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Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

OMB No 1545-0047 2015 Open to Public Inspection

<u>A</u>	For the	e 2015 calendar year, or tax year beginning $07/01/15$ , and ending $06/3$	<u> 30/1</u>	<u>.6</u>							
В	Check if a	· · · · · · · · · · · · · · · · · · ·			D Employe	r identification number					
	Address c					=-1000					
	Name cha	Doing business as  Number and street (or P O box if mail is not delivered to street address)		Room/suite	54-1 E Telephon	791888					
$\Box$	Initial retui		ĺ	Roomsule		826-6351					
$\exists$	Final retur	m/ City or town, state or province, country, and ZIP or foreign postal code									
	terminated	Hampton VA 23666			<b>G</b> Gross reco	eipts\$ 1,092,888					
	Amended	retum F Name and address of principal officer		T	<u> </u>						
	Applicatio	n pending Raymond J. Tripp		H(a) Is this a gro	up return for si	ubordinates? Yes X No					
		4410 E. Claiborne Square, Ste 211		H(b) Are all sub	ordinates incli	uded? Yes No					
		Hampton VA 23666		If "No,"	' attach a list	(see instructions)					
<u> </u>	Tax-exer	mpt status 501(c)(3) <b>X</b> 501(c) <b>( 6 )                                </b>		Ī							
	Website			H(c) Group exer	mption numbe	r <b>&gt;</b>					
		organization X Corporation Trust Association Other ▶	L Ye	ear of formation 1		M State of legal domicile VA					
*******	art I	Summary									
<u></u>	T	Briefly describe the organization's mission or most significant activities									
a		To promote, develop and market the economic develop	ment	of							
the Coliseum Central Business Improvement District within the City of Hampton, Virginia.  2 Check this box In the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary)  1 Total number of volunteers (estimate if necessary)											
Ĕ		the City of Hampton, Virginia.									
8	2 (	Check this box ▶ if the organization discontinued its operations or disposed of more the	han 25°	% of its net ass	ets						
ري س	ſ	Number of voting members of the governing body (Part VI, line 1a)		3	17						
Ş S€		Number of independent voting members of the governing body (Part VI, line 1b)			4	17					
Ě	1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			5	5					
ŧ	1	Total number of volunteers (estimate if necessary)			6	200					
⋖	1	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0					
	1	Net unrelated business taxable income from Form 990-T, line 34			7b	0					
				Prior Yea		Current Year					
Revenue	8 (	Contributions and grants (Part VIII, line 1h)	L	1,084	4,910	1,091,328					
	9 F	Program service revenue (Part VIII, line 2g)				0					
	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, Eand 7th y 25 2016 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,514	1,560					
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>			0					
		Total revenue – add lines 8 through 11 (must equal Part XIII, column (A), line 12)	_		6,424	1,092,888					
	13 (	Grants and similar amounts paid (Part IX, column (A) lines (23) EN, UT	_	68	3,291	24,066					
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0						
ŝ	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	-	244	4,511	355,427					
=xpenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>			0					
ğ	b 1	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	⊢			· · · · · · · · · · · · · · · · · · ·					
Ш	17 (	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u> </u>		4,055	695,373					
	18 7	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>_</u>		6,857	1,074,866					
	19	Revenue less expenses Subtract line 18 from line 12			9,567	18,022					
Sor		Total access (Dad V. Ivas 40)	-	Beginning of Curr		End of Year					
Sset	20	Total assets (Part X, line 16)	  -	1,300		1,346,981					
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	⊢		1 009	57,951					
<u> </u>	7 22	Net assets or fund balances Subtract line 21 from line 20		<u> </u>	1,008	1,289,030					
_	art II	Signature Block	4-4-								
		nalties of penury, Leeclare that I have examined this return, including accompanying schedules and s ect, and complete Declaration of preparer (other than officer) is based on all information of which pre				owiedge and belief, it is					
					<del>-</del>	W.					
ei.	••	Signature of officer			Date	72/1/6					
Siç	_		ec F	irector							
He	1 <del>C</del>	Type or print name and title	<u> </u>	CLOL	<u> </u>						
—			+11	Date	Check	f PTIN					
Pai	d	Lian of Knit	$\mathcal{L}_{\lambda}$		/16 self-em	L-J"					
_	parer	Diana W Chith CDA DC	<u></u>			20-3760975					
	Only	11832 Rock Landing Dr Ste 101		<del>  F</del> 1	rm's EIN	20 3100313					
	··· <b>y</b>	Normant North 122 02006 4277		1.	L	757-223-9602					
NA~:	the ID	S discuss this return with the preparer shown above? (see instructions)		<u> </u> P	hone no						
		vork Reduction Act Notice, see the separate instructions.		<del> </del>		Yes No Form 990 (2015)					
DAA		roin reduction Act Notice, see the separate matriculous.				Form 990 (2015)					

