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Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public

	A _	For the	2015 calend	dar year, or tax year begin	nning	07-0	1 , 2015, and en	iding	06-30	, 2016
	В	Check if a	pplicable	C Name of organization Chap	el Hill Downtown Par	tnersh	ip Inc.		D En	mployer identification no
	\Box	Address c	hange	Doing business as					7 20-	-1561219
	$\overline{}$				w if mail to get delivered to etract addrage	\		Room/suite		elephone number
	$\overline{}$	Name cha	-		x if mail is not delivered to street address;)			1	•
	二	nıtıal retur		308 Rosemary St				202	(9)	19) 967-9440
	一		al return/terminated City or town, state or province, country, and ZIP or foreign postal code						482,383	
	ᆖ	Amended		Chapel Hill, No					G G	ross receipts\$
	⊔ ′	Application	n pending	F Name and address of principa	officer Margaret McGur	ck		H(a) Is this a gro	up return for	(
				Same as C above				H(a) Is this a gro subordinate	sγ	
	<u> </u>	Tax-exemp	ot status X	501(c)(3) 501(c)() (insert no) 4947(a)(1) or	r	27	H(b) Are all subo	rdinates incl	luded? Yes No
	<u>J </u>	Website [.]	▶ htt	tp://www.downtowno	chapelhill.com/			If "No," H(c) Group exem	iption numb	er
			ganization X	Corporation Trust Ass	ociation Other	Įι	. Year of formation 20	OO4 M State o	of legal domi	icile NC
	Pa	rt I	Summa	ry						
		1	Briefly descr	ribe the organization's miss	ion or most significant activities	To b	ring the res	ources of t	he tow	m,
	•		universi	tv and downtown c	community together to	maint	aın, enhance	and promote	e the	downtown
2016	Governance		-		ral and spiritual ce					
20	ш		developm	_	and opinional co					-
୍ ଷର	Ver			_	n discontinued its operations or o	disposed i	of more than 25% o	of its net assets	 	
~	တ္				· ·	-		1	3	٥
	∞ ಶ			•	5				4	
NOV	Activities			•	rs of the governing body (Part VI	•			+	9
	₹			• •	n calendar year 2015 (Part V, line	•		F	5	5
()	Act			er of volunteers (estimate if	***************************************			-	6	48
113	•				Part VIII, column (C), line 12			-	7a	<u>0</u>
Z		b	Net unrelate	ed business taxable income	from Form 990-T, line 34				7b	<u> </u>
SCANNED)				_	=		Prior Year		Current Year
\mathbf{r}		8	Contribution	is and grants (Part VIII, line	1h)	REC	EIVEN	377,	148	414,822
	e	9	Program sei	rvice revenue (Part VIII, line	e 2g) · · · · · · · · · · · · · · · ·			78,	165	66,068
	Revenue	10	Investment i	income (Part VIII, column (/	A), lines 3, 4, and 7d) 🕠 🔀	. pp.	0		12	16
	è				nes 5, 6d, 8c, 9c, 10c, and 11e)	ñři.	3 1. 2016 .	1.	101	1,477
		42	Total revenue	io add linos 9 through 11 ((must squal Bart VIII, solumn 1/4)), line 12)	2			482,383
		13	Grants and	similar amounts paid (Part	IX, column (A), lines 1-3)	CD	- 66 · B Despe		113	2,949
		14	Renefits nau	d to or for members (Part I)	X column (A) line 4)	<u>an</u>	EN, UI			
			· · · · · · · · · · · · · · · · · · ·		e benefits (Part IX, column (A),	lines 5-10)	184,	241	206,683
	es	160			column (A), line 11e) · · · ·		_		241	200,083
	Expenses	104		_			_ [*** **********************************	1.00	
1	ğ	_ D		ising expenses (Part IX, co			<u>0</u> -			
	Ü	1	-	nses (Part IX, column (A), li				256,		259,340
					equal Part IX, column (A), line 2			443,		468,972
			Revenue les	ss expenses Subtract line	18 from line 12	<u></u>		13,	, 088	13,411
	Net Assets or	<u>s</u>					<u></u>	Beginning of Current	Year	End of Year
	sets	20	Total assets	(Part X, line 16) · · · ·			· · · · · · · <u>-</u>	120,	054	163,108
	Ψ.	21	Total liabilitie	es (Part X, line 26) · · ·			· · · · · · <u>· </u>	13,	, 695	43,338
			Net assets	or fund balances Subtract	line 21 from line 20			106,	,359	119,770
	Pa	rt II	Signatu	ire Block						
					n, including accompanying schedules and			nowledge and belief, it	IS	
	true,	correct, ar	nd complete Dec	claration of preparer (other than offi	cer) is based on all-information of which p	reparer nas	any knowledge		, 	
				Kledunt #	1 Com				/C	7/26/11.
	Sig	n	Signati	ure of office					Date	
	He	re	Marc	garet McGurk, Exec	cutive Director					
ı		.		r print name and title	SUCTIVE DITECTOR		· · · · ·			
			<u> </u>		Burnanda apprehies 4 A 4 5	^	Date	Check X	f PTIN	
	Pai	id	1	reparer's name	Preparer's signature Mark S.	Danes		_		01201726
			Mark D			-	10-15-2016	self-employe		01321736
		parer	. ———		Danes CPA PLLC				-1061	285
1	US	e Only	Firm's addre		lspring Drive			Phone no		
				Durham 1				91	<u>.9-452-</u>	
1	May	the IP	S dieciles this	s return with the preparer of	hown shove? (see instructions)					. X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

