				25 yrs		S/L		
h Residential rental				27 5 yrs	ММ	S/L		
property				27 5 yrs	ММ	S/L		
i Nonresıdentıal real				39 yrs	ММ	S/L		
property					ММ	S/L		
Sect	ion C—Assets Pla	ced in Service	During 2010) Tax Year Using	g the Altern	ative Depreciation	ı Syste	em
20a Class life						S/L		
b 12-year				12 yrs		S/L		
c 40-year				40 yrs	ММ	S/L		
Part IV Summa	ary (see instruc	ctions)						
21 Listed property Ente	er amount from line	e 28					21	
22 Total. Add amounts f							22	204,513
23 For assets shown abo	•		-	•	e 🗀			
portion of the basis a				<u> </u>	23			

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	<u>nforma</u>	ition (C	aution	: See t	he ir	<u>ıstruct</u>	ions for	· limits	for pa	sseng	ier au	tomot	<u>iles</u>
24a Do you have eviden	ice to support	the business/in	vestment ι	use claime	d? ┌ Yes	Гио		24	b If "Yes	" is the e	ev idence	written?	Гү	s L N	o
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	d) r other sis	(busines	(e) r deprecia ss/investm se only)	vestment neriod Conventi		d/	(h Deprec dedud	iation/		(i) Electe section : cost	179	
.5 Special depreciation allo	•	· · · ·	erty placed	ın service	during the	tax year	and u	sed more		25					
6 Property used more			husiness	LISE					1.4						
or roperty asea more	1 11 11 11 11	%	business	- 450											
		%													
7 Duamanti,		%													
7 Property used 50%	or less in a	quanned bus	siness us	e	1		I		S/L -	1					
		%							S/L -						
		%							S/L -				4		
28 Add amounts in co						ne 21, p	age	1.	28			_			
29 Add amounts in co	olumn (ı), lın						•	•			29				
	6		ction B												
omplete this section you provided vehicles to													se vehic	les	
30 Total business/inv				_	a)	(b		T .	(c)		(d)		e)		f)
year (do not inclu			ring the	Vehi	icle 1	Vehic	le 2	Ve	hicle 3	Veh	ıcle 4	Vehi	cle 5	Vehi	cle
		-				1		_		_					
31 Total commuting r		,													
32 Total other person	nal(noncomm	nuting) miles	drıven												
33 Total miles driven	during the y	ear Add line	s 30												
through 32 . 34 Was the vehicle av	· · · ·	orconaluca		V	l Na	 Y	N.	V	No.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N _a	V	T No.	V	TN
		iersonai use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
during off-duty hou 35 Was the vehicle us		· · · ·	 han 50/a		+								 		\vdash
owner or related p		by a more t													
36 Is another vehicle	available fo	r personal us	se? .												
Section	on C—Que	stions for	Emplo	yers W	ho Pro	vide V	ehi	cles fo	or Use	by Th	eir Er	nploy	ees	<u> </u>	
nswer these question % owners or related				eption to	comple	tıng Sec	tion	B for ve	hicles u	sed by	employ	ees wh	o are	not mo	re tl
37 Do you maintain a employees?				nibits all	personal	use of	vehic	les, inc	luding c	ommuti	ng, by	your	Y	'es	No
					-	-	-					-			
38 Do you maintain a employees? See th															
9 Do you treat all us	e of vehicles	s by employe	es as pei	rsonal us	e? .										
10 Do you provide movehicles, and retai	re than five	vehicles to y	our empl			ormation	fron	n your e	mployee	s abou	t the us	e of th	e 🗀		
11 Do you meet the re				• •	· ·	 netratioi	n uce	.2 (500	· ·		•	•	-		
Note: If your answ	•		•					•		,		•	\vdash	-	
		, 39, 40, 01 -	+1 15 TE	5, 40 110	Comple	te Secti	OII B	ioi tile	Covered	venicie	:5				
Part VI Amo	rtization	(b)								(0)	1				
(a) Description of c	osts	Date amortizatio begins	n	A mort a mo	ızable		С	(d) ode ction	A mo	(e) tizatior iod or entage	ו		(f) rtızatı hıs ye		
12 A mortization of co	sts that bea		ur 2010	tax vear	(see ins	truction	s)				•				
			1	,	,		-,								
			-						+						
I3 Amortization of co	sts that beg	an before vo	ur 2010 t	tax vear						43					
14 Total Add amount	=	•		•	• •	•	- '	•		44	+				