### **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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 98-197 If "Yes," complete Schedule C. X Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D. Part III 8 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 X debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X complete Schedule D, Part VI 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII 11c 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 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 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 X Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III

			Yes	No
20a	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	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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 Schedule J	23	I	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 Schedule K. If "No," go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
?5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	1	ŀ	
	If "Yes," complete Schedule L, Part I	25b		
26	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	Ì	]	
	disqualified persons? If "Yes," complete Schedule L, Part II	26	[	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		Ī	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity 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 Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>x</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	- 1	- 1	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	]	}	
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	ļ		
	Part I	31		_X_
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		- 1	
	complete Schedule N, Part II	32		<u> </u>
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	1	- 1	
	or IV, and Part V, line 1	34		<u> </u>
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
		35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1	1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
7	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	$\rightarrow$	<u>x</u>
8	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	38	X	

Pa	irt 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								
				£	Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	15						
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and								
	reportable gaming (gambling) winnings to prize winners?			1c	X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5						
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined federal employment tax returned federal employm			2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	ļl	X_			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty						
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				•			
	account)?			_4a		X			
D	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	ccoun	เร						
5a	(FBAR) 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 at any time during the tax year?	tion?		5b		X			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	dion.		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<b>6</b>		00	-				
	organization solicit any contributions that were not tax deductible as charitable contributions?	•		6a	, (	X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or							
	gifts were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods							
	and services provided to the payor?			7a		_			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s							
	required to file Form 8282?			7с					
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 of	ontract	?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		•	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	е		1				
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter			9b					
a	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		<b>-</b>					
11	Section 501(c)(12) organizations. Enter	10-21		-					
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them )	116							
12a		1041?		12a		_			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note. See the instructions for additional information the organization must report on Schedule O								
þ	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	13c				<u></u>			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	_		14a		<u>X</u>			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	<del></del>	14b					
DAA				Forr	ո 990	(2015)			

4410 E. Claiborne Square, Suite 211

VA 23666

757-826-6351

Eboni Davis

Hampton

Farm 000 (2015)	Coliseum	Control	Pucinoce
Form 990 (2015)	COLISCIIM	central	Business

54-1791888

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per	(d	o not (		ition more	than o	ne	Reportable compensation	Reportable compensation from	Estimated amount of
	week					s both		from	related	other
	(list any hours for	1				r/truste		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	di di	nstift	Officer	e e		Former	(W-2/1099-MISC)		organization
	organizations below dotted	Individual trustee or director	ğ	*	Key employee	yee cc	9		j	and related organizations
	line)	tag	a F		oyee	ğ				_
		8	Institutional trustee			Highest compensated employee				
(1) Bradford Brown		+	├	┢		ă				
(I)BIGGIOIG BIOWN	1.50	1		1	1	ĺĺ				
Board President	0.00	x	1	ļ		1 1		o	0	0
(2) Randolph Bryant	0.00	┼≏	$\vdash$		┢	$\vdash$ $\dashv$				
(2) Kandoiph Biyant	0.60	ĺ								
Board Treasurer	0.00	x						o	0	0
(3) Robert J. Fiscel		┼≏	$\vdash$		-	┤┤		<u> </u>		<u> </u>
(3) RODELL 5. FISCE	0.10	1				\				
<b>5</b> 4		x				1 1		ام		^
Director	0.00	1^			<u> </u>	-		0	0	0
(4) Stuart Goodman	0.40	İ								
	0.40				ĺ				•	•
Director	0.00	X	<u> </u>			$\vdash \vdash$		0	0	0
(5) John Smith		1								
	0.40				ļ					
Director	0.00	X	ļ		<u> </u>	$\vdash$		O	0	0
(6) Mark Bleakley			İ .							
	0.60				Ì	1			_	
Director	0.00	X	<u> </u>	_	<u> </u>			0	0	0
(7) Lawrence Cumming		}			İ					
	0.40	ĺ			l				_	
Director	0.00	X	ļ		L_	Ш		0	0	0
(8) Debra Flores										
	0.40	]			ľ					
Board Secretary	0.00	X		لــــــا	L.,			0	0	0
(9) Boo Williams										
	0.30	1	li	l				İ		
Director	0.00	X						0	0	0
(10) Peter Peterson										
	0.40	1				ì			Ì	
Director	0.00	X						0	0	0
(11)Michael Edmonds						7				
	0.40	1								
Director	0.00	X			L		_ {	0	0	0
DAA										Form <b>990</b> (2015)

