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Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public

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

2013 Open to Public Inspection

OMB No 1545-0047

<u>A</u>	For the	= 2013 calendar year, or tax year beginning $07/01/13$, and ending $06/30/1$	L 4						
В	Check if ap	oplicable C Name of organization Coliseum Central Business		D Employ	er identification number				
	Address ch	Improvement District, Inc.							
\exists		Donn Rusiness As		54-	1791888				
Ш	Name char	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number				
	Initial return	· ·		757	-826-6351				
$\overline{\Box}$	Terminated			737	020-0331				
님		1			4 050 450				
\sqcup	Amended r			G Gross rece	expts \$ 1,050,473				
	Application	F Name and address of principal officer	H(a) Is this a gro	un return for si	ibordinates? Yes X No				
	••	Eboni Davis - Interim Exec Director	rita) is alis a gic	up return for ac					
		4410 E. Claiborne Square, Ste 211	H(b) Are all sub	ordinates indi	rded? Yes No				
		Hampton VA 23666	If "No,"	attach a list	see instructions)				
_	Tax-exem	npt status 501(c)(3) X 501(c) (6) ◄ (insert no) 4947(a)(1) or 527							
$\dot{}$	Website ¹		H(c) Group exe	mption numbe	•				
<u> </u>	Form of or			996	M State of legal domicile VA				
<u></u>	Part I	Summary	car or formation =		in State of legal dofficial 122				
	· · · · · · · · · · · · · · · · · · ·								
	1 5	Briefly describe the organization's mission or most significant activities							
8		To promote, develop and market the economic developmen							
lan		the Coliseum Central Business Improvement District wit	nin						
ē	ł	the City of Hampton, Virginia.							
Š	2 0	Check this box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25	5% of its net ass	sets					
≪ ಶ	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	18				
L S	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	18				
	5 1	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	4				
⊅ີ່5	6 T	Total number of volunteers (estimate if necessary)		6	200				
Z ⋖	7a T	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0				
2	""	Net unrelated business taxable income from Form 990-T, line 34		7b	0				
enue Activities & Governance	1 0 1	Net difference business taxable income nom 1 om 950-1, line 34	Prior Yea		Current Year				
<u>.</u>	l a c	Contributions and grants (Part VIII, line 1h)		3,344	1,047,747				
Ŧ 🥞	9 5	Program service revenue (Part VIII, line 2g)			0				
- e	40	· · · · · · · · · · · · · · · · · · ·	•	2,465	2,726				
Revenue	10 11	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2,403	2,120				
ວື	'' \	Other revenue (Rant-VIII—column (A)) Imes 5 6d, 8c, 9c, 10c, and 11e)	1 00	F 000	1 050 473				
ა—		otal revenue – add lines 9 through 11 (must equal Part VIII, column (A), line 12)		5,809	1,050,473				
2		Grants and similar amounts paid (Part IX, column (A), lines 1–3)		2,500	48,685				
ь	14 E	Benefits paid to or for metrobers (Paint IX, Column (A), line 4)			0				
S	15 S	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24	0,789	264,067				
xpenses	16aF	Professional fundraising fees (Part IX, column (A), line 11e)			0				
g	. ьт	Total fundraising expenses (Part/IX: column-(Đ); line 25) ▶ 0							
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	71	9,032	803,007				
		Fotal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	99	2,321	1,115,759				
		Revenue less expenses Subtract line 18 from line 12	9:	3,488	-65,286				
<u> </u>	8		Beginning of Cur		End of Year				
\$	팀 20 T	Fotal assets (Part X, line 16)	1,20	8,391	1,152,346				
Net Assets or	텔 21 T	Fotal liabilities (Part X, line 26)		1,664	20,905				
Ž,	92 N	Net assets or fund balances Subtract line 21 from line 20		6,727	1,131,441				
	Part II	Signature Block			<u> </u>				
_		nalties of periury. I declare that I have examined this return, including accompanying schedules and statem	ents and to the b	est of my kn	owledge and helief it is				
		ect, and complete Declaration of preparer (other than officer) is based on all information of which preparer		-	owiedge and belief, it is				
_		V (14 C)		- I 1	1/0//0				
٥.		Signature of officer		Date	1719119				
	gn	'			5 .				
H	ere		ım Execu	tive	Director				
_		Type or print name and title							
_		Pront/Type preparer's name Preparer's signature	Date	Check	X if PTIN				
Pa		Diane Y. Smith, CPA Dear 4. Smith	CPA 09/29	/14 self-em					
Pr	eparer	Firm's name Diane Y. Smith CPA, PC	• •	irm's EIN	20-3760975				
Us	e Only	11832 Rock Landing Dr Ste 101							
		Firm's address Newport News, VA 23606-4277		hone no	757-223-9602				
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)	1.	_	X Yes No				
_	For Paperwork Reduction Act Notice, see the separate instructions.								
DA		·	ı	413	11				
			'	~ n /	11				
					- •				

