

**Return of Organization Exempt From Income Tax**

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

**2009**

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

**PRELIMINARY DRAFT FOR DISCUSSION PURPOSES ONLY**

**A** For the 2009 calendar year, or tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

**B** Group Exempt Organization (EO) Code: \_\_\_\_\_

**C** Name of organization: **SARASOTA CONVENTION AND VISITORS BUREAU, INC.**

**D** Employer identification number: \_\_\_\_\_

**E** Telephone number: **941-955-0990**

**F** Name and address of principal officer: **MARK BECKER**  
**SAME AS C ABOVE**

**G** Gross receipts: **3,655,547**

**H(a)** Is this a group return for affiliates? Yes  No

**H(b)** Are all affiliates included? Yes  No  If "No," attach a list (see instructions)

**H(c)** Group exemption number: \_\_\_\_\_

**I** Tax-exempt status:  501(c)(6) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.SARASOTAFL.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1982** **M** State of legal domicile: **FL**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ADVANCEMENT OF AND DEVELOPMENT OF TOURISM AND THE SERVICE OF TOURISM INDUSTRY WITHIN THE COUNTY OF</b>		
	<b>2</b> Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VII, line 3a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VII, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>16</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>65</b>
	<b>7a</b> Total gross unrelated business revenue from Part V, I, column (C), line 12	<b>7a</b>	<b>258,481</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VII, line 1b)		
	<b>9</b> Program service revenue (Part VII, line 2a)	<b>3,796,588</b>	<b>3,617,367</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>527</b>	<b>1,421</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>30,114</b>	<b>21,166</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,827,229</b>	<b>3,639,954</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>737,943</b>	<b>824,056</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
<b>b</b> Total fundraising expenses (Part IX, column (C), line 25)			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		<b>3,011,688</b>	<b>2,776,558</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,749,631</b>	<b>3,600,614</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>77,598</b>	<b>39,340</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year: 635,777</b>	<b>End of Year: 736,474</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>433,552</b>	<b>494,909</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>202,225</b>	<b>241,565</b>

**Part II Signature Block**

I, the undersigned, declare under penalties of perjury that I am an authorized preparer of this return, including accompanying schedules and statements, and to the best of my knowledge and belief, this return and each accompanying statement is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **MARK BECKER, CHAIRMAN**

Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Preparer's Information**

Preparer's signature: \_\_\_\_\_

Date: **04/27/11**

Check if self-employed:

Preparer's identifying number (see instructions): \_\_\_\_\_

Firm's name (or your own if self-employed) and address: **BOBBITT, PITTINGER & COMPANY, P.A.**  
**1605 MAIN STREET, SUITE 1010**  
**SARASOTA, FL 34236**

Phone: **(941) 366-4450**

May the IRS discuss this return with the preparer shown above? (see net US3805)  Yes  No

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
5	Section 501(c)(4), 501(c)(29), and 501(c)(28) organizations. Is the organization subject to the section 6033(e) notice and reporting requirements and proxy tax? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in trust, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
	• 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		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		
	• 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		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
	• 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 F.R. 48? If "Yes," complete Schedule D, Part X		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
13	Is the organization a school described in section 170(b)(1)(D)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X
15	Did the organization report on Part IX, column (A), line 2, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	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 8 and 11a? If "Yes," complete Schedule G, Part I	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 VII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II	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	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 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to release any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? If "Yes," complete Schedule L, Part I	25b	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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):		
a 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	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule H, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule H, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part V, lines 11 and 19?	38	X

Note: A: Form 990 filers are required to complete Schedule O

Part VI Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099, Annual Summary and Transmittal of U.S. Information Returns. Enter 0 if not applicable		
	1a		14
b	Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable		
	1b		0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
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		16
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
b	If 'Yes,' has it filed a Form 990-E for this year? If 'No,' provide an explanation in Schedule O	X	
	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)?		X
	4a		
b	If 'Yes,' enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payer?		
	7a		
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
	7c		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, 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	For contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 609(a)(2) 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?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
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		
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 against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
	12a		
b	If 'Yes,' enter an amount of tax-exempt interest received or accrued during the year		
	12b		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7a below, and for a "No" response to line 2a, 6b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	13	
b Enter the number of voting members that are independent	13	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Do the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **FL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 941-955-0991  
766 HUDSON AVENUE, NO. A, SARASOTA, FL 34236**

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

**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. Use Schedule J-P if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LESLIE POWER BOARD MEMBER	1.00	X					0.	0.	0.	
PAIGE HARTMAN BOARD MEMBER	1.00	X					0.	0.	0.	
CURTIS PRILLER BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD BRADSHAW CHAIRMAN	1.00	X		X			0.	0.	0.	
DAVE NASON BOARD MEMBER	1.00	X					0.	0.	0.	
DAN SCHNYER BOARD MEMBER	1.00	X					0.	0.	0.	
TRENT YOUNG BOARD MEMBER	1.00	X					0.	0.	0.	
JAY SCHROCK, PH.D. BOARD MEMBER	1.00	X					0.	0.	0.	
LARRY FINKHNER BOARD MEMBER	1.00	X					0.	0.	0.	
SUSAN DAVIS TREASURER	1.00	X		X			0.	0.	0.	
MARK BECKER VICE CHAIR	1.00	X		X			0.	0.	0.	
KUMAR NAHADEVAN, PH.D. BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID PIERCE PAST CHAIRMAN	1.00	X					0.	0.	0.	
VIRGINIA HALEY PRESIDENT	40.00			X			91,664.	0.	0.	