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)				
(A) Nąme and title	(B) Average hours per week (list any hours for	off	x, unle ficer a	Pos check ess pe nd a c	erson Irrecto	than one of the or/trust	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimate amount of other compensations from the	of tion	
	related organizations below dotted line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)			organizati and relate organizatio	ed	
(12) Tommy Watkins		T											
	0.60		l			l							
Director (13) Rodney Jackson	0.00	X	$\vdash$	-	_	<del> </del>	$\vdash$	0	0	<del></del>			0
(13) Rouney backs	0.40	1											
Director	0.00	X						0	0				0
(14) Zaf Tabani		T				ļ							
	0.40					ł							
Director (15) Akhil Jain	0.00	X	-				┝	0	0				0
(13) ARIII Dain	0.40												
Director	0.00	X		1	1			o	0				0
(16) Dr. Allen Jon													
	0.40		1										_
Director (17) Vibha Madan	0.00	X				⊢	-	0	0	<del></del>			0
(17) VIDNA MAGAN	0.60												
Director	0.00	X			ļ			l 0	o				0
(18) Raymond J. Ti		Π											
	40.00	}											_
Exec Director	0.00	╁		X	_	ļ		120,144	0	<del></del>			0
		İ		ĺ									
										ı			
1b Sub-total							<b>•</b>	120,144					
c Total from continuation she	ets to Part VII,	Secti	ion A	١.				100 144					
d Total (add lines 1b and 1c)  Total number of individuals (in	cluding but not l	imite	d to	thos	اعدا م	ted a	boye	120,144	\$100,000 of				
reportable compensation from					C 113	icu a		—————————					
0 0 4 4 5 5 5 5 5 5 6 5 6 5 6 5 6 6 6 6 6 6				4 4	•						<u> </u>	/es	No
3 Did the organization list any for employee on line 1a? If "Yes,"								oyee, or nignest compensa	tea		3	-	X
4 For any individual listed on line	e 1a, is the sum	of re	porta	able	com	pens	atio						
organization and related orgar individual	nizations greater	than	\$15	0,00	07 H	f "Ye	s," c	complete Schedule J for suc	ch		4	İ	X
5 Did any person listed on line 1									individual			$\neg$	
for services rendered to the or		<u>'es,"</u>	com	plete	Sch	nedu	le J	for such person			5		<u> </u>
<ul><li>Section B. Independent Contractor</li><li>1 Complete this table for your fix</li></ul>		enca	ted i	nder	end	ent c	ontr	actors that received more t	than \$100,000 of				
compensation from the organi	zation Report c	ompe	ensa	tion	for th	ne ca	lend	dar year ending with or with	in the organization's tax ye	ar			
Name and	(A) business address							Descript	(B) tion of services		Comp	(C) censatio	on
										Ì			
							L						
										ļ			
2 Total number of independent of	contractors (incli		but	not I	ımıte	ed to	thos	se listed above) who	<del></del>				
received more than \$100,000								-,,,,,,,,,,	0				