orm 990 (2013) Coliseum Ce	ntral Business	54-1791888	Page 2
	am Service Accomplishment contains a response or note to		X
Briefly describe the organization's ri		o any mio mano reactivi	
To promote, develop	and market the ec	conomic development of	
		ement District within	
the City of Hampton	, Virginia.		
2 Did the organization undertake any	significant program services during th	e year which were not listed on the	
prior Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new service		t conducto any program	
3 Did the organization cease conduct services?	ing, or make significant changes in no	ow it conducts, any program	Yes X No
If "Yes," describe these changes or			
		f its three largest program services, as measured by	
	i1(c)(4) organizations are required to range any, for each program service reporte	report the amount of grants and allocations to others,	
and total expenses, and totolide, in			
		ants of \$ 48,685) (Revenue \$.evel of security, safety ar engage in public information	
initiatives to comm	nunicate the fact t	that the District is a clear	n, safe and
		 Work to promote the beau public spaces and the priva 	
buildings and space			rceră omned
Julius Space			
4b (Code:)(Expenses \$ Work to improve rel	29,844 including gra Lationships among a	ents of \$) (Revenue \$ association stakeholders.)
	120 722) (Danasa d	,
4c (Code:) (Expenses \$	428,722 including grant - Actively market	ants of \$ (Revenue \$ to potential customers of)
		sponsor and stage family	events to
		aintain a communication lin	
		n to keep businesses aware o	
	does not have an a	adverse effect on the busine	esses in the
District.			
•			•
4d Other program services. (Describe	in Schedule O.)	····	
(Expenses \$ 12,3	316 including grants of \$) (Revenue \$)
4e Total program service expenses ▶	928,523		- 000
AA .			Form 990 (2013)

			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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			-
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	ŀ	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
٠	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	Ì	x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	'		
8		8		X
_	complete Schedule D, Part III	•		21
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		x
	debt negotiation services? If "Yes," complete Schedule D, Part IV	-		A
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	1	x
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			•
_	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		v
	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		- 1	v
	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			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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			7.
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			7.5
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	\dashv	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			75
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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 foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Checklist of Required Schedules (continued) Part IV Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 22 X 22 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X 23 employees? If "Yes," complete Schedule J 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 X 24a through 24d and complete Schedule K If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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? 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 disqualified persons? If so, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 X sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, X 34 or IV, and Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 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, X 37 Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

