EXTENDED TO NOVEMBER 15, 2024

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	e 2023 calendar year, or tax year beginning	and endir	ng		
3 c	Check if applicable	e: C Name of organization			D Employer identific	cation number
	Addre chang					
	Name chang	Doing business as			56-06293	40
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room	n/suite	E Telephone number	
	Final return termin	130 SUMMIT AVENUE			336-373-	
	ated Amen	City or town, state or province, country, and ZIP or foreign postal cod	de		G Gross receipts \$	114,106.
L	_return	GREENSBORO, NC 2/401			H(a) Is this a group re	
	tion pendir	F Name and address of principal officer: CRKIS BABCOCK	27401		for subordinates	
	-			F07	H(b) Are all subordinates in	
	Nebsi		(a)(1) or	<u> </u>	i '	list. See instructions
		organization: X Corporation Trust Association Other	- Ii	Vear	H(c) Group exemption 1939 M	1 State of legal domicile: NC
	art I	Summary		Litait	or formation. ±333 IV	Totale of legal dofficile, 240
		Briefly describe the organization's mission or most significant activities: TI	HE GRE	ENS	BORO HISTOR	Y MUSEUM
Governance	'	SHARES THE CITY'S COMPELLING HISTORY	IN COU	NTL	ESS WAYS. E	XHIBITS
rna	2	Check this box if the organization discontinued its operations or				
ove	3	·	•		3	22
Ğ	4	Number of independent voting members of the governing body (Part VI, line				22
es 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a))		5	0
Ζţ	6	Total number of volunteers (estimate if necessary)			6	121
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.
				-	Prior Year	Current Year
Revenue	1	Contributions and grants (Part VIII, line 1h)			90,782.	84,328.
	1	Program service revenue (Part VIII, line 2g)			24,566.	28,280.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-8,944.	-3,381.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			106,404.	109,227.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
s	ا ء –		E 40\		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	/		0.	0.
çpe	b	Total fundraising expenses (Part IX, column (D), line 25)	7,177.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			225,632.	220,519.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			225,632.	220,519.
		Revenue less expenses. Subtract line 18 from line 12			-119,228.	-111,292.
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year
sser	20	Total assets (Part X, line 16)			1,713,142.	1,805,521.
nde	21	Total liabilities (Part X, line 26)		. —	19,614.	16,921.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		.	1,693,528.	1,788,600.
		Signature Block alties of perjury, I declare that I have examined this return, including accompanying sci	hadulae and	ctatom	ante and to the heet of m	v knowledge and bolief it is
		thes of perjury, i declare that i have examined this return, including accompanying sci of and complete. Declaration of preparer (other than officer) is based on all information				y Kilowieuge allu bellet, it is
iuo,	, 001100	ty and complete. Declaration of property (other than officer) is based on an information	ii oi willoli pi	Ισραιοι	nas any knowledge.	
Sigi	n	Signature of officer			Date	
J.g. Her		CHRIS BABCOCK, TREASURER				
	•	Type or print name and title				
		Print/Type preparer's name Preparer's signature			Date Check	PTIN
Paid	t	SUSAN S. MOYE			if self-employe	
Prep	parer	Firm's name COSTELLO HILL & COMPANY, L.L.	Ρ.			6-0572048
Use	Only	Firm's address 1112 MAGNOLIA STREET	<u> </u>			
		GREENSBORO, NC 27401-1426			Phone no.33	6.274.3281
Mar	tha II	RS discuss this return with the preparer shown above? See instructions				X Ves No

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:
	TOGETHER WITH ITS DIVERSE COMMUNITIES, THE ORGANIZATION COLLECTS
	OBJECTS AND STORIES, CONNECTS GENERATIONS, AND CHALLENGES PEOPLE TO
	EXPLORE OUR CITY'S PAST, PRESENT AND FUTURE. THE MUSEUM SPARKS WONDER
	THROUGH BOLD EXHIBITIONS AND CREATIVE PUBLIC PROGRAMS. THE
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	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.
4a	(Code:) (Expenses \$129,509 • including grants of \$) (Revenue \$)
	THE MUSEUM EDUCATES THE COMMUNITY BY PRESENTING CREATIVE TEMPORARY AND
	PERMANENT EXHIBITS, EDUCATIONAL EVENTS AND PROGRAMS, AND OPERATING THE
	MUSEUM SHOP. EXHIBITS ONGOING IN 2023 INCLUDED "BY THE BOOK",
	"GERRYMANDER MADNESS", AND "1940S FLASHBACK". LISTED BELOW ARE THE
	HIGHLIGHTS OF THE EXHIBITS FOR 2023 BY MONTH:
	JANUARY - 81 PEOPLE JOINED US AT ODEN BREWING CO. WHERE WE LAUNCHED A
	NEW YEAR OF BY THE BOOK PROGRAMS. LOCAL BEER HISTORIANS AND AUTHORS
	RICHARD COX, DAVID GWYNN AND ERIN LAWRIMORE NARRATED THE HISTORY OF THE
	TRIAD BREWING INDUSTRY, FROM EARLY MORAVIAN COMMUNITIES TO THE
	OPERATORS OF 19TH CENTURY SALOONS AND FROM BIG BEER FACTORIES TO MODERN
	CRAFT BREWERIES.
4b	(Code:) (Expenses \$ 37 , 650 • including grants of \$) (Revenue \$)
	LISTED BELOW ARE THE HIGHLIGHTS OF THE EDUCATION AND PROGRAMMING FOR
	2023
	BY MONTH:
	JANUARY - OVER 600 PEOPLE AT OUR LUNAR NEW YEAR CELEBRATION. SPECIAL
	PROGRAMS INCLUDED LITTLE LIONS, EDUCATOR SARAH MASKE AND VOLUNTEERS
	PRESENTED A BOOK ABOUT THE CHINESE ZODIAC RACE TO ABOUT 50
	CHILDREN/PARENTS. THERE WERE ACTIVITIES WITH OUR PARTNERS GREENSBORO
	CHINESE ASSOCIATION, UNCG JAPANESE CLUB, UNCG VIETNAMESE CLUB, AND THE
	UNCG ASIAN PACIFIC ISLANDER CAUCUS. THE GREENSBORO CHINESE ASSOCIATION
	PERFORMED.
	FEBRUARY - WE HAD OVER 220 PEOPLE AT OUR 10TH ANNUAL LIFTED VOICES:
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 167,159.
4e	Total program service expenses 16 / , 159 • Form 990 (2023)
	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
J	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	X	
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		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		
b	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		Х
	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		
21	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 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form	1990 (2023) GREENSBORO HISTORICAL MUSEUM, INC. 56-0629	340	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			\ _{3,7}
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		_^
		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
0.7	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			تــــــــــــــــــــــــــــــــــــــ
	1 1 -	,	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	(
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners? 332004 12-21-23