9-24

Form 990 (2015)

Form	1 990 (2015) Chapel Hill Downtown Partnership Inc. 20-1561219 P	age 2
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	To bring the resources of the town, university and downtown community together to maintain,	
	enhance and promote the downtown area as the social, cultural and spiritual center of Chapel	
	Hill through economic development.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
_	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	
	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three-largest program-services, as measured by	
*	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported	
	the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 250,155 including grants of \$) (Revenue \$ 26,091	``
	Led and managed the downtown area through partnership efforts; marketing and promotions	. ′
	improving the visual appeal of downtown; and rebuilding downtown as a mixed use center of	
	retail service, professional, governmental, institutional and residential uses. Worked with	
	business and property owners and organizations to identify and recruit tenants and	
	businesses. Coordinated and hosted several special events to bring the community to downtown	
	Chapel Hill. Advocated for businesses and property owners on issues and challenges affecting	
	them. Provided businesses with high-visibility, low-cost marketing promotions through the	
	website, events calendars and marketing e-mails.	
4b	(Code) (Expenses \$105,558 including grants of \$) (Revenue \$39,977	.)
	Launch Chapel Hill, a start-up accelerator located in downtown Chapel Hill, fosters	
	high-potential entrepreneurs who are committed to building their early-stage, high-potential	
	businesses into self-sustaining enterprises. Launch is a truly unique partnership of private and public investment between the Town of Chapel Hill, Orange County, University of North	
	Carolina-Chapel Hill, Downtown Partnership, and private investors. Launch provides the	
	support, tools and knowledge needed to decrease risks, reduce go-to-market time, and	
	accelerate the growth of start-ups.	
	4000202400 01.0 q20#41 02 00420 app.	
4c	(Code) (Expenses \$15,699 including grants of \$) (Revenue \$.)
	The Campus and Community Coalition to Reduce the Negative Impacts of High Risk Drinking (The	
	Coalition) was founded in 2016. It is a collaborative effort with representation and funding	
	from the Town of Chapel Hill, UNC-Chapel Hill, the Orange County Health Department, and the	
	Orange County ABC Board. The Coalition is tasked with addressing the complex public health	
	problem of high risk drinking by implementing a series of recommendations that apply to	
	downtown Chapel Hill, UNC-Chapel Hill, and the near-campus neighborhoods.	
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 371,412	