Pa	irt V	Statement of Reverse Check if Schedule		ins a response	or note to any line	in this Part VIII		
~				····	(A) Total revenue	(B) Related or exempt function reyenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Ts	1a	Federated campaigns	1a					
ž ja	Ь	Membership dues	1b	559,058				
S, E	c	Fundraising events	1c					
凯	d	Related organizations	1d					
S,E	e		1e	516,115				
P.S.	f	All other contributions, gifts, grants,						
he		and similar amounts not included above	1f	16,155				
ĒQ	g	Noncash contributions included in lines 1a						
ago	h	Total. Add lines 1a-1f	•	•	1,091,328		]	
Program Service Revenue Contributions, Gifts, Grants   Amounts	<del>- "</del>	real. / too lives 16 17		Busn Code				
en	2a			<u> </u>				
æ	b							<del></del>
<u>8</u>	c							<del></del>
€ 2	d							<del></del>
S	<u>د</u>					<u> </u>		
gra		All other program service reve	nue.			<del></del>	<del> </del>	
5	g						<u> </u>	<del></del>
	3		dividends	Interest				
	ľ	and other similar amounts)	aivide:ids	, interest,	1,560			1,560
	4	Income from investment of tax	-evemnt	· ·	2,300			1,300
	5	Royalties	-cxcmpt	bona proceeds				<del></del>
	-	(i) Real		(ii) Personal				<del></del>
	6a	Gross rents		(ii) i dicondi				
	b	Less rental exps						
	C	Rental inc or (loss)						
	ď	Net rental income or (loss)					<b>i</b> 1	
	7a			(ii) Other				
		sales of assets		(ii) Outer				
	ь	other than inventory						
		Less cost or other	1					
	_	basis & sales exps Gain or (loss)						
	١.	· · · · · · · · · · · · · · · · · · ·						
	d	Net gain or (loss) Gross income from fundraising eve	nto [					
en.	оа	(not including \$	ills					
ven		of contributions reported on line 1c	.					
Other Revenue		See Part IV, line 18						
her	h	Less direct expenses	a b					
ŏ		Net income or (loss) from fund		vents •				
		Gross income from gaming activitie		/eills				
	Ja	See Part IV, line 19	a					
	<b>.</b>	Less direct expenses	b					
		Net income or (loss) from garr		tion	j			
		Gross sales of inventory, less	ing activit	lies P				
	IVa	returns and allowances						
			a b	<del></del>				
		Less cost of goods sold			Ì			
	<u> </u>	Net income or (loss) from sale  Miscellaneous Revenue	s of inver	Busn Code				
	44-	iviscendificors revenue		pusit Code		;		
	11a			<del> </del>				
	b			<u> </u>			<del> </del>	
	٠ 2	All other revenue		<del>   </del>		<del></del>	<del></del>	
	ď	All other revenue  Total. Add lines 11a–11d		<u> </u>				
	e	Total revenue. See instruction			1,092,888	0	0	1 500
	12_	TOWN TEVERIUE. SEE INSTRUCTION	13		, 000			1,560

Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 24,066 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 127,434 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 156,629 Other salaries and wages Pension plan accruals and contributions (include 10,711 section 401(k) and 403(b) employer contributions) Other employee benefits 39,476 21,177 10 Payroll taxes Fees for services (non-employees) 11 a Management b Legal 7,586 c Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 231,708 12 Advertising and promotion 49,470 13 Office expenses 14 Information technology 15 Royalties 61,609 16 Occupancy 14,16417 Payments of travel or entertainment expenses for any federal, state, or local public officials 46,775 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 14,893 22 Depreciation, depletion, and amortization 6,476 23 Insurance Other expenses Itemize expenses not covered 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) 102,881 Special District Events 85,703 Improvemnt/Beautification b 55,701 Banners C 5,000 Emergency Alert System 13,407 e All other expenses 1,074,866 Ō 0 Total functional expenses. Add lines 1 through 24e 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)