SARASOTA CONVENTION AND VISITORS BUREAU, INC.

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Part VII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federal campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Governmental grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Tax-exempt contributions included in lines 1a-1f					
	h Total. Add lines 1a-1f					
Program Service Revenue	2 a SRQ COUNTY CONTRACT RE	Business Code 541900	2470578.	2470578.		
	b CONTRACT FEE INCOME -	541900	708,000.	708,000.		
	c MEMBERSHIP DUES	541900	178,821.	178,821.		
	d VISITORS GUIDE	541800	127,660.		127,660.	
	e MEMBER INCOME	541800	92,230.		92,230.	
	f All other program service revenue	541800	40,078.	1,487.	38,591.	
	g Total. Add lines 2a-2f		3617367.			
3 Investment income (including dividends, interest, and other similar amounts)		1,421.			1,421.	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6 a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 10	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	21,561.				
b Less: cost of goods sold	b	15,565.				
c Net income or (loss) from sales of inventory		5,996.	5,996.			
11 a OTHER INCOME		Business Code 541800	15,170.	15,170.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11c		15,170.				
12 Total revenue. See instructions		3639954.	3380052.	258,481.	1,421.	

992009 12-01-10

Form 990 (2009)

**Part IX: Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 8a, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part V, line 22				
3 Grants and other assistance to governments, 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				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(E)				
7 Other salaries and wages	672,615.			
8 Pension plan contributions (include section 401(k) and section 408(b) employer contributions)				
9 Other employee benefits	96,950.			
10 Payroll taxes	54,491.			
11 Fees for services (non-employees):				
a Management				
b Legal	8,519.			
c Accounting	6,500.			
d Lobbying				
e Professional fundraising services. See Part V, line 17				
f Investment management fees				
g Other	355.			
12 Advertising and promotion	2,439,937.			
13 Office expenses	14,726.			
14 Information technology	5,261.			
15 Royalties				
16 Occupancy	38,970.			
17 Travel	10,401.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,094.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,514.			
23 Insurance	4,636.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SRQ COUNTY POSTAGE & SH	144,895.			
b SRQ COUNTY ADMINISTRATIVE	39,825.			
c VISITOR CENTER	33,982.			
d BAD DEBT	3,675.			
e EQUIPMENT LEASING	3,442.			
f All other expenses	3,826.			
25 Total functional expenses. Add lines 10a, 21, 24	3,600,614.			
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

SARASOTA CONVENTION AND VISITORS BUREAU, INC.

Form 990 (2009)

59-2189967 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1 Cash - noninterest-bearing	19,342.	1	18,560.	
	2 Savings and temporary cash investments	287,783.	2	310,127.	
	3 Prepaids and grants receivable, net		3		
	4 Accounts receivable, net	242,686.	4	337,200.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958)(1) and persons described in section 4958(c)(2)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	12,955.	8	8,861.	
	9 Prepaid expenses and deferred charges	14,233.	9	10,260.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 108,900.			
	b Less: accumulated depreciation	10b 64,110.			
		53,102.	10c	44,790.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	5,676.	15	6,676.	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	635,777.	16	736,474.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	168,675.	17	146,854.	
	18 Grants payable		18		
	19 Deferred revenue	252,591.	19	337,925.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons. Complete Part I of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
25 Other liabilities. Complete Part X of Schedule D	12,286.	25	10,130.		
26 Total liabilities. Add lines 17 through 25	633,552.	26	494,909.		
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	202,225.	27	241,565.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	202,225.	33	241,565.		
34 Total liabilities and net assets/fund balances	635,777.	34	736,474.		

Form 990 (2009)

**Part XI** Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990:  Cash  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? \_\_\_\_\_
- 2b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_
- 2c 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? \_\_\_\_\_  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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? \_\_\_\_\_
- 3b 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. \_\_\_\_\_

	Yes	No
2a		X
2b	X	
2c	X	
2d		
3a		X
3b		

Form 990 (2009)

**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 8, 7, 8, 9, 10, 11, or 12.

Part IV, line 8, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **SARASOTA CONVENTION AND VISITORS BUREAU, INC.**

Employer identification number  
**59-2189967**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply):

- Preservation of land for public use (e.g., recreation or pleasure)
- Preservation of an historically important land area
- Protection of natural habitat
- Preservation of a certified historic structure
- Preservation of open space

2 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.