Partiv

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Χ 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 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? If "Yes," complete Schedule C, Part II X 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, - 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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 Χ c 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 Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х 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 and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

5) Chapel Hill Downtown Partnership Inc. 20-1561219 Page 4
Checklist of Required Schedules (continued)

Yes No

			Yes	N
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		Х
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22		>
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		2
		23		
a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			١,
	through 24d and complete Schedule K-If "No;" go to line 25a	_24a_		=
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		
а	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			H
b				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		L
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		L
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1	14 m
				1862
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	200	1.37	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		L
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			l
	Schedule L, Part IV	- 28b		L
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? If "Yes," complete Schedule L, Part IV	28c		
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	 "		H
	Part I	. 37		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	- 32		
	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		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	. 34		
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			r
		334		┝
b	If "Yes" to line 35a, 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	35b	ļ	L
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		L
•	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Γ
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		I		l
	Part VI	. 37		
3	Part VI	. 37		Ŀ

Pai	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• • •	• • •	
	5-tth		Yes	No
1a _	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	40	- 	
20	reportable gaming (gambling) winnings to prize winners?	1c	X	├-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the colored system and the water covered by the seture.			
b	Statements, filed for the calendar year ending with or within the year covered by this return	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	Λ.	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	. 4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	İ		
	gifts were not tax deductible?	- 6b		
7	Organizations that may receive deductible contributions under section 170(c).			İ
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		١,,
	required to file Form 8282?	. 7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		X
h g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	-/11	_	
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			İ
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ĺ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	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			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

	1990 (2015) Chapel Hill Downtown Partnership Inc. 20-15612		P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	'No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	<u></u>	X
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
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		Х
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	_3_		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	. 8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	(in the second of the second		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	l
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	- 1	
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Λ	Х
14	Did the organization have a written document retention and destruction policy?	14		X
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?			
•	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
a	Other officers or key employees of the organization	Н Н		X
b	, , , ,	15b		_^
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iba	with a taxable entity during the year?	460		
L		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	:		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	- -		
800	organization's exempt status with respect to such arrangements?	16b		<u></u>
	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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website V Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Margaret McGurk (919) 967-9440, 308 Rosemary Street, Chapel Hill, NC 27516

Form 990 (2015)	Chapel Hill Downt	own Partnership Inc.	20-1561	219
	C OCC - DI	-1	1 (! l 4 O 4 4 F	

PartVIII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated	Employees, an
	Independent C						

Check if Schedule O contains a response or note to any line 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

- 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 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

FFA

					C)			fficer, director, or t		
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
·	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Don Tise	5.00	Х		Х				0	0	0
Chair (2) Joel_Curran Director	5.00	Х		\\ \frac{1}{\sqrt{2}}				0		
(3) Len Wohadlo Director	5.00	Х						0		
(4) Gordon Merklein Treasurer	5.00	Х		Х				0	0	
(5) Scott Maitland Vice-Chair	5.00	Х		Х				0	0	0
(6) Pam Hemminger Director	5.00	Х						0	0	
(7) Dan Shannon Director	5.00	Х						0	0	(
(8) Mark Sherburne Director	5.00	Х						0	0	
(9) Zach Ward Director	5.00	Х						o	0	(
(10)Margaret McGurk Executive Director				Х				67,531	0	2,920
(11)										
(12)										
(13)										
(14)						_				