GREENSBORO HISTORICAL MUSEUM, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No			
2a	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	2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b					
3а			3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other $\frac{1}{2}$							
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X			
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 A	` ,			37			
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 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				Х			
	any contributions that were not tax deductible as charitable contributions?		6a					
D	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?							
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b					
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		Х			
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		- 21			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		76					
·	to file Form 8282?	•	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year		70					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		Х			
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the						
	sponsoring organization have excess business holdings at any time during the year?		8					
9	9 Sponsoring organizations maintaining donor advised funds.							
а	a Did the sponsoring organization make any taxable distributions under section 4966?							
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
10	Section 501(c)(7) organizations. Enter:	1 1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
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:	ايدا						
a	Gross income from members or shareholders	11a						
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	11b						
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	12a					
		12b	124					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120						
	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	13b						
С	Enter the amount of reserves on hand	13c						
14a			14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				Х			
excess parachute payment(s) during the year?								
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	and the control of th		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	2	100	110
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	, , ,	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		Х
2	officer, director, trustee, or key employee?		<u> </u>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			х
	of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u> </u>		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	-	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		x
	more members of the governing body?	7a	<u> </u>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		x
_	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1 37	
а	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			\ _{3,7}
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	l
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		3,7	
12a		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		١	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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		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 organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(c)	3)s only	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
_	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			
	MARY ALLEN - 336-373-2043			
	130 SUMMIT AVENUE, GREENSBORO, NC 27401			

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

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 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week	Η.	l a)	1	from	from related	other
	(list any hours for	lirecto				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	je je	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High emp	Former			
(1) CAROL HART	40.00									_
MUSEUM DIRECTOR		Х						0.	0.	0.
(2) GAYLE FRIPP	3.00									
GUILFORD CO. HISTORIAN		Х		X				0.	0.	0.
(3) MARK KALEY	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) ELIZABETH DANNER	3.00									
FINANCE VP		Х		Х				0.	0.	0.
(5) BETTY PHIPPS	1.00									
TRUSTEE		Х						0.	0.	0.
(6) CAITLIN STAY	1.00									
TRUSTEE		Х						0.	0.	0.
(7) CHRIS BABCOCK	1.00									
TRUSTEE		Х						0.	0.	0.
(8) LAURA BAILEY	3.00									
PRESIDENT - ELECT		Х		Х				0.	0.	0.
(9) CYD FORBIS	3.00									
BM CO-PRESIDENT		Х		Х				0.	0.	0.
(10) SHALANE GRIFFIN	1.00									
TRUSTEE		Х						0.	0.	0.
(11) ANNE KOPPEN	1.00									
TRUSTEE		Х						0.	0.	0.
(12) MARCUS LEDBETTER	1.00									
TRUSTEE		Х						0.	0.	0.
(13) HEIDI LITTLE	1.00									
TRUSTEE		Х						0.	0.	0.
(14) ODARO OMORUYI	3.00									
FINANCE VP		Х		Х				0.	0.	0.
(15) JENNIFER PITTS	1.00									
TRUSTEE		Х						0.	0.	0.
(16) JORDAN MUSE	1.00									
TRUSTEE		Х						0.	0.	0.
(17) JULIA STRANDBERG	1.00									
TRUSTEE		Х						0.	0.	0.

332007 12-21-23

Form 990 (2023)

(A) Name and title	(B) Average hours per	Average Position (do not check more than one box, unless person is both an					th an	(D) Reportable compensation	(E) Reportable compensatio	l	(F) stimate nount o		
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer Officer		Highest compensated Laplyo	Ė	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	S	fr org an	other pensar om the anizati d relate anization	e ion ed
(18) THERESA BYRD EXECUTIVE SECRETARY	1.00	x		х				0.		0.			0.
(19) SKIP CORNELIUSSEN	1.00	123					H			•			•
TRUSTEE		X						0.		0.			0.
(20) LENA MURRILL-CHAPMAN	3.00												
VP MEMBERSHIP		Х		Х				0.		0.			0.
(21) JENNIFER CARLSON	3.00	l											
COMMUNITY VICE PRESIDENT	1 00	Х		Х				0.		0.			0.
(22) KATE SCHLOSSER	1.00	ļ ,,		3,						^			^
BM CO-PRESIDENT (23) TERESA VINCENT	1.00	Х		Х		-	_	0.		0.			0.
TRUSTEE	1.00	x						0.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r								0 • received more than \$100	0,000 of reportab	0. le			0.
compensation from the organization												Vaal	0
3 Did the organization list any former officer		-	•		•	-			•			Yes	No
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the si	•								-		4		Х
and related organizations greater than \$15Did any person listed on line 1a receive or											4		-25
rendered to the organization? If "Yes," con	•				•	•		•			5		Х
Section B. Independent Contractors	.,				,								
1 Complete this table for your five highest co	ompensated in	depe	ende	ent c	ont	racto	ors	that received more than	\$100,000 of com	npens	ation	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi	n the organization's tax	year.				
(A) Name and business	address	N	INC	Ξ				(B) Description of s	ervices	С	ompe) nsatior	n
2 Total number of independent contractors (ot li	mite	d to		_	ste	Ld above) who received m	nore than				
\$100,000 of compensation from the organ	ization					0							

GREENSBORO HISTORICAL MUSEUM, INC.

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

Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 44,477. **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 39,851 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 84,328. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 28,280. 28,280. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 4,879 **b** Less: cost of goods sold -4,879.-4,879.c Net income or (loss) from sales of inventory **Business Code** 1,498. 11 a OTHER INCOME 611710 1,498. b d All other revenue

12 332009 12-21-23

28,280. Form 990 (2023)

1,498.

109,227.

e Total. Add lines 11a-11d

Total revenue. See instructions

-3,381.

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. 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 accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a					
b	9	19,858.	9,929.	9,929.	
C	5 · · · · · · · · · · · · · · · · · · ·	15,050.	7,727.	7,727.	
d	D () 1(1)				
e f	Investment management fees	20,991.		20,991.	
		20/3321		20/3321	
g	column (A), amount, list line 11g expenses on Sch 0.)	7,177.			7,177
12	Advertising and promotion	14,404.	14,404.		,, _ , ,
13		6,541.	3,925.	2,616.	
14	Office expenses Information technology	6,569.	5,255.	1,314.	
15	Royalties	0,0001	3,2331		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,054.	1,054.		
20	Interest	,	,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,344.	19,344.		
23	Insurance	23,612.	14,167.	9,445.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	COLLECTIONS AND EXILED TO [67,276.	67,276.		
b	INTERNSHIPS	14,125.	14,125.		
С	EVENT EXPENSES	11,152.	11,152.		
d	MEMBERSHIP EXPENSES	4,062.	4,062.		
е	All other expenses	4,354.	2,466.	1,888.	
25	Total functional expenses. Add lines 1 through 24e	220,519.	167,159.	46,183.	7,177
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		5,765.	1	0	
	2	Savings and temporary cash investments			193,637.	2	136,646
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	2,213.	4	1,035		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
t2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			6,879.	8	2,000
۲	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	521,528.			
	b	Less: accumulated depreciation		402,062.	138,810.	10c	119,466
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		1,365,838.	12	1,546,374	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ			1,713,142.	16	1,805,521
	17	Accounts payable and accrued expenses		19,614.	17	16,921	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
ge		controlled entity or family member of any of the	se pers	ons		22	
-	23	Secured mortgages and notes payable to unrel	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			19,614.	26	16,921
ړ		Organizations that follow FASB ASC 958, che	eck her	e X			
Š		and complete lines 27, 28, 32, and 33.					
alar 	27	Net assets without donor restrictions			957,390.	27	1,032,301
Ř	28	Net assets with donor restrictions	736,138.	28	756,299		
ŭ		Organizations that do not follow FASB ASC 9	958, che	eck here			
۲ ۲		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ea				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	31	
S	32	Total net assets or fund balances			1,693,528.	32	1,788,600
	33	Total liabilities and net assets/fund balances .			1,713,142.	33	1,805,521

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,2 0,5				
2	2 Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3		-111,292					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5		20	6,3	64.			
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))								
Pa	rt 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: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed								
	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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat								
	consolidated basis, or both:		,						
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t.						
	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 on 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									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 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 on Schedule O and describe any steps taken to undergo such audits			3b					
					000				

SCHEDULE A

(Form 990)

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

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

GREENSBORO HISTORICAL MUSEUM INC.