	Hold at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(b)(4)(B)(i) and section 170(b)(4)(B)(ii)?  Yes  No

9 In Part XIV, 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.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ \$
  - (ii) Assets included in Form 990, Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$
  - b Assets included in Form 990, Part X ▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part X V.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV 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 Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 12.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year-end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	3a(ii)
(ii) related organizations	3a(i)	3a(ii)

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?  Yes  No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(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		108,900.	64,110.	44,790.
e Other				
Total. Add lines 1a through 1e. <i>Column (d) must equal Form 990, Part X, column (d), line 10(c).</i>				44,790.



**SARASOTA CONVENTION AND VISITORS BUREAU, INC.**

Schedule O (Form 990) 2009

59-2189967 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,639,954.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,600,614.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	39,340.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (add). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	39,340.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,068,725.
2	Amounts included on line 1 but not on Form 990, Part V, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recovery of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,068,725.
4	Amounts included on Form 990, Part VII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,571,229.
c	Add lines 4a and 4b	4c	2,571,229.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,639,954.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,029,385.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,029,385.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	2,571,229.
c	Add lines 4a and 4b	4c	2,571,229.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,600,614.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2c; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

SARASOTA COUNTY CONTRACT REVENUE: 2470579.

VISITOR GUIDE EXPENDITURES: 100650.

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

SARASOTA COUNTY CONTRACT EXPENSES: 2470579.

VISITOR GUIDE EXPENDITURES: 100650.

Schedule O (Form 990) 2009

30254 07-27-10







**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: AGENCIES ARE HIRED TO REPRESENT THE VISITORS BUREAU IN CONSUMER AND TRADE SHOWS, PROVIDE BROCHURES AND VISITOR GUIDES, AND FOR ONLINE E-COMMERCE ADVERTISING.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SARASOTA CONVENTION AND  
VISITORS BUREAU, INC.

Employer identification number

59-2189967

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

SARASOTA, FL.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS GIVEN TO THE  
ORGANIZATION'S BOARD FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE IS REVIEWED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT'S COMPENSATION IS  
DETERMINED, REVIEWED, AND APPROVED BY THE BOARD OF DIRECTORS. COMPARATIVE  
DATA IS USED FOR ALL EMPLOYEE'S COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ALL  
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS  
AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 2C  
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**Exempt Organization Business Income Tax Return**

(and proxy tax under section 6033(e))

**2009**

Department of the Treasury  
Internal Revenue Service (27)

For calendar year 2009 or other tax year beginning **OCT 1, 2009** and ending **SEP 30, 2010**

Open to Public Inspection for  
501(c)(3) Organizations Only

**A**  Check box if address changed

**B** Exempt under section  501(c)(6)  408(a)  501(c)(1)  408A  501(c)(2)  529(a)

**C** Book value of all assets at end of year: **736,474.**

**F** Group exemption number (See instructions for Block F) **▶**

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

Name of organization (Check box if name changed and see instructions.)  
**SARASOTA CONVENTION AND VISITORS BUREAU, INC.**

Print or Type  
Number, street and room or suite no. If a P.O. box, see page 8 of instructions  
**766 HUDSON AVENUE, NO. A**

City or town, state and ZIP code  
**SARASOTA, FL 34236**

**D** Employer identification number (Employer must see instructions for Block D on page 9)  
**59-2189967**

**E** Limited business activity codes (See instructions for Block E on page 9)  
**541800**

**H** Describe the organization's primary unrelated business activity **▶ SEE STATEMENT 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **▶** Yes  No

If 'Yes,' enter the name and identifying number of the parent corporation **▶**

**J** The books are in care of **▶ THE ORGANIZATION** Telephone number **▶ 941-955-0991**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances				
<b>2</b> Cost of goods sold (Schedule A, line 7)				
<b>3</b> Gross profit (Subtract line 2 from line 1c)				
<b>4a</b> Capital gain net income (attach Schedule D)				
<b>b</b> Net gain (loss) (Form 4797, Part 1, line 17) (attach Form 4797)				
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)				
<b>6</b> Rent income (Schedule C)				
<b>7</b> Unrelated debt-financed income (Schedule E)				
<b>8</b> Interest, dividends, royalties, and rents from controlled organizations (Sch. F)				
<b>9</b> Investment income of a section 501(c)(2), (6), or (7) organization (Schedule G)				
<b>10</b> Exploited exempt activity income (Schedule H)				
<b>11</b> Accounting income (Schedule J)		258,481.	139,241.	119,240.
<b>12</b> Other income (See instructions; attach schedule)				
<b>13</b> Total. Combine lines 3 through 12		258,481.	139,241.	119,240.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)				
<b>15</b> Salaries and wages				35,856.
<b>16</b> Repairs and maintenance				
<b>17</b> Bad debts				
<b>18</b> Interest (attach schedule)				
<b>19</b> Taxes and licenses				
<b>20</b> Charitable contributions (See instructions for limitations.)				
<b>21</b> Depreciation (attach Form 4562)				
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on Form 990				
<b>23</b> Depletion				
<b>24</b> Contributions to deferred compensation plans				
<b>25</b> Employee benefit programs				
<b>26</b> Excess exempt expenses (Schedule I)				
<b>27</b> Excess leadership costs (Schedule J)				
<b>28</b> Other deductions (attach schedule)				3,829.
<b>29</b> Total deductions. Add lines 14 through 28				39,685.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				79,555.
<b>31</b> Net operating loss deduction (limited to the amount on the 33)				79,555.
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30				0.
<b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions.)				1,000.
<b>34</b> Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32				0.