Pa	rt)	Balance Sheet							
		Check if Schedule O contains a response or note	to any li	ne in this Part X					
					(A)		(B)		
					Beginning of year		End of year		
	1	Cash—non-interest bearing			49,185	_1_	71,638		
- 1	2	Savings and temporary cash investments			944,256	2_	970,00		
- 1	3	Pledges and grants receivable, net				3_			
- }	4	Accounts receivable, net			260,048	4	269,89		
- 1	5	Loans and other receivables from current and former of	rectors,						
J		trustees, key employees, and highest compensated em	<u> </u>						
- 1		Complete Part II of Schedule L	ľ		5				
ļ	6	Loans and other receivables from other disqualified per							
		4958(f)(1)), persons described in section 4958(c)(3)(B),							
Ų		sponsoring organizations of section 501(c)(9) voluntary		j					
0		organizations (see instructions) Complete Part II of Sci	,	•	6				
Assets	7	Notes and loans receivable, net		7					
¥	8	Inventories for sale or use		T		8			
Ų	9	Prepaid expenses and deferred charges		F	14,143		14,434		
- 1	-	Land, buildings, and equipment cost or	1	<u> </u>					
l		other basis Complete Part VI of Schedule D	10a	145,718					
ı	h	Less accumulated depreciation	10b	124,710	32,519	10c	_ 21,008		
	11	Investments—publicly traded securities	100		<u> </u>	11			
ŀ	12	Investments—other securities See Part IV, line 11	<u> </u>		12				
	13	Investments—program-related See Part IV, line 11	<b> </b>		13	<del></del>			
ŀ	14	Intangible assets		<u></u>		14	<del></del>		
	15	Other assets See Part IV, line 11	<u> </u>		15				
1	16	Total assets. Add lines 1 through 15 (must equal line 3	84)	}-	1,300,151	16	1,346,983		
$\dashv$	17	Accounts payable and accrued expenses	<del>/-/</del>		29,143	17	57,951		
1	18	Grants payable	<del> </del>	23,143	18	31,33			
	19	Deferred revenue							
Ì	20	Tax-exempt bond liabilities	<b>}</b> -	<del></del>	19 20	<del></del>			
	21	Escrow or custodial account liability Complete Part IV of	<del> </del>		21	<del></del>			
	22	Loans and other payables to current and former officers			<del></del>				
Liabilities	22	* *		3,					
≣∣		trustees, key employees, highest compensated employed	ees, and	•					
흔	23	disqualified persons Complete Part II of Schedule L	d sadios	-		22			
1	23 24	Secured mortgages and notes payable to unrelated third		-		23			
		Unsecured notes and loans payable to unrelated third p		l thurs		24	<del></del>		
1	25	Other liabilities (including federal income tax, payables to		1					
		parties, and other liabilities not included on lines 17-24) of Schedule D	Comple	ie Pari X		25			
- 1	26	Total liabilities. Add lines 17 through 25		<u> </u>	29,143	25	57,951		
+	26	Organizations that follow SFAS 117 (ASC 958), chec	k boro	X and	29,143	26			
စ္ဆ		-	K liefe P	ZZ and					
2	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		į.	1,271,008	2-	1,289,030		
<u>aa</u>				}-	1,2/1,000	27	1,209,030		
9	28	Temporarily restricted net assets	-		28	<del></del>			
۱ۼ	29	Permanently restricted net assets  Organizations that do not follow SEAS 117 (ASC 95)	R) chast	horo N		29			
듷		Organizations that do not follow SFAS 117 (ASC 958 complete lines 30 through 34.	here  and						
Net Assets or Fund Balances	20	•				20			
SSe	30	Capital stock or trust principal, or current funds		<u> -</u> -		30			
₹∣	31	Paid-in or capital surplus, or land, building, or equipment				31			
2	32	Retained earnings, endowment, accumulated income, or	oiner fl	liius	1,271,008	32	1,289,030		
- {	33	Total net assets or fund balances		-	1,300,151	33	1,346,981		
	34	Total liabilities and net assets/fund balances		<del></del>	1,300,131	34	1,340,961		

orm	1990 (2015) Coliseum Central Business 54-1791888				Pa	ge <b>12</b>
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	<u> </u>	1,0		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,0		
3	Revenue less expenses Subtract line 2 from line 1	3				022
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,2	71,	800
5	Net unrealized gains (losses) on investments	5				
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 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		1,2	89,	030
Pa	rt XII Financial Statements and Reporting		_			
	Check if Schedule O contains a response or note to any line in this Part XII					
					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 in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
þ	Were the organization's financial statements audited by an independent accountant?			2b		X
	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					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				For	m 990	(2015)

