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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-1150 2012

Open to Public Inspection

A	For the	2012 calend	dar year, or tax year beginning , and endin	9								
В								D Employer identification number				
Н	Address o	-	Observation Observation Districts	~ 7	27 2052650							
Щ	Name cha	_	Church Street District, Inc. Number and street (or PO box, if mail is not delivered to street address)		27-2853658							
H	Initial retu		•	E Telephone number								
Щ	Terminate		101 S Garland Ave. City or town, state or country, and ZIP + 4		20)4		407-508-2907				
Н	Amended			_2277				Group Exemption Number ▶				
ĹΤ		on pending		<u>3211</u>		LI Char						
G		nting Method	Cash X Accrual Other (specify) ►					_	ization is not			
١.			v.churchstreetdistrict.com check only one) — 501(c)(3) X 501(c)(6) (insert no) 4	947(a)(1) or	527	· ·		ach Schedu				
<u>J</u> _		empt status (c		0-EZ, or 99								
K	Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if											
		-	poses to file a return, be sure to file a complete return) F I-DEE IIIIC	e-posicaru	illay be let	quiieu (se	e instructio	ans) But ii			
	•		7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or	r more or if to	otal accate (Part II						
L			low) are \$500,000 or more, file Form 990 instead of Form 990-EZ	i more, or ir d	ulai assels (raitii,	▶ \$:	91,910			
	Part I		nue, Expenses, and Changes in Net Assets or Fur	nd Ralan	CAS (SAA	the instruc			<u></u>			
_	ait i		if the organization used Schedule O to respond to any qui		•	the manac			X			
	1	Contributions,	, gifts, grants, and similar amounts received				1		<u>48,750</u>			
	2	Program se	rvice revenue including government fees and contracts				2					
	3	C Cl					3		42,070			
	4	Investment	income				4					
	5a	Gross amou	unt from sale of assets other than inventory	5a		<u></u>	_					
	b		or other basis and sales expenses	5b			_					
	C	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					5c					
	6	6 Gaming and fundraising events										
ine	а	Gross incon	ne from gaming (attach Schedule G if greater than	1 1								
Revenue		\$15,000)		6a								
æ	b		me from fundraising events (not including \$	of cor	tributions							
		from fundra	ising events reported on line 1) (attach Schedule G if the	1 1								
		sum of such	n gross income and contributions exceeds \$15,000)	6b		1,09	90					
	С						_	İ				
	d	Met income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract							1 000			
		line 6c)		1 1			6d		1,090			
	7a		s of inventory, less returns and allowances	7a			_					
	b		of goods sold	7b	-		7c					
	C	•	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)									
	8		nue (describe in Schedule O)	8		91,910						
_	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		91,910						
+	10		similar amounts paid (list in Schedule O)				10					
JUN 1 1 ZUM Expenses	11	-	aid to or for members						40,735			
7	12		ther compensation, and employee benefits						590			
i ë	13		al-fees and other payments to independent contractors						370			
_X	15		ancy, rent-utilities, and maintenance						648			
⋚_	16	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							49,803			
		Total expel	hses (desgribe) in Schedille O)			1	<u>16</u> 17		91,776			
SCANNED Net Assets	18	155	deficit) for the yeat (Subtract line 17 from line 9)				18	<u> </u>	134			
Z	19		or ប្រក្លិល balances at beginning of year (from line 27, column (A)) (must agree	with		"	1				
SSI	'		rigure reported on prior year's return)	ugioc			19		-780			
<u>ن</u> ي	20		ges in net assets or fund balances (explain in Schedule O)				20		-5,108			
σž	21	· · · · · · · · · · · · · · · · · · ·							-5,754			