Employer identification number 56-0629340

OMB No. 1545-0047

				TOKICAL MOSE		110.	-	0-0029340
Pa	rt I	Reason for Public (Charity Status.	All organizations must o	omplete tl	his part.) S	ee instructions.	
he.	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(I)(A)(i).	
2		A school described in secti						
3		A hospital or a cooperative)(b)(1)(A)(i	ii).	
4		A medical research organiz					•	the hospital's name.
•		city, and state:	anon operated in co.	njanotion with a noopita	. 400011501			and mospital o marilo,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
3				nege of drilversity owner	u or opera	ted by a g	overnmentar unit descrit	Jed III
_		section 170(b)(1)(A)(iv). (C			 	70/1-1/41/41	6.3	
6	H	A federal, state, or local gov	ŭ				• •	
7	ш	An organization that norma	•	ntial part of its support t	rom a gov	ernmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (Co	•					
8	Н	A community trust describe						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	. Enter the	name, city	, and state of the colleg	je or
		university:						
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership fees, a	nd gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)					
11		An organization organized a		ively to test for public sa	afety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that						
а		Type I. A supporting orga				•	, ,	, aivina
_		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	•		
		organization. You must c			a majority	01 1110 4110		supporting
b		Type II. A supporting orga			tion with it	te eunnort	ed organization(s), by ha	evina
b			· ·					-
		control or management o			arrie perso	טווס נוומנ טנ	of manage the sup	pported
_		organization(s). You mus				المطالب ماماله		ما المان الم
C		Type III functionally inte					• •	ea with,
		its supported organization		•				
d		☐ Type III non-functionally						* *
		that is not functionally int	-	•	•		-	riveness
		requirement (see instructi	•	-				
е		Check this box if the orga					a Type I, Type II, Type III	
		functionally integrated, or		nally integrated support	ing organi	zation.		
f		er the number of supported of	•					
g		vide the following information			(iv) Is the orga	unization lieted	(-) (1 6 3 A
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See metractions)	Support (See metradions)
-								

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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)						
_	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	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 VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	
800	organization, check this box and stor						<u></u>
	etion C. Computation of Publ			(6)			
	Public support percentage for 2023 (I					15	<u>%</u>
	Public support percentage from 2022 33 1/3% support test - 2023. If the o						<u>%</u>
ioa							
h	stop here. The organization qualifies 33 1/3% support test - 2022. If the o						
D							
170	and stop here. The organization qual 10% -facts-and-circumstances tes						
17 a							
	and if the organization meets the fact meets the facts-and-circumstances to					_	
h	10% -facts-and-circumstances tes	~		• • •		 17a and line 15 is	
b	more, and if the organization meets the						1070 OI
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization						
	Titale roundation. If the organization	an alla flot officer a l	557 OH III 16 10, 10	a, 100, 17a, 01 17	D, OHOOK HIID DOX 6		(Form 990) 2023

332022 12-21-23

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

(Complete only if you checked the box on line 10 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.)

804	quality under the tests listed b	elow, please comp	nete Part II.)				
	ction A. Public Support	T					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	279,080.	292,814.	84,617.	90,782.	84,328.	831,621.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	69,612.	21,312.	17,735.	12,237.	0.	120,896.
•	organization's tax-exempt purpose	09,012.	21,312.	11,133.	14,457.	0.	120,090.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
1	Tax revenues levied for the organ-						
7	ization'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	348,692.	314,126.	102,352.	103,019.	84,328.	952,517.
	Amounts included on lines 1, 2, and	310,0320	311,1201	102,3321	103/0131	01/3201	33273174
10	3 received from disqualified persons						0.
h	Amounts included on lines 2 and 3 received						<u> </u>
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	: Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						952,517.
Sec	etion B. Total Support	<u> </u>					33273271
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
		(a) 2019 348, 692.	(b) 2020 314,126.	(c) 2021 102, 352.	(d) 2022 103,019.	(e) 2023 84,328.	(f) Total 952,517.
	Amounts from line 6	340,092.	J14,120.	102,332.	103,019.	04,320.	952,511.
IUa	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	39,375.	26,509.	21,406.	24,566.	28,280.	140,136.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	39,375.	26,509.	21,406.	24,566.	28,280.	140,136.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	388,067.	340,635.	123,758.	127,585.	112,608.	1092653.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	on,
	check this box and stop here						
Sed	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	87.17 %
	Public support percentage from 2022					16	88.10 %
	ction D. Computation of Inves					<u> </u>	,,,
	Investment income percentage for 20			ne 13. column (f))		17	12.83 %
	Investment income percentage from 2					18	11.90 %
	33 1/3% support tests - 2023. If the						
130							X
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	ı, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n ala not check a l	box on line 14, 19	a, or 19b, check th	us box and see ins	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.
- c Did the organization support any foreign supported organization that does not have an IRS determination 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) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on 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.
- 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 supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1	ш	Ь
360	tion b. All Type III Supporting Organizations		· ·	
	Did the consideration and ideas and of the constant and an article by the last develop of the CON constant of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	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.

Sched	dule A	(Form 990) 2023	GREENSBORO	HISTORICAL	MUSEUM,	INC.	56
Parl	t V	Type III Non-Fu	nctionally Integrated	509(a)(3) Suppor	ting Organiz	ations	
1		Check here if the orga	anization satisfied the Integra	al Part Test as a qualit	fying trust on No	v. 20, 1970	(explain in Par

1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion 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							
	collection of gross income or for management, conservation, or							
	maintenance 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						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	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 factors							
	(explain in detail in Part VI):							
2	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 0.015 of line 3 (for greater amount,							
	see instructions).	4						
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
_6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 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							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting org	ganization (see				
	instructions).							

Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ıed)	. age .		
Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	IS	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2023 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023		
1	Distributable amount for 2023 from Section C, line 6						

Sect	ion E - Distribution Allocations (see instructions)	(I) Excess Distributions	(II) Underdistributions Pre-2023	(III) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

Schedule B

Schedule of Contributors

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

GREENSBORO HISTORICAL MUSEUM,

Schedule B (Form 990) (2023)

Employer identification number

56-0629340

OMB No. 1545-0047

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

GREENSBORO HISTORICAL MUSEUM, INC.