# 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.

OMB No 1545-0047 Open to Public

Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number Coliseum Central Business Improvement District, Inc. 54-1791888 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2015 Coliseum	Central E	Business		54-17	791888	Page 2
Part III Organizations Maintainin	g Collections o	of Art, Historical	Treasures,	or Other	Similar Asse	
3 Using the organization's acquisition, access collection items (check all that apply)	on, and other reco	rds, check any of the	following that a	are a signific	cant use of its	
a Public exhibition	d 🗍	Loan or exchange p	rograms			
b Scholarly research	e T	Other	J			
c Preservation for future generations		_				
4 Provide a description of the organization's or XIII	ollections and expla	ain how they further th	e organization	's exempt p	urpose in Part	
5 During the year, did the organization solicit of	or receive donations	s of art, historical trea	sures, or other	sımılar		
assets to be sold to raise funds rather than t						Yes No
Part IV Escrow and Custodial Arr						
Complete if the organization 990, Part X, line 21.	n answered "Ye	s" on Form 990, I	Part IV, line	9, or repo	rted an amour	nt on Form
1a Is the organization an agent, trustee, custod	ian or other interme	ediary for contribution	s or other asse	ets not		
included on Form 990, Part X?		-				Yes No
b If "Yes," explain the arrangement in Part XIII	and complete the	following table				
						Amount
c Beginning balance					1c	
d Additions during the year					1d	
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an amount on F				•		Yes No
b If "Yes," explain the arrangement in Part XIII	Check here if the	explanation has been	provided on F	art XIII		
Part V Endowment Funds.						
Complete if the organization	n answered "Ye	<u>s" on Form 990, F</u>	Part IV, line	10		
<u> </u>	(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years back	(e) Four years back
1a Beginning of year balance		<del>-</del>			<del>_</del>	
b Contributions						
c Net investment earnings, gains, and		•	ŀ			
losses						
d Grants or scholarships		<del> </del>				
e Other expenditures for facilities and						İ
programs		<del> </del>				
f Administrative expenses		<del> </del>	<del> </del>			_
g End of year balance	ront voor and halan	uso (luno 1 a selvema (e				
<ul> <li>Provide the estimated percentage of the cur</li> <li>Board designated or quasi-endowment</li> </ul>	ent year end balan %	ice (iine 19, column (a	i)) neiu as			
a Board designated or quasi-endowment ▶  b Permanent endowment ▶  %	70					
c Temporarily restricted endowment	%					
The percentages on lines 2a, 2b, and 2c sho						
3a Are there endowment funds not in the posse	•	zation that are held a	nd administere	d for the		
organization by						Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
b If "Yes" on line 3a(II), are the related organiz	ations listed as req	uired on Schedule R?	•			3b
4 Describe in Part XIII the intended uses of the	-					
Part VI Land, Buildings, and Equi			<u>,                                     </u>			
Complete if the organization	-	s" on Form 990, F	Part IV, line	11a See	Form 990, Par	t X, line 10.
Description of property	(a) Cost or othe		or other basis		cumulated	(d) Book value
	(investmen	it) (d	other)	dep	reciation	
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment			145,718		124,710	21,008
e Other						
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Pa	art X, column (B), line	10c)			21,008

Schedule D (F	orm 990) 2015 Coliseum Central Busi	ness	54-1791888	Page
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	ne 11b See Form 990, Pa	art X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				<del></del>
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col_(B) line 12)▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	ie 11c See Form 990, Pa	art X, line 13
	(a) Description of investment	(b) Book value	(c) Method of v	raluation
			Cost or end-of-year	market value
(1)		<del> </del>	<del> </del>	
(2)		<del> </del>	<del> </del>	
(3)			<del>                                     </del>	
(4)	<del></del>	<del>-</del>	<b>_</b>	
(5)		<del></del>	<u> </u>	
(6)		<del></del>		
(7)	<del></del>	<del> </del>		
(8)			<del> </del>	<del></del>
(9)		1.		
	n (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX	Other Assets.	E 000 D + 104 E-	444.0 . 5	
	Complete if the organization answered "Yes" on	Form 990, Part IV, IIn	e 11d. See Form 990, Pa	
	(a) Description			(b) Book value
(1)				
(2)	<del></del>			<u> </u>
(3)	<del></del>			
(4)				
(5)	<del></del>			
(6)	<del></del>			<del>.</del>
(8)				
(9)	<del></del>			
	n (b) must equal Form 990, Part X, col (B) line 15)		<u>-</u>	
Part X	Other Liabilities.	F 000 D-404 E-	- 44 446 O F 0	200 B- 4 V
	Complete if the organization answered "Yes" on	Form 990, Part IV, IIIn	e 11e or 11f. See Form 9	90, Paπ X,
	line 25.	<del></del>		····
1.	(a) Description of liability	(b) Book value	4	
<u> </u>	income taxes		4	
(2)	<del></del>		1	
(3)	·		4	
(4)	<del></del>	<del> </del>	1	
(5)		<del>-</del>	-	
(6)		<del> </del>	4	
_(7)		<del> </del>	-	
		<del> </del> -	4	
(9)		<del> </del>	1	
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶		L	

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

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 require 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 2013 remain open for examination by tax authorities.