19? Note. All Form 990 filers are required to complete Schedule O

Fa	Check if Schedule O contains a response or note to any line in this Part V				П
	Chook in Contradic C Contrains a 100 parise of hote to any line in the 1 art v			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	18			
b		0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		- 1	1	
	reportable gaming (gambling) winnings to prize winners?	L	1c	X	
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	4		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u>_</u>	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<u> </u>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial				
	account)?	Ļ	4a		<u> </u>
þ	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		_		77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-	5a	\dashv	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u> </u>	5b	-	X
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	-	5c		
6a	,,		_		v
	organization solicit any contributions that were not tax deductible as chantable contributions?	ŀ	6a	-	X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?]	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>	80		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		- 1		
a	and services provided to the payor?	Ī	7a	ĺ	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u> </u>	7b	\neg	
c					
•	required to file Form 8282?	ì	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?	<u> </u>	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?	_	9a	\dashv	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	9b		
10	Section 501(c)(7) organizations. Enter.				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter.				
a	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	- 1	- 1	
40-	against amounts due or received from them.) Section 4047(AVA) non-executed shortishle structure is the executed files Form 000 in law of Form 10412.		42-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	F	12a	\dashv	
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	<u> -</u>	13a		•••••
а	Note. See the instructions for additional information the organization must report on Schedule O.	F	·		•••••
b	Enter the amount of reserves the organization is required to maintain by the states in which			1	
~	the organization is licensed to issue qualified health plans 13b				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	1	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	· · · -	14b	$\neg \uparrow$	

om	990 (2013) Coliseum Central Business 54-1791888		P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "	No"	-
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instr	uctior	ıs.
	Check if Schedule O contains a response or note to any line in this Part VI			_X_
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar		-	
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		-	
	any other officer, director, trustee, or key employee?	2	1	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		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	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1		
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			
500	tion B. I dides (This decitor B requests information about policies not required by the internal resonance of	<u>uu.,</u>	Yes	No
Ina	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
U	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u> </u>		
	The state of the s	12a		x
l2a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			_
·	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
13 14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<u> </u>		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
. 54	with a taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			<u> </u>
J	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		
Sec	tion C. Disclosure			
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available Check all that apply.			
	Own website Another's website W Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
. 5	financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
-4	organization: Eboni Davis 4410 E. Claiborne Square, Suit	e 21	1	
н		-82		351
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Page 7

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order. Individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons

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

(A) Name and Title	(B) Average hours per week (list any	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)Bradford Brown										
	0.00								_	
Vice President	0.00	X		<u> </u>	ļ	$\vdash$		0	0	0
(2) Randolph Bryant	0.00				l	1 1				
Mme a surman	0.00 0.00	x			İ			o	0	0
Treasurer (3) Robert J. Fiscel		┢	┢	<u> </u>		$\vdash$	_			
(5) RODELC U. FISCEI	0.00									
Director	0.00	x			ļ	1 1		О	0	0
(4) Stuart Goodman	0.00	1	<b>-</b>	╆		╁╌┼				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.00					1				
Director	0.00	X				1 1		l o	0	0
(5) John Smith		1								
` ,	0.00									
Director	0.00	X						0	0	0
(6) Raymond J. Tripp	>									
_	0.00	1	}	}		1 1				
President	0.00	X						0	0	0
(7) Jarratt Watkins			İ							
	0.00					1				
Director	0.00	X		<u> </u>	_			0	0	0
(8) Mark Bleakley						1 1				
	0.00	1				1				
Director	0.00	X	ऻ_	ļ	_	$\vdash$		0	0	0
(9) Reed Cordish				]						
	0.00					1 1			_	
Director	0.00	X	<del> </del>	⊢-	_	$\vdash$		0	0	0
(10) Lawrence Cumming										
Director .	0.00	x						o	^	^
Director (11)Debra Flores	0.00	╀	$\vdash$	├		┼{-			0	0
(III) DEDIT FIOTES	0.00		1							
Secretary	0.00	x						o	0	0
DAA	0.00	1	1	Ц	<u> </u>					Form <b>990</b> (2013)