56-0629340

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JIM AND MELINDA OGBURN 130 SUMMIT AVENUE GREENSBORO, NC 27401	\$5,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NORTH CAROLINA HUMANITIES COUNCIL 320 E 9TH ST #414 CHARLOTTE, NC 28202	\$8,845.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LOOMIS FAMILY FOUNDATION, INC. 5 LAKE FOREST COURT GREENSBORO, NC 27408	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GREENSBORO HISTORICAL MUSEUM, INC.

56-0629340

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
23453 12-26			Schedule B (Form 990) (2023

Name of organization **Employer identification number** 56-0629340 GREENSBORO HISTORICAL MUSEUM, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GREENSBORO HISTORICAL MUSEUM, INC. **Employer identification number** 56-0629340

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
	organization answered Tes Off Officeso, Faitty, line	(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 w	vriting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
_	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization		,
-	Preservation of land for public use (for example, recreat	`	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Troodivation	or a sertifica motorio strastaro
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the for	m of a conservation easement on the last
_	day of the tax year.	ed conservation contribution in the for	Held at the End of the Tax Year
_	Total number of conservation easements		
	Total acreage restricted by conservation easements		I I
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included on line 2c acqui		
u	•	• • • •	2d
2	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	ne organization during the tax
	year	annest in leasted	
4	Number of states where property subject to conservation eas	•	_
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conser	vation easements during the year
	3, 1 3,	<i>,</i> 3	3 ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
_	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	-	
	If the organization elected, as permitted under FASB ASC 958		t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	, ,	
	service, provide in Part XIII the text of the footnote to its finan	,	•
h	If the organization elected, as permitted under FASB ASC 958		
~	art, historical treasures, or other similar assets held for public	-	
	provide the following amounts relating to these items.	Sampleon, education, or research in tu	Table and of public convicts,
			\$
	(i) Revenue included on Form 990, Part VIII, line 1		
0		pource or other similar appets for finance	
2	If the organization received or held works of art, historical trea		biai gairi, provide
	the following amounts required to be reported under FASB AS	_	Φ.
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.	Schedule D (Form 990) 2023

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Sche	idule D (Form 990) 2023 GREENSBO	RO HISTORI	CAL MUSEU	M. TNC.	56-	0629340) Page 2
_	rt III Organizations Maintaining Co						
3	Using the organization's acquisition, accession						
	collection items (check all that apply).	,	-,,	<i>g</i>			
а	X Public exhibition	d	X Loan or exc	hange program			
b	X Scholarly research	e	Other				
c	X Preservation for future generations						
4	Provide a description of the organization's colle	ections and explain	how they further t	he organization's ex	rempt purpose in	Part XIII	
5	During the year, did the organization solicit or r					i di citti	
Ū	to be sold to raise funds rather than to be mair					Yes	X No
Pai	rt IV Escrow and Custodial Arrange						
	reported an amount on Form 990, Part		on the organization	ranoworda roo o	11 01111 000, 1 0.11	17, 1110 0, 01	
	Is the organization an agent, trustee, custodiar		liary for contribution	ns or other assets n	ot included		
	on Form 990, Part X?		•			Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII ar						
	gg		9			Amount	
С	Beginning balance				1c		
	A 1 1111 1 1 11				····		
e	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on For					Yes	□ No
	If "Yes," explain the arrangement in Part XIII. C		•				
Pai							
		(a) Current year	(b) Prior year	(c) Two years back		ack (e) Four	years back
1a	Beginning of year balance	849,565.	899,575.	856,009	825,8	90.	737,560.
b	Contributions		•				
С	Net investment earnings, gains, and losses	-190,409.	7,390.	86,967	. 72,8	41.	132,143.
d	Grants or scholarships	32,994.	32,918.	32,350	. 32,0	65.	32,489.
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses	9,873.	9,702.	11,051	. 10,6	57.	11,324.
g	End of year balance	997,107.	849,565.	899,575	856,0	09.	825,890.
2	Provide the estimated percentage of the current	nt year end balance	e (line 1g, column (a	a)) held as:		I	
а		53.1989	%	,,			
b	Permanent endowment $28.160\overline{2}$	%	_				
С	Term endowment 18.6409 %						
	The percentages on lines 2a, 2b, and 2c should						
За	Are there endowment funds not in the possess	•	tion that are held a	nd administered for	the		
	organization by:	· ·				Γ	Yes No
	(i) Unrelated organizations?					3a(i)	Х
							Х
b	If "Yes" on line 3a(ii), are the related organization						
4	Describe in Part XIII the intended uses of the o						
Pai	rt VI Land, Buildings, and Equipme						
	Complete if the organization answered		, Part IV, line 11a. S	See Form 990, Part	X, line 10.		
	Description of property	(a) Cost or otl	her (b) Cost	or other (c)	Accumulated	(d) Book	value
	<u>-</u>	basis (investm	ent) basis	(other) d	epreciation		

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		151,698.	82,708.	68,990.
c Leasehold improvements				
d Equipment		39,767.	25,960.	13,807.
e Other		330,063.	293,394.	36,669.
Total. Add lines 1a through 1e. (Column (d) must equ	119,466.			

Schedule D (Form 990) 2023

Schodulo D (Form 000) 2022 GREENSBORO	HISTORICAL MU	ISEUM	TNC .	56-06	29340	Dogo '
Part VII Investments - Other Securities	HIDIORICAL MO	DEOM,	1110.	30 00.	27340	Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See F	orm 990, Part X	line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuatio	n: Cost or end-of-yea	ar market v	/alue
(1) Financial derivatives						
(2) Closely held equity interests						
(3) Other						
(A) LONG TERM INVESTMENTS	1,546,374.	END-	-OF-YEAR	MARKET VA	LUE	
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,546,374.					
Part VIII Investments - Program Related.						
Complete if the organization answered "Yes"						
(a) Description of investment	(b) Book value	(c) Me	thod of valuatio	n: Cost or end-of-yea	ar market v	/alue
<u>(1)</u>						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets						
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See F	orm 990 Part X	line 15		
	Description	110.0001	om 550, rarry		b) Book va	lue
(1)				,	-,	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))					
Part X Other Liabilities						
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f.	See Form 990,	Part X, line 25.		
1. (a) Description of liability				(b) Book va	ılue
(1) Federal income taxes						
(2)						
(3)						
(4)						
(5)						
(6)				I		

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.... X

Schedule D (Form 990) 2023

(7) (8)

Sche	dule D (Form 990) 2023 GREENSBORO HISTORICAL M	USEUM,	INC.	56-	-0629340	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements W	/ith Revenue pe	r Retui	'n	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	299	,141
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	206,36	4.		
b	Donated services and use of facilities	2b				

4,541 d Other (Describe in Part XIII.) 210,905. e Add lines 2a through 2d 2e 88,236. Subtract line 2e from line 1

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 **b** Other (Describe in Part XIII.)

c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

c Recoveries of prior year grants

20,991. 109,227 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	204,069.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				,
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,541.		
	Add lines 2a through 2d			2e	4,541.
3	Subtract line 2e from line 1			3	199,528.
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	20,991.		
b	Other (Describe in Part XIII.)	4b			
	c Add lines 4a and 4b			4c	20,991.
5	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	220,519.