**Part III Tax Computation**

35 Organizations Taxable as Corporations. See instructions for tax computation.  
 Control group members (sections 1361 and 1363) check here  See instructions and:  
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
 c Income tax on the amount of line 34  35c \_\_\_\_\_ 0.  
 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041)  36 \_\_\_\_\_  
 37 Proxy tax. See instructions  37 \_\_\_\_\_  
 38 Alternative minimum tax  38 \_\_\_\_\_  
 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies  39 \_\_\_\_\_ 0.

**Part IV Tax and Payments**

40a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  40a \_\_\_\_\_  
 b Other credits (see instructions)  40b \_\_\_\_\_  
 c General business credit. Attach Form 3800  40c \_\_\_\_\_  
 d Credit for prior year minimum tax (attach Form 8301 or 8327)  40d \_\_\_\_\_  
 e Total credits. Add lines 40a through 40d  40e \_\_\_\_\_  
 41 Subtract line 40e from line 39  41 \_\_\_\_\_ 0.  
 42 Other taxes. Check if from:  Form 4255  Form 8011  Form 8637  Form 8865  Other (attach schedule)  42 \_\_\_\_\_  
 43 Total tax. Add lines 41 and 42  43 \_\_\_\_\_ 0.  
 44a Payments: A 2008 overpayment credited to 2009  44a \_\_\_\_\_  
 b 2009 estimated tax payments  44b \_\_\_\_\_  
 c Tax deposited with Form 8868  44c \_\_\_\_\_  
 d Foreign organizations: Tax paid or withheld at source (see instructions)  44d \_\_\_\_\_  
 e Backup withholding (see instructions)  44e \_\_\_\_\_  
 f Other credits and payments:  Form 2439  Form 4106  Other \_\_\_\_\_ Total  44f \_\_\_\_\_  
 45 Total payments. Add lines 44a through 44f  45 \_\_\_\_\_  
 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached   46 \_\_\_\_\_  
 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed  47 \_\_\_\_\_ 0.  
 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid  48 \_\_\_\_\_ 0.  
 49 Enter the amount of line 48 you want credited to 2010 estimated tax  Refunded  49 \_\_\_\_\_

**Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)**

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  Yes  No X  
 2 During the tax year, did the organization receive a dividend or interest on a foreign bond, or was it the grantor of, or beneficiary of, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file  Yes  No X  
 3 Enter the amount of tax-exempt interest received or accrued during the tax year  \$ \_\_\_\_\_

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

1 Inventory at beginning of year <input type="checkbox"/> 1 _____	6 Inventory at end of year <input type="checkbox"/> 6 _____
2 Purchases <input type="checkbox"/> 2 _____	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and on Part I, line 2 <input type="checkbox"/> 7 _____
3 Cost of labor <input type="checkbox"/> 3 _____	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No X
4a Additional section 253A costs <input type="checkbox"/> 4a _____	
b Other costs (attach schedule) <input type="checkbox"/> 4b _____	
5 Total. Add lines 1 through 4b <input type="checkbox"/> 5 _____	

I, the preparer of this return, declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, this return is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on an examination of the books and records of the taxpayer.

Sign Here  Sign as to office \_\_\_\_\_ Date \_\_\_\_\_

CHAIRMAN  Title \_\_\_\_\_

Preparer's signature  Date 04/27/11  Check if self-employed  Preparer's SEN or PTIN P00366902

Preparer's name (print) BOBBITT, PITTINGER & COMPANY, P.A. EIN 65-0437100

Address (print) 1605 MAIN STREET, SUITE 1010 Phone no (941) 366-4450

SARASOTA, FL 34236

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (See instructions on page 18)

1. Description of property

Table with 2 columns: (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) and (b) From real or personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

2. Rent received or accrued

3(a) Deductions directly connected with the income in column 2(a) and 2(b) (attach schedule)

Table with 2 columns: (a) Total income and (b) Total deductions

(e) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or average to debt-financed property, 3. Deductions directly connected with the income to debt-financed property, 4. Amount of average acquisition deduction or allocated to debt-financed property, 5. Average adjusted basis of or allocable to debt-financed property, 6. Column 4 in excess of column 5, 7. Gross income reportable, 8. Allowable deductions

Totals and Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income

Table for Nonexempt Controlled Organizations with 5 columns: 7. Taxable income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 4 that is included in the controlling organization's gross income, 11. Deductions directly connected with income

Totals for Schedule F

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 23)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Separately attached schedule	5. Total deductions and rebates (see instructions)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part III, line 9, column (C)		Enter here and on page 1, Part III, line 9, column (D)
		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income (UBI) trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (see instructions) net of expenses (see instructions) through 7	5. Gross unrelated business income	6. Expenses attributable to column 5	7. Excess unrelated business income (UBI) (see instructions)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)		Enter here and on page 1, Part I, line 10	0.
		0.	0.			0.