Form 990 (2015)

|--|

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd l	High	est	Comp	ens	ated Employees (continued)	,		
	(A) Name and title	(B) Average	1 '			tion ore th	nan one both an		(D) Reportable	(E) Reportable	1	(F) stimated	
		hours per week (list any hours for related organizations below dotted line)	individual trustee or director	$\overline{}$	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	con	nount of other other opensation the ganization of related anization	n i
<u>(15)</u>		L											
				_		_		_					
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
(21)													
<u>(22)</u>									<u> </u>				
<u>(23)</u>													
(24)													
(25)													
1b	Sub-total												
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)								67,531	0		2,9	20
2	Total number of individuals (including but not limited		_				_	_					
	reportable compensation from the organization									0_		Yes	No
3	Did the organization list any former officer, director		•				•		•		3		
4	employee on line 1a? If "Yes," complete Schedule 3 For any individual listed on line 1a, is the sum of rep								sation from the		•		X
	organization and related organizations greater than											ļ	
5	Individual										4		Х
Casti	for services rendered to the organization? If "Yes," o	complete Sch	nedule	J fo	rsuc	ch p	erson			· · · · · · · · · · · · · · · · · · ·	5		Χ
Section 1	on B. Independent Contractors Complete this table for your five highest compensal	ed independ	ent co	ntrac	ctors	tha	t recei	ved	more than \$100.00	00 of			
	compensation from the organization Report compe												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Com	pensation	
			11					_					
2	Total number of independent contractors (including received more than \$100,000 of compensation from				ııste	d at	oove) v	wno	_				

Form 990 (2015) 20-1561219 Page 9 Chapel Hill Downtown Partnership Inc. Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512-514 Related or exempt function Unrelated Total revenue business Contributions, Giffs, Grants and Other Similar Amounts Federated campaigns 1a b 1b С Fundraising events . . 1c đ 1d Government grants (contributions) . . 1e 304,656 All other contributions, gifts, grants, and similar amounts not included above 110,166 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 414,822 **Business Code** Program Service Revenue 2a Valet parking 532000 25,351 25,351 b Business incubator 532000 39,977 39,977 740 740 900099 c Artwalk All other program service revenue g Total. Add lines 2a-2f 66,068 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds (ı) Real (II) Personal **b** Less rental expenses · · · · c Rental income or (loss) · · · d Net rental income or (loss) · · · · · · · · · · · · · · · ▶ (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 a **b** Less direct expenses b c Net income or (loss) from fundraising events 1,375 1,375 9a Gross income from gaming activities See Part IV, line 19 a **b** Less direct expenses **b** c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . .

> **Business Code** 900099

102

102

66,068

482,383

102

1,493

b Less cost of goods sold b

Miscellaneous Revenue

11a Miscellaneous

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

c Net income or (loss) from sales of inventory

5) Chapel Hill Downtown Partnership Inc. Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizations	must complete column	(A)