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493228033112

OMB No 1545-0172

Department of the Treasury

Form 4562

Attachment

► Attach to your tax return. ► See separate instructions. Sequence No 67 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates **Identifying number** UPTOWN REINVESTMENT CORPORATION RIVER FRONT RENTAL 38-3493359 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount See the instructions for a higher limit for certain businesses 500,000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,000,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election . . . **16** Other depreciation (including ACRS) . 666,202 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 18 If you are electing to group any assets placed in service during the tax year into one or more . ▶ general asset accounts, check here Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ 39 yrs S/L i Nonresidential real property ΜМ S/L Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L MMS/L c40-year 40 yrs Part IV **Summary** (see instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 666,202 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	ition (C	Caution	: See t	he ii	nstruct	ions foi	r limits	for pa	sseng	<u>ier au</u>	<u>tomot</u>	<u>iles.</u>
24a Do y ou hav e ev ider	nce to support	the business/in	v estment ι	use claime	d? ┌ Yes	Г _{Nо}		24	b If "Yes	," is the e	v idence	written?	, Г _Y е	s L	o
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	nt Cost or other basis for depreciation (business/investment use only)		depreciation Recovery Mesonestment Period Cor		(g) Metho Conver	od/	(h Deprec dedu	iation/		(i) Electe section : cost	179		
25 Special depreciation allo 50% in a qualified busi			erty placed	in service	during the	tax year	and u	sed more		25					
6 Property used more	<u>`</u>		business	use											
,,		%													
		%													
7 Property used 50%	orloss in a	%	SIDOSS IIS		1								—		—
Froperty used 50 %	0 01 1633 111 4	%	siliess us		1				S/L -				\top		
		%							S/L -						
		%							S/L -				—		
28 Add amounts in co						ne 21, p	age	1.	28						
29 Add amounts in co	olumn (ı), lın						•				29				
omplete this section	forvobiclos		ction B							' or rola	tad nar	con			
you provided vehicles to													se vehic	les	
30 Total business/inv	vestment mi	les driven du	rına the		a)	(b	•		(c)		(d)		e)		f)
year (do not inclu			• •	Veh	icle 1	Vehic	cle 2	Ve	hicle 3	Veh	ıcle 4	Vehi	cle 5	Vehi	cle
31 Total commuting i	miles driven	during the ve	a s r							_				+	
32 Total other persor										+				+	
•	•							-		-				+-	
33 Total miles driven through 32 .	· · ·	ear Add iiile													
34 Was the vehicle a	vailable for p	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .														t
35 Was the vehicle us owner or related p		by a more t	han 5%												
36 Is another vehicle		r personal us	se? .												
Section	on C-Oue	stions for	Emplo	vers W	ho Pro	vide V	/ehi	cles fo	or Use	by Th	eir Er	nplov	ees		
nswer these question % owners or related				eption to	comple	ting Sec	ction	B for ve	hicles u	sed by	employ	ees wh	o are	not mo	re th
37 Do you maintain a employees?				hibits all	personal	l use of	vehic	les, inc	luding c	ommutı •	ng, by	your •	Y	'es	No
													<u> </u>	$-\!\!\!\!\!+$	
38 Do you maintain a employees? See t															
39 Do you treat all us	se of vehicles	s by employe	es as pe	rsonal us	e? .										
40 Do you provide movehicles, and reta				oyees, o	btaın ınfo	ormation	n fror	n your e	mploye	es abou	t the us	e of th	e		
11 Do you meet the r				automob	ıle demoı	nstratio	n use	·? (See	ınstruct	ions)			\vdash	-+	
Note: If your answ	•	<u> </u>	•					•		•	es.			-+	
	rtization	777		-,											
7		(b)								(e)					
(a) Description of c	osts	Date amortizatio begins	n	A mort	c) :izable ount		C	(d) Code ection	pe	rtizatior riod or centage	ו		(f) rtızatı hıs ye		
12 A mortization of co	sts that beg	-	ur 2010	tax year	(see ins	truction	ıs)				•				
	T			•	-		•		I						
43 Amortization of co	sts that beg	an before yo	ur 2010 1	tax year						43					8,18
14 Total Add amount	=	•		•	are to ro	nort				44	1				Ω 1 Ω