Form 990-EZ (2012) <u>Church Street Distri</u>	ct, Inc.	27-28	53658		Page 2
Part ii Balance Sheets (see the instructions for I	Part II)				
Check if the organization used Schedule O	to respond to any	question in this Part I	<u> </u>		X
,		(A) Beg	inning of year		(B) End of year
22 Cash, savings, and investments			4,688	22	9,589
23 Land and buildings			0	23	
24 Other assets (describe in Schedule O)			8,540	24	4,911
25 Total assets		<u> </u>	13,228	25	14,500
26 Total liabilities (describe in Schedule O)			14,008	26	20 , 254
27 Net assets or fund balances (line 27 of column (B) must ag	ree with line 21)		-780	27	<u>-5,754</u>
Part III Statement of Program Service Accor	n plishments (se	e the instructions for	Part III)		Expenses
Check if the organization used Schedule O	to respond to any	question in this Part I	II X	(Red	quired for section
What is the organization's primary exempt purpose?				501((c)(3) and 501(c)(4)
See Schedule O			<u></u>	orga	inizations and section
Describe the organization's program service accomplishments for	reach of its three la	rgest program services,		4947	7(a)(1) trusts, optional
as measured by expenses. In a clear and concise manner, descri	be the services prov	uded, the number of		for c	others)
persons benefited, and other relevant information for each progra	m title				
28 N/A					
(Grants \$) If this amount includes	s foreign grants, che	ck here	▶ □	28a	
29			_		
(Grants \$) If this amount includes	s foreign grants, che	ck here	▶ 📋	29a	
30	<u> </u>				
(Grants \$) If this amount includes	s foreign grants, che	ck here	▶ □	30a	
31 Other program services (describe in Schedule O)	o rorongiri granto, and	ok noro		-	
(Grants \$) If this amount includes	s foreign grants, che	ck here	▶ 🗀	31a	
32 Total program service expenses (add lines 28a through 31a		ok nord	•	32	
Part IV List of Officers, Directors, Trustees, and Key I	Employees List eac		nsated (see the		ons for Part IV)
Check if the organization used Schedule O to res	1	n in this Part IV	(a) 11-ab b	-cı-	<u> </u>
(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	(d) Heath ben contributions to e	mployee	(e) Estimated amount of
(-)	devoted to position	(If not paid, enter -0-)	benefit plans, deferred compe		other compensation
Douglas Taylor					
President	0.00	0		0	0
Jay Manji					
Board Member	0.00	0		0	0
George Maltezos	1 3.00	 - 	-		<u>_</u>
Treasurer	0.00	0	•	0	0
Kirk Wingerson					
Board Member	0.00	0		0	l 0
	0.00				
	+				
		-			-
	+	-			
	 	 			
	+				
					-
	 	 			
ΠΑΔ		<u></u>	L		Form 990-F7 (2012)
110.0					LARM MMILE / /2012)

Form 990-EZ (2012)

Form 990-EZ (see instructions)

Form 9	90-EZ (2 <u>0</u>	12)	Chur	ch St:	reet_	Distr	ict,	Inc.		27-28	53658					Р	age 4
				ie, directly o					s on bel	nalf of or in oppo	sition		-		46	Yes	No X
Par		Section All section 50 and	on 501(ction 501 d 51	c)(3) org (c)(3) orga	anization anization	ons only is must ar	nswer q	questions 47		ind 52, and coi	•	e tables	s for lir	nes			
		_		je in lobbyir chedule C,	•	es or have	a sectio	n 501(h) elec	tion in e	ffect during the t	ax			ſ	47	Yes	No
						tion 170(b)(1)(A)(ı	ı)? If "Yes." c	omplete	Schedule E				-	48	_	
						d in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E to an exempt non-charitable related organization?								49a			
b	If "Yes," was the related organization a section 527 organization?							L	49b								
				-		_				han officers, dire			-				
	employee	es) who	each rece	eived more	than \$100	0,000 of co			,	ation If there is i							
				e of each em han \$100,000			hoi	b) Average urs per week oted to position	cd) Reportable ompensation W-2/1099-MISC)	contributio	plans, a	ployee nd	(e) Est othe		d amou pensat	
				· <u>·</u>											_		
										···				.,			
			<u></u> .			_											
				 					ļ								
			•	loyees paid		•			_1				_				
								ea independe , enter "None		actors who each	received n	iore tria	ırı 				
	(a) Name	e and ad	dress of ea	ich independ	ent contrac	ctor paid mo	re than \$	100,000		(b) Typ	e of service			(c) C	omper	sation	ı
						••••							-				
													-				
												_					
	Total nun	nber of	other inde	pendent co	ntractors	each recei	vina ove	er \$100,000	<u> </u>	<u> </u>		<u> </u>					
				•			•		ations a	nd 4947(a)(1)							
				ts must atta									•		Yes		No
										and statements,			knowle	edge and	d belie	f, it is	
true, co	orrect, and	complet	e Declarat	uon or prepa	er (otner t	nan- on icer) i	S based	on all mormat	ion of whi	ch preparer has a	ny knowledg	e /	-/-				
Sign		Signat	ture of officer					2			ate	175	ΖΖ,	<u> </u>			
Here				Malt	ezos	_				Treasure					_		
		Туре	or print name	and title													
	Pri	nt/Type pr	eparer's nam	ne			Preparer's	signature			Date		Check	ıf	PTIN		
Paid		chard	F. Haye				Rıchar	d F. Hayes	3		04,	/28/14	self-en	nployed		51774	
Prepa	<u> </u>	m's name	<u> </u>	Hayes								Firm's El	IN Þ	59-	-34	<u>570</u>	80
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May t	he IRS di	ISCHES H		Orland with the pre			806 2 See un	etructions				Phone n	<u> </u>	<u>07-8</u> ▶ [394 1 Y e		ZZ No
iviay (rotuin	mar are pre	-parci Sili	Jam above	Jee 11	IST GOLIOTIS						For			(2012)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Church Street District, Inc.