Check if Schedule O contains Do not include amounts reported on line		(A)	(B)	(C)	(D)
8b, 9b, and 10b of Part VIII.		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to dome	estic organizations		·		
and domestic governments. See Par	t IV, line 21	2,949	2,949		
2 Grants and other assistance to dome	estic				
individuals See Part IV, line 22 · ·	[
3 Grants and other assistance to foreign	ın				
organizations, foreign governments,	and foreign			·	
individuals See Part IV, lines 15 and	16				
Benefits paid to or for members • •					
5 Compensation of current officers, dir	ectors,				
trustees, and key employees · · ·		75,548	56,661	18,887	
6 Compensation not included above, to	o disqualified				
persons (as defined under section 49	958(f)(1)) and				
persons described in section 4958(c)(3)(B) · · · · · ·				
7 Other salaries and wages · · · ·	[110,957	89,187	21,770	
8 Pension plan accruals and contributi	ons (include				
section 401(k) and 403(b) employer	contributions)	3,511	2,754	757	
9 Other employee benefits		3,104	2,295	809	
0 Payroll taxes · · · · · · · · ·		13,563	10,508	3,055	
1 Fees for services (non-employees)	Ī				
a Management		2,588	2,588		
b Legal · · · · · · · · · · · · · · · · · · ·	[
c Accounting	[6,322	306	6,016	
d Lobbying	[-	
e Professional fundraising services Se	ee Part IV, line 17				
f Investment management fees					
g Other (If line 11g amount exceeds 1	0% of line 25, column				-
(A) amount, list line 11g expenses or	Schedule O)	32,481	30,606	1,875	
2 Advertising and promotion	· · · · · · · · · · · · · · · · · · ·	6,917	5,284	1,633	
13 Office expenses	[23,563	17,816	5,747	
14 Information technology	[1,352	1,014	338	
S Royalties		•	1		<u> </u>
16 Occupancy	F	127,707	95,780	31,927	
17 Travel		3,188	2,391	797	
18 Payments of travel or entertainment	expenses		-,		
for any federal, state, or local public	officials				
9 Conferences, conventions, and mee	-	17,305	16,176	1,129	
20 Interest		139		139	· - · · · ·
21 Payments to affiliates			-		
Depreciation, depletion, and amortiz	F	3,541	2,656	885	
23 Insurance	F	2,849	2,137	712	
24 Other expenses Itemize expenses	F		,	,	· · · · · · · · · · · · · · · · · · ·
above (List miscellaneous expenses					
line 24e amount exceeds 10% of line					
(A) amount, list line 24e expenses or					
a Valet parking activitie	·	25,416	25,416		
b Bad debt		2,557	2,557		
c					
d					
e All other expenses		3,415	2,331	1,084	
25 Total functional expenses. Add line	es 1 through 24e	468,972	371,412	97,560	C
Joint costs. Complete this line only		400,972	3/1,412	91,300	
organization reported in column (B)	oint costs				
from a combined educational campa					
fundraising solicitation Check here following SOP 98-2 (ASC 958-720)	▶ ∐ ıf				
EA		_			Form 990 (201

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A)		(B)
			Beginning of year_		End of year
	1	Cash - non-interest-bearing	54,154	1	81,995
	2	Savings and temporary cash investments	44,151	2	54,167
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,964	4	6,826
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
Assets		organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 76,663			
	b	Less accumulated depreciation 10b 60,043	12,285	10c	16,620
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,500	15	3,500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	120,054	16	163,108
	17	Accounts payable and accrued expenses	13,695_	17	16,090
	18	Grants payable		18	
	19	Deferred revenue		19	27,248
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			1
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X		_	
'		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	13,695	26	43,338
w		Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 and			
ĕ		complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets			
alar	27	Temporanly restricted net assets	106,359	27	119,770
ě	28			28	
ŭ	29	Permanently restricted net assets		29	
ř		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ts o		complete lines 30 through 34.			
se	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	, and more representations, or many comments of a parameters of the parameters of th		32	
Ž	32	Retained earnings, endowment, accumulated income, or other funds	106.250	33	110 550
	33	h	106,359	34	119,770
	34	Total liabilities and net assets/fund balances	120,054	J4	163,108

Form	990 (2015) Chapel Hill Downtown Partnership Inc. 20-1561219		Pa	age 12
Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>		\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	4	82,3	383
2	Total expenses (must equal Part IX, column (A), line 25)	4	68,9) 72
3	Revenue less expenses Subtract line 2 from line 1		13,4	411
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1	06,3	359
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses · · · · · · · · · · · · · · · · · ·			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	1	19,7	<u> 170</u>
Pa	t XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			X.
			Yes	No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			'
	separate basis, consolidated basis, or both			١ .
	Separate basis Consolidated basis Both consolidated and separate basis	1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form	990 (2	2015)

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

Name of the organization Employer identification number 20-1561219 Chapel Hill Downtown Partnership Inc. 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 (Form 990 or 990-EZ)) 3 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). 6 7 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c | Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (v) Amount of monetary (iii) Type of organization (iv) is the organization (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E)