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I - Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (see instructions) (2) minus (3) (if a gain, compute cols. 5 through 7)	5. Circulation income	6. Rescinding costs	7. Excess rescinding costs (column 6 minus column 5, but not more than column 6)
(a) VARIOUS	258,481.	139,241.		0.	0.	
(b)						
(c)						
(d)						
<b>Totals</b> (carry to Part II, line 15)		258,481.	139,241.	119,240.		0.

**Part II - Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part I, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (see instructions) (2) minus (3) (if a gain, compute cols. 5 through 7)	5. Circulation income	6. Rescinding costs	7. Excess rescinding costs (column 6 minus column 5, but not more than column 6)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	258,481.	139,241.				0.
<b>Totals, Part II lines 1-5:</b>		258,481.	139,241.			0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation allocable to unrelated business
<b>Totals</b> (Enter here and on page 1, Part II, line 14)			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
------------	---	-----------	---

PROVIDE ADVERTISING OPPORTUNITIES TO MEMBERS VIA VARIOUS MEDIUM  
TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
------------	------------------	-----------	---

DESCRIPTION	AMOUNT
EMPLOYEE PAYROLL TAXES AND BENEFITS	3,829.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	3,829.



801202010093000020050377359218996700009

Name SARASOTA CONVENTION AND VISITORS BUREAU, INC.  
 Address 766 HUDSON AVENUE  
 City/State/ZIP SARASOTA, FL 34236  
 Check here if any changes have been made to name or address

Computation of Florida Net Income and Emergency Excise Tax

1	Federal taxable income (see instructions) - Attach pages 1-5 of federal return	Check here if negative	_____	79,555.
2	State income taxes deducted in computing federal taxable income (attach schedule)	Check here if negative	_____	
3	Additions to federal taxable income (from Schedule I)	Check here if negative	<u>X</u>	-569,323.
4	Total of Lines 1, 2 and 3	Check here if negative	<u>X</u>	-489,768.
5	Subtractions from federal taxable income (from Schedule III)	Check here if negative	_____	
6	Adjusted federal income (Line 4 minus Line 5)	Check here if negative	<u>X</u>	-489,768.
7	Florida portion of adjusted federal income (see instructions)	Check here if negative	<u>X</u>	-489,768.
8	Nonbusiness income allocated to Florida (from Schedule H)	Check here if negative	_____	
9	Florida exemption			0.
10	Florida net income (Line 7 plus Line 8 minus Line 9)			0.
11	Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (see instructions for Sched. VI)			0.
12	Credits against the tax (from Schedule VI)			
13	Emergency excise tax due (from Schedule A)			
14	Total corporate income/franchise and emergency excise tax due (see instructions)			0.
15	a) Penalty: F-2220 _____ b) Other _____ c) Interest: F-2220 _____ d) Other _____			Line 15 Total ▶ _____
16	Total of Lines 14 and 15			
17	Payment credited: Estimated tax payments 1.0 \$ _____ Tentative tax payment 1.5 \$ _____			
18	Total amount due. Subtract Line 17 from Line 16. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 19 and on Line 20.			0.
19	Credit. Enter amount of overpayment credited to next year's estimated tax here and on payment coupon.			
20	Refund. Enter amount of overpayment to be refunded here and on payment coupon.			

Florida Corporate Income Tax Return 1019  
 F-1120  
 R. 01/10

Do Not Detach YEAR END MO 09/30/10

To ensure proper credit to your account, enclose your check with tax return when mailing.  
 Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Name SARASOTA CONVENTION AND VISITORS BUREAU, INC.  
 Address 766 HUDSON AVENUE  
 City/State/ZIP SARASOTA, FL 34236  
 Check here if you transferred lines electronically

592189967	-56932300	0	0
20091001	0	0	0
20100930	-48976800	0	0
00000000	1.000000	0	0
001	0	0	0
201	0	0	0
7955500	0	0	0
0	0	0	0



SARASOTA CONVENTION AND VISITORS BUR

1010  
F-1120  
R. 01/90  
Page 2

FEIN 59-2189967

09/30/10

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on information of which preparer has any knowledge.