Employer identification number 27-2853658

Form 990-EZ, Part I, Line 16 - Other	r Expen	ses	
Description	Am	ount	
Expenses			
Advertising and Promotion	\$	8,280	
Office	\$	1,357	
Conferences/Meetings	\$	86	
Insurance	\$	22,653	
Other Expenses	\$	16,007	
Non-investment Depreciation	\$	1,420	
Total	\$	49,803	
Form 990-EZ, Part I, Line 20 - Other	r Chang	es in Net Assets or Fund 1	3alances
Description		Amount	
Book / tax adjustment		\$ -5,108	
Form 990-EZ, Part II, Line 24 - Other	er Asse	ts	
Description		Beg. of Year End	of Year

Form 990-EZ, Part II, Line 26 - Other Liabilities

Less Accumulated Depreciation

Less Accumulated Depreciation

3,050

3,281

1,420

23,757

23,757

4,911

5,800 \$

2,740 \$

23,757 \$

23,757 \$

8,540 \$

0 \$

\$

\$

\$

\$

\$

Total \$

Accounts Receivable

Furniture and Equipment

Equipment

Name of the organization Church Street District, Inc.	Employer identification number 27-2853658							
Description	Beg.	. of Year	End of	Year				
Accounts Payable and Accrued Expenses	\$	4,008	\$	7,090				
Loan CSE for Expense	\$	10,000	\$	7,300				
Payroll Liabilities	\$	0	\$	5,864				

Form 990-EZ, Part III - Primary Exempt Purpose

A dues based member organization partially funded by a grant from the City of Orlando. The Main Street program is designed to revitalize and promote historic preservation and economic redevelopment.

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Internal Revenue Service

(99)

► See separate instructions.

Attach to your tax return.

Hame	Church	Street Dis	strict. In	nc.				285 285	3658
Busine	ess or activity to which this form relates	OCTOCC BIL	301100, 11.					200	3030
	ndirect Depreciat:	ion							
	art Election To Expen		erty Under Se	ction	179				
	Note: If you have a	ny listed property	, complete Par	t V bet	fore you co	omplete Parl	:1		
1	Maximum amount (see instruction	s)						1	500,000
2	Total cost of section 179 property	placed in service (se	e instructions)					2	
3	Threshold cost of section 179 prop	perty before reduction	n in limitation (see i	ınstructı	ons)			3	2,000,000
4	Reduction in limitation Subtract lii	ne 3 from line 2 If ze	ero or less, enter -0-	-				4	
_5	Dollar limitation for tax year Subtract lin	ne 4 from line 1. If zero o	or less, enter -0- If ma	rried filing	g separately, s	ee instructions		5	······
6	(a) Description	of property		(b) Cost (business use on	(c)	Elected cost		
		·							
		···	l	.			<u> </u>		
7	Listed property Enter the amount					7			
8	Total elected cost of section 179 p		,	es 6 and	d 7			8	
9	Tentative deduction Enter the sm							9	
10	Carryover of disallowed deduction			- 45		.	\	10	
11	Business income limitation Enter Section 179 expense deduction A				•	s (see instruction	ins)	11	
12 13	Carryover of disallowed deduction				ne II	42		12	
	: Do not use Part II or Part III below					13			
	rt II Special Depreciati	<u></u>			on (Do no	at include list	ed prope	erty) ((See instructions)
14	Special depreciation allowance for						cu prope	1	occ mod dodono)
	during the tax year (see instruction		,	, p = , p				14	270
15	Property subject to section 168(f)(15	
16	Other depreciation (including ACR	•						16	
Pa	rt III MACRS Depreciat	ion (Do not inclu	ide listed prope	erty) (S	See instruc	ctions)			
			Section	on A					
17	MACRS deductions for assets pla	ced in service in tax	years beginning be	fore 20	12	<u>- </u>		17	1 , 096
18	If you are electing to group any assets placed	In service during the tax ye	ear into one or more gene	eral asset a	accounts, check	here	>	<u> </u>	
	Section B—A	ssets Placed in Ser	rvice During 2012	Tax Ye	ar Using the	General Depi	eciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprec (business/investment only-see instruction	use	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction
<u>19a</u>	3-year property								
b	5-year property			271	5.0	HY	200)DB	54
c	7-year property								
<u>d</u>	10-year property								
<u> </u>	15-year property								
<u>f</u>	20-year property								
_ g	25-year property				25 yrs		S/L		
h	Residential rental				27 5 yrs	MM	S/L		
	property				27 5 yrs	MM	S/L		
i	Nonresidential real property				39 yrs	MM	S/L		<u> </u>
		sets Placed in Serv	ias During 2012 T	av Vaar	Llaina tha	MM Alternative Dec	S/L		
202	Class life	Sets Flaced III Setv	ice During 2012 1	ax i ear	Using the A	Alternative De			111
	12-year	1			12 yrs		S/L S/L		
	40-year					ММ	S/L		
	art IV Summary (See ins	tructions)	L		40 yrs	I IANA		•	L
21	Listed property Enter amount from				· · · · · · · · ·			21	
22	Total. Add amounts from line 12,		lines 19 and 20 in o	column :	(a), and line	21 Enter here			
	and on the appropriate lines of you							22	1,420
23	For assets shown above and place							· _ 	
	portion of the basis attributable to	_	_			23			
									4500