Page 2

Part II

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)

sec	tion A. Public Support					. <u> </u>	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	268,906	384,774	357,114	377,148	414,821	1,802,763
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	268,906	384,774	357,114	377,148	414,821	1,802,763
5	The portion of total contributions by	200,300	304,774	337,114	377,140	414,021	
	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 line 4 · ·						1,802,763
<u>Sec</u>	tion B. Total Support					<u> </u>	
Caler	ıdar year (or fiscal year beginning in) 🕨 📙	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	268,906	384,774	357,114	377,148	414,821	1,802,763
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar					1.5	470
	sources	132	9	1	12	16	170
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 VI)			160	1,816	1,477	3,453
11	Total support. Add lines 7 through 10						1,806,386
12	Gross receipts from related activities, etc. (s	ee instructions)				12	106,861
13	First five years. If the Form 990 is for the or organization, check this box and stop here tion C. Computation of Public Su						▶ 🗌
14	Public support percentage for 2015 (line 6, c	• •		n\	-	14	 99.80 %
14 15	Public support percentage from 2014 Sched		•				
	33 1/3% support test - 2015. If the organiza						99.85 %
iva	box and stop here. The organization qualifie						▶ 🔯
b	33 1/3% support test - 2014. If the organiza						
-	check this box and stop here . The organiza						▶ □
17a	10%-facts-and-circumstances test - 2015.		=				
	10% or more, and if the organization meets i	=					
	Part VI how the organization meets the "fact				•		
	organization		•	· ·			▶ □
b	10%-facts-and-circumstances test - 2014.	If the organization	did not check a bo	x on line 13, 16a,	16b, or 17a, and lii	ne	
	15 is 10% or more, and if the organization m	eets the "facts-and	I-cırcumstances" te	st, check this box	and stop here.		
	Explain in Part VI how the organization mee	ts the "facts-and-ci	rcumstances" test	The organization of	qualifies as a publi	cly	
	supported organization						▶ 🔲
18	Private foundation. If the organization did r	ot check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see		_
	ınstructions		<u> </u>		<u> </u>		<u>· ·</u> · · .▶ []

Schedule A (Form 990 or 990-EZ) 2015 Chapel Hill Downtown Partnership Inc. 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.)

sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	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	Total. Add lines 1 through 5						<u> </u>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			_			
b	Amounts 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						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·				 		
	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support		T	1	1	Г	1
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · ·				 		
0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources • •						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · ·						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on • • •						
2	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
3	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·						
_	First five years. If the Form 990 is for the or organization, check this box and stop here		<u></u>	n, or fifth tax year a	s a section 501(c)(3) 	▶ 📋
3e	ction C. Computation of Public Si			<u> </u>		T I	
5	Public support percentage for 2015 (line 8, c		=	.,,,		H	%
6	Public support percentage from 2014 Sched					16	%
_	ction D. Computation of Investme			-1		147	
	Investment income percentage for 2015 (line					17	<u>%</u>
18	Investment income percentage from 2014 Se					18	%
19a	33 1/3% support tests - 2015. If the organiz 17 is not more than 33 1/3%, check this box	zation did not chec and stop here. Th	k the box on line 14 ne organization qua	4, and line 15 is molifies as a publicly	ore than 33 1/3%, a supported organiza	ind line ation	▶ □
	33 1/3% support tests - 2014. If the organize line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	qualifies as a pub	licly supported orga	anization	
20	Private foundation. If the organization did n	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions		· · · · · ▶ ∐

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

eci	ion A. All Supporting Organizations	 1	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			. t
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status		-	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	_		
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	-(b)-and-(c)-below	_3a_		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			·
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			Ì
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С				
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	40		ال ـ ـ ـ ـ ـ
E a	purposes Put the exceptration add, substitute, or remove any supported exceptrations during the tay year? If "Yes."	4c		
эа	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	- Ju		t
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		_	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a		<u> </u>
b	, , , , , , , , , , , , , , , , , , , ,			
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b		<u> </u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c	 	ļ
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			J
	supporting organizations)? If "Yes," answer 10b below.	10a		
þ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	401		
	determine whether the organization had excess business holdings)	10b	1	l

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

trustees of each of the supported organizations? Provide details in Part VI.