Part XIII Supplemental Information

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 X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

THE ORGANIZATION'S COLLECTIONS OF ARTIFACTS AND EXHIBIT MATERIALS ARE NOT INCLUDED IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION IN CONFORMITY WITH PRACTICES FOLLOWED BY MOST MUSEUMS. PURCHASED ARTIFACTS AND EXHIBIT MATERIALS ARE REFLECTED IN THE ACCOMPANYING STATEMENT OF ACTIVITIES AS AN EXPENSE IN THE YEAR OF ACQUISITION.

COLLECTIONS ARE CATALOGUED BY CATEGORY TYPE AND INSURED AT A VALUE OF APPROXIMATELY \$6,210,000. ONE-OF-A-KIND, IRREPLACEABLE HISTORICAL ITEMS ARE INSURED AT ORIGINAL COST OR DONATED MARKET VALUE.

PART III, LINE 4:

Part XIII Supplemental Information (continued)

ARCHIVAL, TEXTILE AND THREE DIMENSIONAL COLLECTIONS THAT ARE PRESERVED FOR FUTURE GENERATIONS TO VIEW AND EXPERIENCE.

PART X, LINE 2:

IT IS THE ORGANIZATION'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY ANY THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX POSITIONS ARE ASSESSED AND MEASURED BY A "MORE-LIKELY-THAN-NOT" THRESHOLD TO DETERMINE IF THE TAX POSITION IS UNCERTAIN AND WHAT, IF ANY, THE EFFECT OF THE UNCERTAIN TAX POSITION MAY BE ON THE FINANCIAL STATEMENTS. MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR 2023 AND 2022. CURRENTLY, THE STATUTE OF LIMITATIONS REMAINS OPEN SUBSEQUENT TO AND INCLUDING TAX YEAR 2020; HOWEVER, NO EXAMINATIONS ARE IN PROCESS OR ANTICIPATED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COSTS OF GOODS SOLD MUSEUM SHOP

MISCELLANEOUS EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD MUSEUM SHOP

MISCELAEOUS EXPENSE

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

GREENSBORO HISTORICAL MUSEUM, INC.

Employer identification number 56-0629340

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FIRE IMAGINATIONS, MODERN TECHNOLOGY PROVIDES NON-STOP ACCESS AND

OUTREACH, PROGRAMS EDUCATE AND ENTERTAIN, AND COLLECTIONS LINK

GENERATIONS. THE COMMITTMENT TO COMMUNITY SERVICE, DIALOGUE, AND

RELEVANCE NEVER WAVERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATION NURTURES CIVIC ENGAGEMENT AND LIFELONG LEARNING. THEY

ENCOURAGE DIALOUGE AND CARE FOR ALL THAT IS ENTRUSTED TO THEM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FEBRUARY - DR. DIYA ABDO, AUTHOR OF AMERICAN REFUGE: TRUE STORIES OF THE REFUGEE EXPERIENCE SHARED STORIES OF SEVEN REFUGEES SHE MET AS PART OF EVERY CAMPUS A REFUGE, AN ORGANIZATION SHE FOUNDED AT GUILFORD COLLEGE. ABDO IS THE RECIPIENT OF SEVERAL NATIONAL COMMUNITY ENGAGEMENT AWARDS, INCLUDING THE 2021 J.M.K. INNOVATION PRIZE FOR HER WORK WITH ECAR. 16 PEOPLE WERE IN ATTENDANCE. MARCH - IS WOMEN'S HISTORY MONTH, SO THERE WERE A NUMBER OF SPECIAL SOCIAL MEDIA POSTS AND PROGRAMS. WE CELEBRATED INTERNATIONAL WOMEN'S DAY, MARCH 8TH, WITH AN ONLINE PROGRAM NURSING IN NC, WITH NURSE, EDUCATOR AND HISTORIAN PHOEBE POLLITT. DURING THE HALF HOUR PROGRAM PARTICIPANTS LEARNED THE HISTORY OF NURSING PIONEERS ACROSS NORTH CAROLINA. POLLITT, RETIRED ASSOCIATE PROFESSOR OF NURSING AT APPALACHIAN STATE UNIVERSITY, IS THE AUTHOR OF NEARLY ${ t 50}$ ARTICLES, THREE BOOKS, AND NUMEROUS PRESENTATIONS, MANY OF WHICH TELL THE STORIES OF NORTH CAROLINA'S NURSING HEROES.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

LHA 332211 11-14-23

Schedule O (Form 990) 2023

Name of the organization **Employer identification number** GREENSBORO HISTORICAL MUSEUM, INC. 56-0629340 APRIL - 6TH WAS AN EVENING OF SERIOUS/FUN AND GERRYMANDER MADNESS AT THE MUSEUM. THE EVENT KICKED-OFF AT 5 WITH A SPECIAL TICKED PRE-MADNESS DINNER EVENT. TWENTY-FIVE ATTENDEES WERE ABLE TO ENJOY CONVERSATION WITH OUR GERRYMANDER PANELISTS. THE FREE EVENT STARTED AT 5:30 AND INCLUDED BEER FOR PURCHASE, A JAZZ TRIO AND DEMOCRACY RELATED GAMES. THE PANEL STARTED AT 6:30 AS SIXTY ATTENDEES (WEARING RETRO 3-D GLASSES) DISCOVERED WHAT'S BEHIND ELECTORAL REDISTRICTING WITH EXPERTS FROM ACROSS THE STATE. FOLLOWING THE PANEL DISCUSSION, VISITORS WERE ABLE TO EXPERIENCE OUR GERRYMANDER MADNESS VR GAME AND ENJOY A LIVE ONSTAGE GAME SHOW. THE EXPERT PANEL INCLUDED TYLER DAYE, POLICY AND CIVIC ENGAGEMENT MANAGER FOR COMMON CAUSE NC; J. MICHAEL BITZER, CHAIR OF POLITICAL SCIENCE AT CATAWBA COLLEGE AND AUTHOR OF THE BOOK REDISTRICTING AND GERRYMANDERING IN NORTH CAROLINA: BATTLE LINES IN THE TAR HEEL STATE; AND JIM CLOTFELTER, UNCG VICE CHANCELLOR EMERITUS & PROFESSOR OF POLITICAL SCIENCE EMERITUS. IT WAS MODERATED BY ROBBY HASSELL, REGIONAL JUDICIAL OUTREACH LIAISON ABA JUDICIAL DIVISION MAY - OPEN TO ALL, THE MUSEUM GUILD HELD ITS FINAL MEETING ON MAY 15TH, WITH A PRESENTATION BY LOCAL LAWYER AND AUTHOR BILL SLAWTER. JIM SCHLOSSER, A WELL-KNOWN JOURNALIST IN GREENSBORO, INTERVIEWED BILL ABOUT HIS BOOK, SIT-INS, DRIVE-INS AND UNCLE SAM. SLAWTER GREW UP IN GREENSBORO'S GLENWOOD NEIGHBORHOOD AND ATTENDED GREENSBORO SENIOR HIGH, AND HIS MEMOIR ABOUT THE 1950S AND '60S TRIGGERED MEMORIES FOR THE 35 PEOPLE IN ATTENDANCE. JUNE - BY THE BOOK SERIES, TWO AWARD-WINNING AUTHORS DISCUSSED WITNESSING HISTORY, AND HOW WRITING ABOUT BLACK STORIES CAN EXPLORE THE HOPES AND CHALLENGES OF AMERICAN DEMOCRACY: DAVID WRIGHT FALAD, AUTHOR AND FILMMAKER ABOUT NORTH CAROLINA'S OUTER BANKS; AND WAKE FOREST UNIVERSITY PROFESSOR AND AUTHOR PHOEBE ZERWICK. FALAD'S NOVEL, BLACK