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, uni	Pos check ess pe	erson i	than o s both r/trust	an	(D)  Reportable compensation from the	(E)  Reportable  compensation from  related  organizations		(F) Estimated amount of other compensations	of	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and relate organization	on ed	
(12)Boo Williams	<u> </u>	+	_	-	_	ă					———		_
Director	0.00	x						0	0				0
(13) Peter Peterson												•	
Director	0.00	x						0	o				0
(14)Michael Edmonds	0.00	<u> </u>											<u>~</u>
(,	0.00												
Director	0.00	X	ļ	<u> </u>	<u> </u>			0	0				0
(15) Patrick McDermot	0.00												
Director	0.00	x						0	o				0
(16) Scott Huddleston		-											Ť
	0.00												
Director The lelens	0.00	X	<del> </del>					0	0	ļ			0
(17)Malay Thakkar	0.00									ĺ			
Director	0.00	x						l o	o				0
(18) Tommy Watkins													Ť
<b>-</b>	0.00	٠,											_
Director (19)L. Elizabeth McC	0.00	X						0	<u>0</u>	<u> </u>			0
(19) II. IIII III III III III III III III I	40.00												
Exec Director	0.00			x				119,386					0
1b Sub-total							<b>•</b>	119,386					_
c Total from continuation shed d Total (add lines 1b and 1c)	ets to Part VII,	Secti	ion A	١.			<b>&gt;</b>	119,386					
2 Total number of individuals (in	cluding but not l	limite	ed to	thos	e lıs	ted a	bov	t	\$100,000 in				_
reportable compensation from	the organization	<u>n</u> ▶	1					·			T	Zoo I Na	_
3 Did the organization list any fo	rmer officer, dir	ecto	r, or	trust	ee, l	ey e	mple	oyee, or highest compensa	ited	[		es No	<u>'</u> _
employee on line 1a? If "Yes,"	complete Sche	dule	J for	suc	h ind	lıvidu	ıal				3	X	-
4 For any individual listed on line organization and related organ													
individual										-	4	X	
5 Did any person listed on line 1 for services rendered to the or									Individual		5	x	,
Section B. Independent Contracto													_
Complete this table for your five compensation from the organical compensation from the organical compensation.										201			
	(A) business address	onipi	C1130	uon	101 (1	ic ce			(B) tion of services	<u>;ai</u>	(	C) ensation	_
Name and	DUSINESS AUDIESS						<del> </del>	Descrip	uon oi services		Comp	ensauon	_
											i		
		_					<del> </del>		<del></del>				
•													_
													_
2 Total number of independent of	contractors (incli	udina	but	not	lmite	ed to	thos	se listed above) who					_
received more than \$100,000									0				_
DAA											Form	<b>990</b> (20 [.]	13)

Pa	rt V	III Statement of Reve Check if Schedule	enue O con	tains a	response o	r note to any line i	n this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, grifs, grants, and similar amounts not included above	1a 1b 1c 1d 1e		518,234 509,413 20,100				
ontro	_	Noncash contributions included in lines 1a	-1f \$	\$		1,047,747			
9 9	<u>_n</u>	Total. Add lines 1a–1f	<u> </u>		Busn. Code	1,047,747			
m Service Revenu	2a b c d								
gra	f	All other program service reve	nue						
<u>.</u>	g	Total. Add lines 2a-2f			<b>•</b>				
	3	Investment income (including and other similar amounts) Income from investment of tax			▶	2,726		:	2,726
	5	Royalties (i) Real	<del></del> -T	(u) f	Personal				
:	6a b c d	Gross rents Less rental exps Rental inc or (loss) Net rental income or (loss)			<b>&gt;</b>				
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis & sales exps		(11)	) Other				
	C	Gain or (loss)				1			
Other Revenue		Net gain or (loss) Gross income from fundraising ever (not including \$ of contributions reported on line 1c			•				
Ř.		See Part IV, tine 18	a			1			
)the		Less: direct expenses	b			1			
J		Net income or (loss) from fund Gross income from gaming activitie See Part IV, line 19	es [	events	<b>•</b>				
	b	Less: direct expenses	a b						
		Net income or (loss) from gan	ning act	ivities	<b>•</b>	Ī		_	
	10a	Gross sales of inventory, less returns and allowances							
		Less. cost of goods sold	ь[						
	С	Net income or (loss) from sale	s of inv	rentory	Burn Code				
	11a	Miscellaneous Revenue			Busn. Code	ļ	4		اب ا
	i i a b	•			<del>                                     </del>				
	c	••		•					
	d	All other revenue		•					
	е	Total. Add lines 11a-11d			<b>•</b>			<u> </u>	
	12	Total revenue. See instruction	ns.		•	1,050,473	0	0	2,726