Sign here

Signature of officer (must be an original signature) \_\_\_\_\_ Date \_\_\_\_\_

Title

CHAIRMAN

Paid Preparer's City

Preparer's signature

Date 04/27/11

Preparer check "self-employed"

Preparer's PTIN

P00366902

Firm's name (if you are a self-employed) and address

BOBBITT, PITTENGER & COMPANY, P.A.  
1605 MAIN STREET, SUITE 1010 34236  
SARASOTA, FL

FEIN 65-0437100

ZIP 34236

All Taxpayers Are Required to Answer Questions A through M Below as Appropriate - See Instructions

- A State of incorporation \_\_\_\_\_
- B Part of a federal consolidated return? YES  NO  If yes, provide:
- 1 Federal consolidated return number \_\_\_\_\_
- 2 Name of corporation \_\_\_\_\_
- 3 Federal common parent tax identification number (if federal) YES  NO
- 4 Federal EIN of corporate base \_\_\_\_\_
- 5 City, State, ZIP SARASOTA, FL 34236
- 6 Taxpayer is a member of a local price protection program? YES  NO
- 7 Effective date of latest IRS audit \_\_\_\_\_
- 8 Tax years examined \_\_\_\_\_
- 9 Contact person concerning this return MARK BECKER
- 10 Contact person telephone number \_\_\_\_\_
- 11 Type of federal return filed  1120  1120-C  990-T
- C Federal consolidated return? YES  NO
- D  Initial return  Final return (not federal return)
- E Taxpayer election section 1322 (S) Florida Statute (FS)  General Rule  Election A  Election B
- F Private Business Activity Code (on return to Florida) 541800
- G A Foreign person or entity was a beneficiary? YES  NO
- H Corporation is a member of a controlled group? YES  NO  (yes attach list)

Where to Send Payments and Returns

Make check payable to and send with return to:  
Florida Department of Revenue  
5050 W Tennessee Street  
Tallahassee FL 32399-0125

If you are requesting a refund (Line 20) send your return to:  
Florida Department of Revenue  
P.O. Box 6440  
Tallahassee FL 32314-0440

Remember:

- ✓ Make your check payable to the Florida Department of Revenue.
- ✓ Write your FEI Number on your check.
- ✓ Sign your check and return.
- ✓ Attach a copy of your federal return.
- ✓ Attach a copy of your Form F-7004 (extension of time) if applicable.



NAME SARASOTA CONVENTION AND EIN 59-2189967 TAXABLE YEAR END AS 09/30/10

<b>Schedule A - Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to 12/31/86)</b>		
1	Total depreciation expense deducted on federal Form 1120	1
2	Reduce portion of aggregated foreign income from Form 1120 (page 1, line 4) or Schedule V, line 7 (see instructions)	2
3	Get carry forward from the previous year's return	3
4	Subtract line 3 from line 2 and enter result here	4
5	Note: If loss carry forward shown on line 3 exceeds a loss on line 4, enter positive difference of the loss amount shown	5
6	Depreciation deduction (see Form 706, line 11, and Form 706, line 12) for assets placed in service 1/1/81 to 12/31/86	6
7	Straight-line depreciation deduction (see Form 706, line 13) and 50% of amount of depreciation previously taken on Schedule V for assets placed in service 1/1/81 to 12/31/86	7
8	All depreciation deducted pursuant to IRC § 168 (carry forward to any amount shown as nonbusiness income)	8
9	Subtract the sum of lines 6 and 7 from the amount on line 5 and enter result here	9
10	Multiply line 9 by 40 (40%) and enter result here	10
11	Enter applicable fraction shown in Schedule A for 40 (40%) (see page 1 of instructions) (if zero, enter 1/3)	11
12	Multiply line 10 by line 11 and enter result here	12
13	Determine the amount of depreciation deducted pursuant to IRC § 168 (pursuant to a 168(e)(2) used in computing nonbusiness income allocated to foreign; multiply the amount by 40 (40%) and enter result here	13
14	Add lines 11 and 12 and enter result here	14
15	Enter amount on line 14. Note: If line 14 does not show a loss, enter 0	15
16	The portion of the exemption provided in a 2010, F.S., included for Graph 200, F.S. purposes. Enter 0 if none, enter 1	16
17	Subtract the sum of lines 14 and 16 from the amount on line 15 and enter result here	17
18	Multiply line 17 by 2.5 (2.5%) and enter result here. Note: If line 17 shows a loss, enter 0	18
19	Enter the rate 2.7% of line 17	19
20	(a) Emergency excise tax credit (b) Emergency excise tax credit (carryover) (attach schedule total)	20
21	Balance of the credit (see page 1, line 17)	21

<b>Schedule I - Additions and/or Adjustments to Federal Taxable Income</b>	<b>Column (a) For page 1</b>	<b>Column (b) For Schedule W-2, A-U</b>
1	Interest excluded from federal tax (see instructions)	1
2	Gift tax deducted on gifts from page 4	2
3	Net operating loss (see instructions) (attach schedule)	3
4	Net capital loss carryover (attach schedule)	4
5	Excess charitable contributions carryover (attach schedule)	5
6	Employee benefit plan contributions carryover (attach schedule)	6
7	Employer's share of cost of health insurance	7
8	Adjustment for tax-exempt interest (attach schedule)	8
9	Guaranty and/or other fees (attach schedule)	9
10	Rural and/or urban high crime area job loss credit	10
11	State housing tax credit	11
12	Credit for contributions to foreign (attach schedule)	12
13	Charitable energy tax credit	13
14	a. 179 LIFO expense above \$12,000	14
15	a. 168(e)(2) special 50% bonus depreciation	15
16	a. 168(e)(2) entered income from cancellation of debt	16
17	Other and page (attach statement)	17
18	Total (lines 1 through 17 in Column (a) and 21. Enter total for each column on line 18. Column (a) total is also entered on Page 1, line 1 of page 1-1120 return. Column (b) total is also entered on Schedule W-2, A-U.	18
		<b>-569,323</b>