3a

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 See	instructions. All			
	other Type III non-functionally integrated supporting organizations must complete Sections A through E						
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
_1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
со	llection of gross income or for management, conservation, or						
ma	aintenance of property held for production of income (see instructions)	6					
- 7-	Other expenses (see-instructions)	7_					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
ıns	structions for short tax year or assets held for part of year)						
	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
fa	actors (explain in detail in Part VI)	•					
	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,						
se	e instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sec	tion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
_ 5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
en	nergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally-instructions)	-inte	grated Type III supporting	g organization (see			

а

Breakdown of line 7

c Excess from 2013d Excess from 2014e Excess from 2015

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Op.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization	Employer identification number
Cha	pel Hill Downtown Partnership Inc.	20-15612 <u>1</u> 9
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accoun	ts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	· - · · · · · · · · · · · · · · · · · ·
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	<u> </u>
	only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pai		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)	important land area
	Protection of natural habitat Preservation of a certified his	toric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	servation
	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz	zation during the
	tax year ▶	-
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease	ements during the year
	▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	
	and section 170(h)(4)(B)(ii)? $\cdots \cdots	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	describes the
	organization's accounting for conservation easements	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	therance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	s
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ball	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt	therance of
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p	provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<u></u> ▶\$

Schedu	ule D (Form 990) 2015 Chapel Hill Down				20-1 <u>5</u> 6:			
Par						sets (continued)		
3	Using the organization's acquisition, accession, ar	nd other records, ch	neck any of the follo	wing that are a	significant use of its			
	collection items (check all that apply)					•		
а	Public exhibition	d Loar	or exchange progi	rams				
b	Scholarly research	e 🗌 Othe	r					
С	Preservation for future generations							
4	Provide a description of the organization's collection	ons and explain ho	w they further the o	rganization's e	xempt purpose in Part			
	XIII							
5	During the year, did the organization solicit or rece	eive donations of ar	t, historical treasure	es, or other sim	ıılar			
	assets to be sold to raise funds rather than to be n	naintained as part o	of the organization's	s collection?		· · 🗌 Yes 📗 No		
Pai	t IV Escrow and Custodial Arrange							
	Complete if the organization ans	wered "Yes" or	n Form 990, Pa	rt IV, line 9,	or reported an amo	unt on Form		
	990, Part X, line 21							
1a	_ls_the_organization_an_agenttrusteecustodian_or_							
	ıncluded on Form 990, Part X?					· · · 🗌 Yes 🗌 No		
b	If "Yes," explain the arrangement in Part XIII and o	complete the follow	ing table					
					An	nount		
c	Beginning balance				· 1c			
d	Additions during the year							
е	Distributions during the year				. 1e			
f	Ending balance				. 1f			
2a	Did the organization include an amount on Form 9	990, Part X, line 21,	for escrow or custo	odial account li	ability?	· · · 🗌 Yes 🔲 No		
b	If "Yes," explain the arrangement in Part XIII Chec	ck here if the expla	nation has been pro	ovided on Part	XIII	····		
Pai	rt V Endowment Funds.							
	Complete if the organization ans	wered "Yes" or	n Form 990, Pa	rt IV, line 10)			
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three years back	(e) Four years back		
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships			_				
е	Other expenditures for facilities and							
	programs					_		
f	Administrative expenses							
g	End of year balance					_		
2	Provide the estimated percentage of the current years	ear end balance (li	ne 1g, column (a)) l	held as				
а	Board designated or quasi-endowment	%						
b	Permanent endowment ► %							
С	Temporanly restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should eq	ıual 100%						
3a	Are there endowment funds not in the possession	of the organization	that are held and a	administered fo	r the			
	organization by					Yes No		
	(i) unrelated organizations					· · 3a(i)		
	(ii) related organizations · · · · · · · · ·					· · 3a(ii)		
b	If "Yes" on 3a(ii), are the related organizations liste	ed as required on S	Schedule R?	<i></i>		· · 3b		
4	Describe in Part XIII the intended uses of the orga	nızatıon's endowm	ent funds					
Pa	rt VI Land, Buildings, and Equipme							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10							
	Description of property	(a) Cost or other	er basis (b) Cost	or other basis	(c) Accumulated	(d) Book value		
		(investme	ent)	(other)	depreciation			
1a	Land	• •						
b	Buildings							
С	Leasehold improvements	• •						
d	Equipment	• •		9,071	2,716	6,355		
<u>e</u>	Other	· ·		67,592	57,327	10,265		
Tota	I. Add lines 1a through 1e (Column (d) must equal	Form 990, Part X.	column (B), line 10	lc)	>	16,620		