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Form **990** (2013)

	Statement of Tunctional Ex			1.1 (4)	
Sect	on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp			omplete column (A).	
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and			gonoral oxponed	UAPOTISES.
•	organizations in the U.S. See Part IV, line 21	48,685			
2					
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		<del></del>		
-	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	123,330			
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 salanes and wages	92,420			_
8	Pension plan accruals and contributions (include	·			
	section 401(k) and 403(b) employer contributions)	10,561			
9	Other employee benefits	17,729			
10	Payroll taxes	20,027			
11	Fees for services (non-employees):	}			
а	Management				· · · · · · · · · · · · · · · · · · ·
b	Legal				
C	Accounting	6,348			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column	24 252			
	(A) amount, list line 11g expenses on Schedule O)	31,878			
12	Advertising and promotion	227,825			
13	Office expenses	52,645			
14	Information technology			<u> </u>	· · · · · · · · · · · · · · · · · · ·
15	Royalties	FA 000			
16	Occupancy	59,820	<del></del>		
17	Travel	15,489		·	<u></u>
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	34,394			
19	Conferences, conventions, and meetings	34,394			<u> </u>
20	Interest  Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates  Depreciation, depletion, and amortization	13,757	<del></del>		
22 23	Insurance	7,679			
24	Other expenses Itemize expenses not covered	1,013			
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Improvemnt/Beautification	121,209	<del></del>		
b	Banners	112,806			
c	Special District Events	97,944		·	<del>-</del>
d	Police Partnrshp/Security	14,043			
	All other expenses	7,170		-	
25	· • • • • • • • • • • • • • • • • • • •	1,115,759	0	0	O
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 98-7 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 36,192 50,862 Cash-non-interest bearing 826,973 807,307 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 261,741 254,504 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 8,625 14,730 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 150,480 10a other basis. Complete Part VI of Schedule D 104,762 54,085 45,718 10b 10c b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other secunties. See Part IV, line 11 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 1,208,391 1,152,346 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 11,664 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 11,664 20,905 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 1,196,727 1,131,441 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ŏ complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 1,131,441 1,196,727 Total net assets or fund balances 33 1,208,391 1,152,346 Total liabilities and net assets/fund balances

=om	1 990 (2013) COliseum Central Business 54-1/91888				Page	e 12
	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					$\prod$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	050	, 4	73
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	115		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>-65</u>	5,2	86
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	196	5,7	<u>27</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Pnor period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1,	131	. , 4	41
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
				Y	es	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 in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2	2a 2	K	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			b		<u>x</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			- 1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			c 2	K	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		<u> </u>	a	$\perp$	<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	ь		
				Form \$	990 (	(2013)