NAME SARASOTA CONVENTION AND

FEW 59-2189967 TAXABLE YEAR ENDING 09/30/10

Schedule II - Subtractions from Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule Y, AMT
1	Other foreign source income less 20% taxable excludable (a) (Less 20% excludable) _____ (b) (Less 20% excludable) _____ (c) (Less 20% excludable) _____ <b>Total</b> ▶	1	1
2	Other subtraction for income less attributable expenses (a) (Less 20% excludable) _____ (b) (Less 20% excludable) _____ <b>Total</b> ▶	2	2
Note: Taxpayers doing business outside Florida enter zeros on lines 3 through 8, and complete line 9 as if.			
3	Florida net operating loss carryover deduction	3	5
4	Florida net capital loss carryover deduction	4	4
5	Florida excess of active conduct in computer	5	5
6	Florida employee benefit plan contribution computer	6	2
7	Nonbusiness medical (from Schedule R, line 3)	7	7
8	Eligible net income of an individual owning a factory	8	8
9	a. 17% AGI expense above \$78,000 (see instructions)	9	9
10	b. 100% AGI special 50% property depreciation (see instructions)	10	10
11	Other subtractions (attach statement) Total (Lines 1 through 10) (Less 20% excludable) and (b) Enter zeros for each zero on line 11. Column (a) total file as entered on	11	11
12	Page 1, Line 8 of the F-1120 (page 1) and page 101 of the instructions on Form 1041, Line 8	12	12

**Schedule III - Apportionment of Adjusted Federal Income**

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Oct. (a) - Oct. (b) Rounded to Six Decimal Places	(d) Weight Multiply Column (c) by 100 to get percent	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (residence, etc.)				X 25% or	
2. Payroll				X 25% or	
3. Sales (exclusive of 20% excludable)				X 50% or	
4. Apportionment factor (Sum of lines 1, 2, and 3, Column (d), Enter zeros on Schedule Y, line 3					1.000000

III-B For use in computing average value of property (use original cost).

	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventory of raw materials, work in process, finished goods				
2. Buildings and other depreciable assets				
3. Leased property				
4. Other depreciable assets (including amortizable intangible assets)				
5. Total (sum of lines 1-4)				
6. Average value of property				
a. Add Line 5, Column (a) and (b), and divide by 2 (for within Florida)	6a			
b. Add Line 5, Column (c) and (d), and divide by 2 (for total everywhere)			6b	
7. Rented property (if leased in a partnership)				
a. Rented property in Florida	7a			
b. Rented property Everywhere			7b	
8. Total (Line 6 and 7). Enter on Line 1, Schedule III-A, Column (a) and (b)				
a. Enter Line 6a, plus 7a, and a zero on Schedule III-A, line 7	8a			
b. Enter Line 6b, plus 7b, and a zero on Schedule III-A, line 7			8b	

III-C Sales Factor

	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross total)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Total gross receipts (including royalties, interest, etc., when applicable)		
4. TOTAL, 50% of 1 (line 1) or 2 (line 2), whichever is larger		

III-D Special Apportionment Fractions (see instructions)

	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction (a) - (b) Rounded to Six Decimal Places
1. Enter on page 101 of each copy of Schedule Y, Annual Report			
2. The quotient of (a) over (b)			

FL F-1120	FEDERAL CARRYOVER DEDUCTIONS	STATEMENT	1
CARRYOVERS DEDUCTED IN FEDERAL TAXABLE INCOME	AMOUNT	AMT	AMOUNT
NET OPERATING LOSS	-569,323.		
NET CAPITAL LOSS			
EXCESS CHARITABLE CONTRIBUTION			
EXCESS EMPLOYEE BENEFIT PLAN CONTRIBUTION			



NAME SARASOTA CONVENTION AND

FEA 59-2189967

TAXABLE YEAR ENDING 09/30/10

**Schedule IV - Computation of Florida Portion of Adjusted Federal Income**

	Column 24 Adjusted Federal Income	Column 25 Adjusted AMI Income
1. Applicable adjusted federal income from Page 1, Line 8 (or Line 8, Schedule M for AMT in Co. 00)	-489,768.	1
2. Florida apportionment factor (Schedule JA, Line 4 or Schedule 9-0, Column 10)	1.000000	2
3. Total applicable adjusted federal income from (1) by (2)	-489,768.	3
4. Net operating loss carryover apportioned to Florida (attach schedule, see instructions)		4
5. Net capital loss carryover apportioned to Florida (attach schedule, see instructions)		5
6. Excess of state income tax carryover apportioned to Florida (attach schedule, see instructions)		6
7. Excess of benefit plan contribution carryover apportioned to Florida (attach schedule, see instructions)		7
8. Total carryover apportioned to Florida (see Lines 4 through 7)		8
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8, see instructions)	-489,768.	9