Part VII	Investments - Other Securities.	wntown Partnership 1	Inc. 20-150	61219 Page				
rait_vii_	Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12							
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	on				
(1) Financial	derivatives							
-	eld equity interests							
(3) Other								
(A)								
(B)								
_(C)				 				
_(D)								
(E)								
(F)								
(G)								
(H)								
	b) must equal Form 990, Part X, col (B) line 12)							
Part VIII	Investments - Program Related. Complete if the organization answere	ed "Yes" on Form 990, F	Part IV, line 11c See Form 990	, Part X, line 13				
_	(a) Description of investment	(b) Book value	(c) Method of valuate Cost or end-of-year market					
(1)								
(2)								
(3)		-						
(4)								
(5)								
(6)								
(7)								
(8)				_				
(9)								
	b) must equal Form 990, Part X, col (B) line 13)			-				
Part IX	Other Assets. Complete if the organization answere	ed "Yes" on Form 990. F	Part IV line 11d. See Form 990) Part X line 15				
	<u> </u>	Description	<u> </u>	(b) Book value				
(1)	(4)	2001ption	-	(2, 200				
(2)	-			-				
(3)		_						
(4)		-						
(5)								
(6)								
(7)								
(8)								
(9)								
	nn (b) must equal Form 990, Part X, col (B) line 15)	<u> </u>					
Part X	Other Liabilities.							
	Complete if the organization answere line 25	ed "Yes" on Form 990, F	Part IV, line 11e or 11f See For	rm 990, Part X,				
1.	(a) Description of liability	(b) Book value						
	I income taxes	(2) 2001 10100						
(2)								
								

1.	(a) Description of liability		(b) Book value
(1) Federa	I income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column	(b) must equal Form 990, Part X, col. (B) line 25.)	•	

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sched	ule D (Form 990) 2015 Chapel Hill Downtown Partnership Inc.	20-1561219	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	. 1	482,383
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	<u> </u>	
С	Recoveries of pnor year grants	7	
d	Other (Describe in Part XIII)	7	
е	Add lines 2a through 2d	· 2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3	482,383
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	-	
	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		482,383
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense		402,303
_ · u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	o per recuiri	
_	· · · · · · · · · · · · · · · · · · ·	. 1	460 000
1	Total experiede and recode per addited interiorist exacements	· 1	468,972
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	· 2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	. 3	468,972
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	_	
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	· 4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	468,972
Pa	rt XIII Supplemental Information.		
Prov	ide 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 X, line	
2, Pa	art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
			·
			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2015

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Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Name of the organization Employer identification number 20-1561219 Chapel Hill Downtown Partnership Inc. 01. Form 990 governing body review (Part VI, line 11) The Form 990 is provided to the Board of Directors and approved by the Treasurer or Executive Director prior to filing. 02. Conflict of interest policy compliance (Part VI, line 12c) The Organization regularly and consistently monitors and enforces compliance with its written conflict of interest policy. 03. Governing documents, etc, available to public (Part VI, line 19) The Organization makes its financial statements, governing documents and conflict of interest policy to the general public upon request. 04. Audited by an independent accountant (Part XII, line 2b) The Executive Director and the Board of Directors assume responsibility for the oversight of the audit. This process has not changed during the year.