Name of the organization **Employer identification number** GREENSBORO HISTORICAL MUSEUM, INC. 56-0629340 CLOUD RISING, FEATURES THE EXPERIENCES OF THE UNION ARMY'S AFRICAN BRIGADE IN NORTHEAST NORTH CAROLINA DURING THE CIVIL WAR. ZERWICK'S BEYOND INNOCENCE: THE LIFE SENTENCE OF DARRYL HUNT IS A DEEPLY REPORTED, GRIPPING NARRATIVE OF INJUSTICE, EXONERATION, AND THE CRIPPLING IMPACT OF INCARCERATION. 21 PEOPLE ATTENDED JULY - GHM'S 1940S FLASHBACK ON JULY 8 WAS A GREAT SUCCESS, WITH MORE THAN 300 VISITORS. WORLD WAR II REENACTORS BRAVED RAINSTORMS OUTSIDE THE MUSEUM WHILE GUESTS INSIDE LEARNED ABOUT EVERYTHING FROM SCRAP DRIVES AND VICTORY GARDENS TO THE WARTIME JOURNALISM OF EDWARD R. MURROW AND NC A&T STUDENTS' INVOLVEMENT IN THE B-1 NAVY BAND. THINGS GOT SWINGING AFTER HOURS, AS 120 SHOWED UP FOR A FORTIES-INSPIRED FASHION SHOW WITH VINTAGE TO VOGUE AND A SWING DANCE TO THE SOUNDS OF KEENAN MCKENZIE & THE RIFFERS. ON AUGUST 9, GLENN PERKINS TOOK 10 LEADERS FROM THE CONE HEALTH SYSTEM RADIOLOGY TEAM ON A TOUR OF VOICES OF A CITY HIGHLIGHTING HISTORIES OF MEDICINE AND SOCIAL INEQUITY IN GREENSBORO. THE TOUR WAS A FOLLOW-UP FROM A MAY 2023 TOUR THAT WAS PART OF CONE HEALTH'S LEADERSHIP RETREAT AND INCLUDED MORE THAN 20 INDIVIDUALS. SEPTEMBER - THE MUSEUM ANCHORED THE FAMILY AREA OF THE ANNUAL NC FOLK FESTIVAL, WITH HANDS-ON ACTIVITIES FOR FAMILIES. OVER 400 PEOPLE ACTIVELY ENGAGED WITH OUR ACTIVITIES ABOUT MONUMENTS AND MAPS. OCTOBER-THE MUSEUM PRESENTED CULTURE & CUISINE: SABORES LATINOS, THE SECOND IN A SERIES OF EXPLORATIONS OF FOOD, CULTURE AND IMMIGRATION IN GREENSBORO. WE TALKED WITH FOOD MAKERS IN PERSON AND ON VIDEO CREATED BY THE CITY OF GREENSBORO GTN TV ABOUT DISHES THAT CONNECT THEIR FAMILY TRADITIONS, STORIES AND HISTORIES WITH THEIR PRESENT HOME IN GREENSBORO. REPRESENTATIVES FROM CASA AZUL OF GREENSBORO WERE ON HAND TO HIGHLIGHT ACTIVITIES IN THE CULTURAL AND CREATIVE LIFE OF

Name of the organization

GREENSBORO HISTORICAL MUSEUM, INC.

Employer identification number 56-0629340

GREENSBORO'S LATINO COMMUNITY. TACO BROS FOOD TRUCK HAD AUTHENTIC

MEXICAN FOOD FOR SALE. THIS FREE EVENT WAS A PARTNER PROGRAM WITH CASA

AZUL OF GREENSBORO, AND THE CONEXION AND CULTURE CREW CITY OF

GREENSBORO EMPLOYEE RESOURCE GROUPS.

NOVEMBER - THE MUSEUM WAS OPEN FOR THE VETERAN'S DAY CITY HOLIDAY ON

FRIDAY THE 10TH (62 VISITORS) AS WELL AS ON VETERANS DAY. SPECIAL

ACTIVITIES ENABLED 116 VISITORS TO DISCOVER GREENSBORO VETERANS'

HISTORY.

DECEMBER - OVER 355 PEOPLE JOINED US DURING AND AFTER THE DOWNTOWN

GREENSBORO HOLIDAY PARADE ON SATURDAY, DECEMBER 2 TO CELEBRATE THE

WINTER SEASON AND THE LAUNCH OF THE MOUSETASTICAL HOLIDAY MOUSE HUNT

ALL AROUND THE MUSEUM. OVER 70 FELTED, MISCHIEVOUS MICE HID IN THE

MUSEUM'S EXHIBITS DURING DECEMBER. THERE WERE SPECIAL VISITS FROM MRS.

CLAUS AND SANTA CLAUS IN THE MUSEUM'S MARY LYNN RICHARDSON HISTORIC

PARK AND VISITORS LEARNED ABOUT OUR CITY'S CHRISTMAS, HANUKKAH, AND

KWANZAA TRADITIONS WITH HANDS-ON ACTIVITIES FOR ALL AGES. CHILDREN ALSO

EXPLORED THE SCIENCE AND ART (STEAM!) OF SNOWFLAKES. AS THEY ENJOYED

COMPLIMENTARY HOT COCOA AND COOKIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

BLACK HISTORY MONTH PROGRAM. THE DAY INCLUDED OUR LITTLE LIONS PROGRAM

RELATING TO THE STORY OF MACO BEAUTY COLLEGE. COSTUMED INTERPRETERS

SHARED STORIES OF AFRICAN AMERICANS IN GREENSBORO. PORTRAYALS INCLUDED:

FREEDOM SEEKER EDE; PHOTOGRAPHER OTIS HAIRSTON JR., WORKS FROM 1970S TO

THE EARLY 2000S; EDUCATOR DR. CHARLOTTE HAWKINS BROWN, WHO ORGANIZED AN

ELITE PREPARATORY BOARDING SCHOOL FOR BLACK STUDENTS IN GUILFORD COUNTY

IN THE EARLY 1900S; AND CIVIC LEADER HARMON UNTHANK, THERE WAS ALSO A

PANEL PRESENTATION ORGANIZED BY JUNETEENTH GSO INCLUDING A VIDEO

Name of the organization **Employer identification number** GREENSBORO HISTORICAL MUSEUM, INC. 56-0629340 PRESENTATION ON HISTORY OF GREENSBORO'S MLK PARADE, PLUS WATCH NIGHT OBSERVATIONS, AS WELL AS PRESENTATIONS BY THE KWANZAA COLLECTIVE AND JUNETEENTH GSO. MARCH - OVER 90 VISITORS ATTENDED THE LIFTED VOICES: WOMEN'S HISTORY AND EXPERIENCED GREENSBORO WOMEN'S SUCCESSES AND STRUGGLES FROM NINE COSTUMED INTERPRETERS IN THE MUSEUM GALLERIES. STORIES INCLUDED: MARY MENDENHALL HOBBS, DR. WILLA B. PLAYER, LAURA WEILL CONE, MILEY CAPER, AND PENELOPE BARKER, EDENTON. THE LITTLE LIONS PROGRAM CONTINUED THIS MONTH WITH A SPECIAL WOMEN'S HISTORY EDITION WITH SNACKS, SELFIES AND FUN WITH SOME OF GREENSBORO LEADING SUFFRAGISTS LIKE LAURA WEILL CONE AND HARRIET ELLIOTT. 30 CHILDREN AND FAMILY MEMBERS PARTICIPATED.OUR GREENSBORO BIRTHDAY POST HAD ALMOST 12,000 IMPRESSIONS, 85 LIKES AND 26 SHARES ON FACEBOOK.TWITTER'S FAVORITE WAS A ST. PATRICK'S DAY POST OF GRASSHOPPERS' MISS BABE RUTH IN HER GREEN VEST, WITH ALMOST 5000 IMPRESSIONS. APRIL -THE FIRST IN OUR NEW CULTURE & CUISINE SERIES, HIGHLIGHTING MIDDLE EAST AND NORTH AFRICAN TRADITIONS IN HONOR OF ARAB AMERICAN MONTH. ZEEYUM FOOD TRUCK WAS ON SITE. WHILE ATTENDANCE WAS VERY LIGHT, THIS FREE PROGRAM, ORGANIZED WITH (GTN) AND THE CITY OF GREENSBORO'S CULTURE CREW EMPLOYEE RESOURCE GROUP, PROVIDED COLLABORATION THAT WILL CONTINUE. MAY - THE GREENSBORO HISTORY MUSEUM HOSTED AND PROVIDED STAFF SUPPORT FOR FOUR GREENSBORO BOUND LITERARY FESTIVAL EVENTS, INCLUDING THE UNMAKING OF AMERICA AND THE FUTURE OF NORTH CAROLINA WITH AUTHORS ABRAHAM RIESEMAN AND GENE NICHOL AND FOR THE LOVE OF BANJO WITH KRISTINA GADDY AND JUSTIN HARRINGTON. THE GREENSBORO HISTORY MUSEUM WAS SELECTED AS A AMERICAN ASSOCIATION FOR STATE AND LOCAL HISTORY (AASLH)

2023 AWARD OF EXCELLENCE WINNER BY THE LEADERSHIP IN HISTORY AWARDS

Name of the organization **Employer identification number** GREENSBORO HISTORICAL MUSEUM, INC. 56-0629340 COMMITTEE FOR NC DEMOCRACY: ELEVEN ELECTIONS. THE AASLH LEADERSHIP IN HISTORY AWARDS IS THE NATION'S MOST PRESTIGIOUS COMPETITION FOR RECOGNITION OF ACHIEVEMENT IN STATE AND LOCAL HISTORY. THE 2023 AWARDS WILL BE PRESENTED AT A SPECIAL LUNCHEON AS PART OF THE AASLH ANNUAL CONFERENCE IN BOISE, ID. JUNE - GHM'S 3RD ANNUAL JUNETEENTH BIKE TOUR, FEATURED BLACK BUSINESS FROM BEAUTY SHOPS TO BANKS. RIDERS DISCOVERED TWENTIETH-CENTURY BLACK BUSINESSES NEAR DOWNTOWN - FROM BEAUTY SHOPS TO BANKS. ARCHITECT EDWARD JENKINS, HABERDASHER HAROLD COTTON, BEAUTICIAN PAULINE FARRAR MCCAIN, BUSINESS OWNER EUNICE DUDLEY AND OTHER ENTREPRENEURS LARGE AND SMALL ON AN APPROXIMATELY 5 MILE, FAMILY-FRIENDLY RIDE WERE FEATURED. 35 IN ATTENDANCE. JUNE 19TH, OUR MONTHLY LITTLE LIONS SATURDAYS ON THE SOUTH LAWN IN LEBAUER PARK DISCOVER GREENSBORO'S HISTORY THROUGH FUN ACTIVITIES FOR CHILDREN AND FAMILIES! 25 CHILDREN & ADULTS. JULY - THE MUSEUM CELEBRATED THE SEASON OF CIVIC ENGAGEMENT BETWEEN JUNETEENTH AND JULY FOURTH WITH LIFTED VOICES: CIVIC SEASON. VISITORS MET LIVING HISTORY INTERPRETERS SHARING STORIES FROM THE NC DEMOCRACY: ELEVEN ELECTIONS EXHIBITION INCLUDING: SARAH DUDLEY PETTEY, 19TH-CENTURY BLACK JOURNALIST AND REFORMER; WILLIAM HOOPER, NC SIGNER OF THE DECLARATION OF INDEPENDENCE; ABRAHAM GALLOWAY, UNION SPY, FREEDMEN'S CONVENTION REPRESENTATIVE; AND NC SENATOR LONNIE REVELS, GUILFORD NATIVE AMERICAN ASSOCIATION FOUNDER AND GREENSBORO COUNCILPERSON. 84 VISITORS FOR THE PROGRAM. JULY ALSO SAW THE LAUNCH OF GTA'S DOWNTOWN HOPPER. OUR BY THE BOOK SERIES CONTINUED, WITH A TALK FEATURING UNIVERSITY OF KENTUCKY PROFESSOR PATRICK LEE LUCAS. THE PROGRAM, CO-SPONSORED WITH PRESERVATION GREENSBORO INC., 64 PEOPLE ATTENDED. AUGUST - BEYOND PIGGLY WIGGLY WAS THE TOPIC OF OUR CONTINUING EVENING