**Schedule V - Credits Against the Corporate Income/Franchise Tax**

1. Florida health maintenance organization credit (attach statement history)	1
2. Charitable contribution tax credit (attach certificate)	2
3. Enterprise zone jobs credit (Form 1-11582 attached)	3
4. Community contribution tax credit (attach certificate)	4
5. Enterprise zone property tax credit (Form 1-11582 attached)	5
6. Rural job tax credit (attach certificate)	6
7. Urban high crime area job tax credit (attach certificate)	7
8. Emergency response (911) credit (see instruction and attach schedule)	8
9. Investment tax credit (attach certificate)	9
10. Florida alternative investment tax credit (AMT) credit	10
11. Generalized investment tax credit (attach tax credit certificate)	11
12. Child care tax credit (2008-2009) (attach certificate)	12
13. State housing tax credit (2008-2009) (attach certificate)	13
14. Credit for contributions to Florida's child care fund (attach certificate)	14
15. Florida research and development credit (attach certificate)	15
16. Florida research and development credit (attach certificate)	16
17. Other applicable tax credits	17
18. Total non-refundable tax credits (sum of lines 1 through 17) not to exceed the amount on Page 1, Line 15	18
Enter total credits on Page 1, Line 15	

**Schedule VI - Computation of Florida Alternative Minimum Tax (AMT)**

1. Federal alternative minimum taxable income (from federal Form 4500)	1
2. State income tax credit (from federal adjusted taxable income) (attach schedule)	2
3. Additions to federal taxable income (see Schedule JA, Column 10)	3
4. Total of Lines 1 through 3	4
5. Subtractions from federal taxable income (see Schedule JA, Column 10)	5
6. Adjusted federal alternative minimum taxable income (Line 4 less Line 5)	6
7. Florida portion of adjusted federal income (see instructions)	7
8. Previous year income allocated to Florida (see instructions)	8
9. Florida exemption	9
10. Florida alternative minimum taxable income (Line 7 less Line 8)	10
11. Florida alternative minimum tax (due 2.5% of Line 10) (see instructions for Page 1, Line 17)	11



NAME SARASOTA CONVENTION AND

ID# 59-2189967 TAXABLE YEAR ENDING 09/30/10

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

Type	Amount
Total allocated to Florida	1
(Enter here and on Page 1, Line 8 of Schedule VI, Line 8 for AMT)	

**Line 2. Nonbusiness income (loss) allocated elsewhere**

Type	State/country allocated to	Amount
Total allocated elsewhere	2	

**Line 3. Total nonbusiness income**

Grand total: Total of Lines 1 and 2	3	
(Enter here and on Schedule VI, Line 7)		

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1, 2010**

1. Florida income expected in taxable year	1.	\$	<u>-489,768.</u>
2. Florida even pool \$5,000 (Members of a controlled group, see instructions on page 15 of F-1120ES)	2.	\$	
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	
4. Total estimated Florida tax (5.5% of Line 3)*	4.	\$	
Less: Credits against the tax	4.	\$	
* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.8% and enter the greater of these two computations.			
5. Estimated emergency excise tax	5.	\$	
6. Total corporate and emergency excise tax (Line 4 plus Line 5)	6.	\$	
If Line 6 is more than \$2,500, the installment as computed on Line 7, \$2,500 or less, no declaration (Form F-1120ES) is required.			
7. Computation of installments			
Payment due dates and payment amounts	Last day of 4th month - Enter 0.25 of Line 6	7a.	
	Last day of 6th month - Enter 0.25 of Line 6	7b.	
	Last day of 9th month - Enter 0.25 of Line 6	7c.	
	Last day of fiscal year - Enter 0.25 of Line 6	7d.	

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Form F-1120ES).

1. Amended estimated tax	1.	\$	
2. Less:			
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a.	\$	
(b) Payments made on estimated tax declaration (F-1120ES)	2b.	\$	
(c) Total of Lines 2(a) and 2(b)	2c.	\$	
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$	
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	



FEIN 59-2189967

09/30/10

DATA Page 1

SARASOTA CONVENTION AND VISITORS BUREAU,

592189967	0	0	0
-48976800	0	0	0
0	0.000000	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
2	0	0	0
2	-56932300	0	0
2	0	0	0
2	0	0	0
00000000	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	1.000000



HEIN .. 59-2189967

09/30/10

DATA Page 2

SARASOTA CONVENTION AND VISITORS BUREAU,

592189967	0	-48976800	0
0	0	0	0
0	0	-48976800	0
0	0	0	0
0	0	0	0
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0	0	0	0
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0	0	0	0
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0	0	0	0
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0	0	0	0
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0	0	0	0
0	0.0000000	0	0
0	0.0000000	0	0
0	0	0	0
0	0	0	0
0	-48976800	0	0