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

	e of the organization	Employer i	Employer identification number				
C	Coliseum Central Business						
	Improvement District, Inc.			791888			
P	art I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to I		Account	s.			
		(a) Donor advised funds	(b	) Funds and other accounts			
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (dunng year)		-				
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised					
	funds are the organization's property, subject to the organization's exc	clusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in	n writing that grant funds can be used					
	only for chantable purposes and not for the benefit of the donor or dor	nor advisor, or for any other purpose					
	conferring impermissible private benefit?			Yes No			
P	art II Conservation Easements.  Complete if the organization answered "Yes" to I	Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply)					
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	portant lar	d area			
	Protection of natural habitat	Preservation of a certified histori	c structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	ervation				
	easement on the last day of the tax year.			Held at the End of the Tax Year			
a	Total number of conservation easements		2a				
ŧ	Total acreage restricted by conservation easements		2b				
C	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c				
•	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a					
	historic structure listed in the National Register		2d	<del></del>			
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organiza	tion during	the			
	tax year ▶						
4	Number of states where property subject to conservation easement is	located >					
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?			☐ Yes ☐ No			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	rcing conservation easements during the y	ear				
	•						
7		conservation easements during the year					
_	<b>&gt;</b> \$						
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(n)(4)(B)		□ vaa □ Na			
_	(i) and section 170(h)(4)(B)(ii)?		_	∐ Yes ∐ No			
9	In Part XIII, describe how the organization reports conservation easen balance sheet, and include, if applicable, the text of the footnote to the	•		20			
	organization's accounting for conservation easements	e organization's illiandal statements that t	iescribes t	ic			
P	art III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to	Historical Treasures, or Other	Similar	Assets.			
_	a If the organization elected, as permitted under SFAS 116 (ASC 958),		halansa at	noot			
- 14	works of art, historical treasures, or other similar assets held for public			icet			
	public service, provide, in Part XIII, the text of the footnote to its finance						
ŀ	If the organization elected, as permitted under SFAS 116 (ASC 958),						
٠	works of art, historical treasures, or other similar assets held for public						
	public service, provide the following amounts relating to these items:						
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$			
	(ii) Assets included in Form 990, Part X		•	\$			
2		or other similar assets for financial gain, pro	ovide the				
_	following amounts required to be reported under SFAS 116 (ASC 958	· ·					
a	Revenues included in Form 990, Part VIII, line 1		•	\$			
_ <u>i</u>	Assets included in Form 990, Part X		<b>•</b>	\$			

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 c Leasehold improvements				
d Equipment		150,480	104,762	45,718
e Other  Total. Add lines 1a through 1e (Column (d) m	ust equal Form 990, Part X, colu	ımn (B), line 10(c).)		45,718

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes	es" to Form 990, Part IV, line	11b. See Form 990, Pa	rt X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of secunty)		Cost or end-of-year	market value
1) Financial (	denvatives			
	eld equity interests			<del></del>
3) Other			<del></del>	
(A)				
(B)				<del>.</del>
(C)				
(D)				
(E)				
(F)		<del></del>	·····	·_x
(G)	•			<del></del>
(H)	. (b)		<del> </del>	<del> </del>
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments—Program Related.  Complete if the organization answered "Yes	es" to Form 990, Part IV, line	11c. See Form 990, Par	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
<u>(1)</u>	<del>-</del>			
(2)			<del></del>	
(3)				
(4)				
(5)				
(6) (7)				
(8)	<del></del>			
(9)				<del></del>
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered "Ye	os" to Form 990. Part IV. line	11d Soo Form 900 Pa	t V line 15
	(a) Descrip		110. See Form 990, Fa	(b) Book value
(1)				
(2)				-
(3)				
(4)				
(5)				
(6)				
(7)			·	
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b> ]	
Part X	Other Liabilities.  Complete if the organization answered "Yes	es" to Form 990. Part IV. line	11e or 11f. See Form 9	90 Part X
	line 25.	,		
ļ <b>.</b>	(a) Description of liability	(b) Book value		
<u>, , , , , , , , , , , , , , , , , , , </u>	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)			`	
(8)				
(9)	n (h) must could form 000. Dest V and (D) has 05 \ \		` ` `	
otai. (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	the footnote to the organization's fir		<u> </u>

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2013 Coliseum Central Business	54-179		Page 4
P	art XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue po	er Return.	
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		F I	
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c		
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
Pa	art XII Reconciliation of Expenses per Audited Financial State	ments With Expenses	per Return.	
	Complete if the organization answered "Yes" to Form 990, I	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
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		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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 X - FIN 48 Footnote

The Organization has adopted the provisions of FASB ASC 740-10-25, which requires that a tax position be recognized or derecognized based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. Coliseum Central Business Improvement District, Inc. does not believe its financial statements include any uncertain tax positions. The District's income tax returns for years since 2010 remain open for examination by tax authorities.