Name of the organization **Employer identification number** GREENSBORO HISTORICAL MUSEUM, INC. 56-0629340 BY THE BOOK SERIES. IN CONVERSATION WITH J. DAVID GWYNN, UNCG LIBRARIES AND FOUNDER OF THE GROCETERIA WEBSITE, UNC GREENSBORO PROFESSOR OF HISTORY LISA C. TOLBERT DOVE INTO THE POPULARIZATION OF SELF-SERVICE GROCERY STORES AS EXPLORED IN HER NEW BOOK, BEYOND PIGGLY WIGGLY: INVENTING THE AMERICAN SELF-SERVICE STORE. APPROX. 50 PEOPLE ATTENDED. ON AUGUST 29, EDUCATION & ENGAGEMENT TEAM MEMBERS CATHERINE JOHNS, SARAH MASKE, AND ALYSON WITTE REPRESENTED THE MUSEUM AT UNCG AT AN ALL-DAY LEARNING FAIR SPONSORED BY UNC GREENSBORO'S OFFICE OF LEADERSHIP & CAMPUS ENGAGEMENT. THEY COLLECTED INFORMATION FROM 65 STUDENTS POTENTIALLY INTERESTED IN VOLUNTEERING AND CONNECTED WITH UNIVERSITY DEPARTMENTS AND CITY NONPROFITS ABOUT POSSIBLE COLLABORATIONS. SEPTEMBER - GLENN PERKINS AND CATHERINE JOHNS LED A BUS TOUR OF GREENSBORO HISTORY FOR 53 PEOPLE AS PART OF THE GREENSBORO CHAMBER OF COMMERCE LEADERSHIP GSO'S 2023 CLASS. MUSEUM STAFF WORKED WITH GTA'S KEVIN ELWOOD TO MAP THE TOUR HIGHLIGHTING KEY HISTORIC PLACES AROUND CENTRAL GREENSBORO. VISITORS WERE ABLE TO MEET FIREFIGHTERS FROM THE GREENSBORO FIRE DEPARTMENT AND SEE REAL FIRE ENGINES FROM THE 1880'S & 2020'S AT THIS MONTH'S LITTLE LIONS SATURDAY. FAMILIES EXPLORED THE MUSEUM'S RE-CREATION OF STEAM FIRE ENGINE STATION NO. $1\,$ IN THE WELCOME TO THE GATE CITY EXHIBITION, AND MUSEUM EDUCATORS AND MEMBERS OF THE GREENSBORO FIRE DEPARTMENT HIGHLIGHTED DIFFERENCES IN FIREFIGHTING BETWEEN THE 1800S AND TODAY. THIS MONTH'S LITTLE LIONS WAS A PARTNER PROGRAM WITH THE GREENSBORO FIRE DEPARTMENT AND GREENSBORO DOWNTOWN PARKS OCTOBER - CELEBRATED HISTORIAN FERGUS M. BORDEWICH DISCUSSED HIS NEW BOOK KLAN WAR: ULYSSES S. GRANT AND THE BATTLE TO SAVE RECONSTRUCTION 332212 11-14-23 Schedule O (Form 990) 2023

Name of the organization **Employer identification number** GREENSBORO HISTORICAL MUSEUM, INC. 56-0629340 AT THE GREENSBORO HISTORY MUSEUM FOR THE ANNUAL DORTCH SERIES. BORDEWICH WAS JOINED FOR THE PANEL DISCUSSION WAS DR. MARK ELLIOTT, PROFESSOR OF HISTORY AT UNCG AND AUTHOR OF COLOR-BLIND JUSTICE: ALBION TOURGE AND THE OUEST FOR RACIAL EQUALITY FROM THE CIVIL WAR TO PLESSY V. FERGUSON. ALSO ON THE PANEL IS DR. DEBORAH BARNES, VISITING LECTURER IN UNCG'S AFRICAN AMERICAN & AFRICAN DIASPORA STUDIES PROGRAM AND MEMBER OF THE STEERING COMMITTEE FOR THE GUILFORD COUNTY COMMUNITY REMEMBRANCE PROJECT. 44 PEOPLE ATTENDED. THE MUSEUM'S ANNUAL GHOULASH! UNLIVING HISTORY AND MORE EVENT. WE GOT A LITTLE SCARY WITH ACTIVITIES AT THE MUSEUM'S LEBAUER PARK TERRACE INCLUDING LITTLE LIONS SATURDAY CRAFT ACTIVITY AND GHOST TALES WITH STORYTELLER CYNTHIA MOORE BROWN. LIFTED VOICES: UNLIVING HISTORY. CEMETERY TOURS, WERE GIVEN. GHOULASH! IS AN ANNUAL FESTIVAL FEATURING FALL AND HALLOWEEN THEMED ACTIVITIES. ARCHAEOLOGY DAY WAS IN PARTNERSHIP WITH UNC GREENSBORO'S DEPARTMENT OF ANTHROPOLOGY AND ARCHAEOLOGY PROGRAM, 133 PEOPLE ATTENDED. NOVEMBER - COLLECTIONS IN ACTION: FURNITURE CARE DEMONSTRATION WAS HELD AT THE MUSEUM. VISITORS WERE ABLE TO MEET CURATOR AYLA AMON AND REGISTRAR SUSAN NYE AS THEY PERFORMED CONSERVATION WORK ON A THOMAS DAY SOFA. THE EVENT WAS LIVESTREAMED AND HAD OVER 400 VIEWS ON INSTAGRAM. OVER 80 VISITORS MET YOUNG ARTISTS AND ENJOYED SNACKS AS PART OF THE PAST IS PRESENT: GENERATIONS OF IMMIGRANT/REFUGEE STORIES &LEGACIES. ORIGINAL SHORT FILM "MY MOTHER'S HANDS," A PANEL DISCUSSION WITH IMMIGRANT AND REFUGEE FAMILY YOUTH, AND THE MDA YOUNG SCHOLARS AWARD PRESENTATION. DECEMBER - LATE NOVEMBER THROUGH THE END OF JANUARY, THE MUSEUM LOBBY ALSO PRESENTED CELEBRATING OVER 100 YEARS OF LEARNING & CAMARADERIE CREATED BY THE ROUND TABLE STUDY CLUB OF GREENSBORO. THE COMMUNITY 332212 11-14-23 Schedule O (Form 990) 2023

Name of the organization

GREENSBORO HISTORICAL MUSEUM, INC.

Employer identification number 56-0629340

VOICES SPACE AT GREENSBORO HISTORY MUSEUM HOSTS DISPLAYS DEVELOPED AND
PRODUCED BY LOCAL ORGANIZATIONS TO HIGHLIGHT SIGNIFICANT AND SOMETIMES
UNHEARD PARTS OF OUR CITY'S HISTORY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 TAX RETURN IS GIVEN TO ALL BOARD MEMBERS AND APPROVED AT A FULL BOARD MEETING PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

TRUSTEES ATTEND BOARD ORIENTATION EVERY JANUARY WHERE THEY ARE PRESENTED

WITH THE WRITTEN POLICY AND REMINDED OF THEIR OBLIGATIONS. STAFF IS

REQUIRED ANNUALLY TO COMPLETE A FORM ABOUT ANY OUTSIDE WORK OR COMPENSATION

FOR WORK AND CONFLICTS OF INTEREST ISSUES ARE ADDRESSED (IF ANY).

FORM 990, PART VI, SECTION B, LINE 15:

SALARIES FOR THE EXECUTIVE DIRECTOR AND OTHER MANAGEMENT OF THE GREENSBORO
HISTORICAL MUSEUM ARE PAID BY THE CITY OF GREENSBORO. THE CITY OF
GREENSBORO DOES AN ANNUAL REVIEW OF THESE SALARIES.

FORM 990, PART VI, SECTION C, LINE 19:

THE CONFLICT OF INTEREST POLICY AND ANNUAL FINANCIAL STATEMENTS MAY BE MADE

AVAILABLE UPON REQUEST. THE ORGANIZATION'S GOVERNING DOCUMENTS (ON FILE

WITH THE SECRETARY OF STATE OF NC) ARE NOT NORMALLY PROVIDED.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE AND THE BOARD OF TRUSTEES ASSUMES RESPONSIBILITY
FOR OVERSIGHT OF THE AUDIT AND THE SELECTION OF INDEPENDENT AUDITORS.

Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
EXPORTED ON 10/23/2024 13:23:07	
FORM 990	

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