Part XIII Supplemental Information (continued)

₹	
57	
5	
16	
23	
5	
8	
25044	

SCHEDULE (Form 990)

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

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

2015 OMB No 1545-0047

Open to Public inspection

**Employer Identification number** 54-1791888 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Inc. General Information on Grants and Assistance Coliseum Central Business Improvement District, Department of the Treasury Internal Revenue Service Name of the organization Parti

ŝ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance? Part II

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1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		if applicable	grant	cash assistance	(book, riviv, appraisal, other)	non-cash assistance	or assistance
(1) Center for Child & Family Services							
2021 Cunningham Drive, Ste 400							Event Sponsor
Hampton VA 23666		501c3	7,500				
(2) Peninsula Pilots Baseball							
P.O. Box 7376							General Support
Hampton VA 23666		į	11,250				
(3)							
(4)							
(9)							
(9)							
(1)							
(8)							

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

6

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

Schedule I (Form 990) (2015)

Schedule I (F	Schedule I (Form 990) (2015) Coliseum Central Business	tral Business	5	54-1791888		Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22	Domestic Individual	is. Complete if the c	organization answered	"Yes" on Form 990, Part	IV, line 22
	Part III can be duplicated if additional space is needed.	onal space is needed.				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
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Part IV	Supplemental Information. Provide the information required in Part I line 2. Part III. column (b) and any other additional information	yide the information rec	nured in Part Line	2 Part III column (b)	and any other additional	information

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 project. Upon completion of the project and review by the committee, quotes are received. 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. request.

## 25044 09/12/2016 10 57 AM

# 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.

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

OMB No 1545-0047

Open Ta Public Inspection

ame of the organization	Coliseum	Central	Business
_	COTTSerm		_40111600

Employer identification number

Improvement District, Inc. 54-1791888 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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 (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction Yes organization (1) (2) (3) (4) (5) (6)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. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (ı) Written (c) Purpose of (a) Name of interested person (e) Original (d) Loan to (f) Balance due (g) In default? (h) Approved with organization loan or from the principal amount by board or agreement? org ? committee? To From Yes No Yes Yes No No (5) (8) (9) (10)**▶** \$ Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1) Michael Edmonds Director/Exe Dir 7,500 Event Sponsor General Support (2) (3) (4) (5) (6)

(7) (8) (9) 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.

► 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.

2015
Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internat Revenue Service 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 4 - Significant Changes to Organizational Documents Significant changes to By-Laws:

Proxies - Proxy may be granted when delivered by electronic device to the Secretary stating person and date of proxy.

Actions Outside of Meetings/Voting by Referendum - Any matters required to be acted upon by the Members of the Association, except those matters required to be handled at an annual meeting, may be emailed to the members.

Regular Meetings - Regular meetings of the Board shall be held monthly (previously quarterly)

# Coliseum Central Business

54-1791888

Term of Officers - Each officer shall serve no more than 3 consecutive one year terms. Upon completion of the aforementioned term, an officer may not serve in the same role for a minimum of 2 years. If an officer does not complete the entire 3 year term, they will be eligible for re-election for the remaining unfinished term.

Vice President - (previously not mentioned in By-Laws) will work with the President to lead and direct the Board of Directors and staff in accomplishing goals and objectives of the BID. The Vice President shall assume the duties of the President when he is absent. Vice President has a signature on all Board financial accounts.

Treasurer - (previously not mentioned in By-Laws) will oversee all accounting and assume all financial records are properly maintained and reported to the Board monthly. The Treasurer will have signature on all Board financial accounts.

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.

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

Name of the organization

Coliseum Central Business

Employer identification number

54-1791888

board at the following monthly board meeting.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The organization does not actively monitor employee activity. However

when an issue becomes known to the organization it is discussed with the

employee and a verbal warning is issued. The organization would follow-up

as necessary.

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.