Schedule D (Form 990) 2013 Coliseum Central Business

54-1791888

Page 5

Part XIII Supplemental Information (continued)

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SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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

OMB No 1545-0047 2013

Open to Public Inspection **Employer Identification number** 54-1791888 ► Attach to Form 990.

2 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Part

Inc

Coliseum Central Business Improvement District,

Department of the Treasury Internal Revenue Service Name of the organization Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

artiviting 21, 101 and 100 mile and 1000 mile		0100					
1 (a) Name and address of organization	(p) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or government		ıf applıcable	granı	บลวแ สวรเรเสแบน	other)	- 1	OI assistance
(1) Goodman & Sons Jewelry		-					
2018 Coliseum Drive							Physical Imrpovement
Hampton VA 23666			10,000				
(2) Peninsula Pilots							
P.O. Box 7376							General Support
Hampton VR 23666			10,000				
(3) Center for Child & Family Services							
2021 Cunningham Drive, Ste 400							Security / Support
Hampton VA 23666		501c3	8,362				
(4)							
:							
(5)							
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(9)			ļ				
(1)							
(8)							
(6)				!			
			,				-

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 54-1791888 Schedule | (Form 990) (2013) Coliseum Central Business

Page 2

(e) Method of valuation (book, | (f) Description of non-cash assistance FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part IV 2

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

approve the grant. The company requesting the grant must then complete the The Physical Improvements Committee and Board of Directors must information to Coliseum Central with their grant application and monetary A project is designed by the company requesting the grant funds and then Upon completion of the project and review by the committee, The company chooses a quote and submits the Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds reimbursement check in the amount of the grant is disbursed quotes are received. request. project.

· 25044 09/29/2014 5 22 PM

### **SCHEDULE L**

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

Attach to Form 990 or Form 990-EZ.

See separate instructions.

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

OMB No. 1545-0047 Open To Public

Inspection

Name of the organization

Coliseum Central Business

Improvement District, Inc.

Employer identification number

54-1791888

Part I	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)  Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b									
1	(b) Relationship between disqualified person and			(d) Corrected?						
	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No					
(1)										
(2)										
(3)										
(4)					<u> </u>					
(5)										
(6)					<u> </u>					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

•	\$	
•	¢	

Part II	Loans to and/or	From Interested	Persons.
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Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loa or from org	2	(e) Onginal principal amount	(f) Balance due	(g) In	default?	by bo	proved ard or httee?	(ı) W agree	Intten Iment
			To F	rom			Yes	No	Yes	No	Yes	No
2)												
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5)												-
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3)			$\coprod$									
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### Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

- Complete in the organization and	Wered 165 off offit 550,7 dictry, into	1	·	<del></del>
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	e (d) Type of assistance	(e) Purpose of assistance
(1) Stuart Goodman	Director/Busn Owner	10,000	Grant	Physical Improvment
(2) Randy Bryant	Director/Proxy Dir	2,500	Grant	Security Improvement
(3) Michael Edmonds	Director/Exe Dir	7,500	Grant	Event Sponsorship
(4) Michael Edmonds	Director/Exe Dir	862	Grant	Security Improvement
(5)				
(6)				<u></u>
(7)				
(8)		<u></u>		
(9)				
10)				

Part IV	Form 990 or 990-EZ) 2013  Business Transactions Involv	ving Interested Parsons		·	Ра	ige
T'alt IY	Complete if the organization answered		a, 28b, or 28c			
	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Si	
	(a) the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	interested person and the	transaction	1-,	of o	
		organization	. <u> </u>		Yes	No
(1)						L
(2)						<u> </u>
(3)						<u> </u>
(4)						├—
(5) (6)						
(6) (7)	******				$\dashv$	
(8)			· · · ·			Г
(9)						
10)						
Part V	Supplemental Information					
	Provide additional information for respo	onses to questions on Schedule L (s	see instructions).		_	
_ ,						
Sched	dule L, Part V - Addi	tional information	n.			—
Stuar	rt Goodman is on the 1	Board of Director	s for Colis	eum Central. His	ł	
Dual	- Coomman 10 on one	OI DIEGOUDI		CONCERT. HES	-	_
compa	any, Goodman & Sons Je	ewelers received	a grant fro	m Coliseum Centr	al t	:0
make	physical improvement:	s to their busine	ss property	located within	the	
Busir	ness Improvement Dist	rict.				
Randy	Bryant is on the Bo	ard of Directors	for Coliseu	m Central. He i	s a	
proxy	y on the Board of Dire	ectors for the To	dd Shopping	Center. Managem	ent	
٠ .			C-1:			
for t	the shopping center re	eceived a grant f	rom Coliseu	m Central to enh	ance	<u>.                                    </u>
66011	rity at the shopping (	Center located wi	thin the Bu	siness Improveme	n t	
	itty at the shopping	CONTRET TOCATED MT	Cutin Cite Da	priess improveme	<u>.</u>	
Dist	rict.					
			-			
		<u></u>		· · · · · · · · · · · · · · · · · · ·	<u>.</u>	
				<b>a</b> . •		
Micha	ael Edmonds is on the	Board of Director	rs for Coli	seum Central. H	e is	<u> </u>
tha E	Evecutive Director of	the Center for C	hild & Fami	ly Services Co	lico	.,,-
cne i	Executive Director of	the center for C	uria a tami	Ly services. Co	<u> </u>	:uII
Centi	ral was an event spon	sor for the Center	r. The Cen	ter also receive	d a	
grant	for security improve	ement.				
		<del></del>		<del> </del>		
<b>711</b>	• • • • • • • • • • • • • • • • • • •	omo aubicat ta th		onio used for 19	1	
WIT (	of the above grants w	ere subject to the	e same crit	eria used for al	<u>.                                    </u>	

other grants. Board members abstained from the votes on their

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

Coliseum Central Business Improvement District, Inc. Employer identification number 54-1791888

Form 990 - Additional Information

The organization does not engage in political activities on behalf of any specific candidates. It does hold a "Meet the Candidates" forum where all candidates running for City Council are invited to answer questions and share their viewpoints.

Form 990, Part I, Line 6

The organization uses volunteers for events such as Community Cleanup Days, Holiday Parade, Concert Series, and Neighborhood Night Out.

Form 990, Part III, Line 4d - All Other Accomplishment

Recruitment, Retention and Development - Recruit and retain high quality businesses within the District and help existing businesses expand their operations in the District. Identify home based businesses in Hampton and recruit such businesses to locate in District retail office space.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders The organization has member businesses from the District.

Form 990, Part VI, Line 7a - Election of Members and Their Rights Members elect the Board of Directors.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Nominations for new board members must be voted on by members.

Name of the organization

Coliseum Central Business

Employer identification number

54-1791888

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Form 990 is reviewed by the Executive Director and the Office Manager before filing. The completed Form 990 will be presented to the governing board at the following monthly board meeting.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

A personnel committee comprised of designated members of the Board of

Directors determines the salary, raises, and bonuses for the Executive

Director.

Form 990, Part VI, Line 15b - Compensation Process for Officers

A personnel committee comprised of designated members of the Board of

Directors determines the salary, raises, and bonuses of the key employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are not made available to the public.

Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172

Internal Revenue Service

(99)

► See separate instructions.

► Attach to your tax return.

Identifying number

Coliseum Central Business Name(s) shown on return 54-1791888 Improvement District, Inc. Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 7 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service dunng the tax year (see instructions) Property subject to section 168(f)(1) election 15 13,757 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2013 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property business/investment use (e) Convention (f) Method (g) Depreciation deduction penod only-see instructions) service 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property h Residential rental 27 5 yrs MM S/L property MM 27 5 yrs. S/L MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs. b 12-year S/L S/L c 40-year 40 yrs MM Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 21

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here

and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

13,757

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