

COMMITTEE ON NATURAL RESOURCES

Disclosure Form

**As required by and provided for in House Rule XI, clause 2(g) and
the Rules of the Committee on Natural Resources**

On Wednesday, October 12, 2011, at 10:00AM, in room 1324 Longworth House Office Building, the Committee on Natural Resources will hold an oversight hearing on *“One Year after President Obama’s Gulf of Mexico 6-Month Moratorium Officially Lifted: Examining the Lingering Impacts on Jobs, Energy Production and Local Economies.”*

For Individuals:

1. Name: Bruce W Craul
2. Address: [Information redacted for privacy]
3. Email Address: [Information redacted for privacy]
4. Phone Number: [Information redacted for privacy]

* * * * *

For Witnesses Representing Organizations:

1. Name: Bruce W Craul
2. Name of Organization(s) You are Representing at the Hearing: Legendary, Inc., Legendary Hospitality and to an extent The Florida Restaurant & Lodging Association.
3. Business Address: 4100 Legendary Drive, suite 200, Destin, FL 32541
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: 800-337-8000 [Information redacted for privacy]

Name/Organization: Committee on Natural Resources

Title/Date of Hearing: **On Wednesday, October 12, 2011, at 10:00AM, in room 1324 Longworth House Office Building**, the Committee on Natural Resources will hold an oversight hearing on “*One Year after President Obama’s Gulf of Mexico 6-Month Moratorium Officially Lifted: Examining the Lingering Impacts on Jobs, Energy Production and Local Economies.*”

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

- BS Degree – Hotel, Tourism, Hospitality Management, Florida International University – Class of 1974

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

- Board of Directors and the Executive Committee of the Florida Restaurant and Lodging Association for the last five years.
- Cofounder of the Florida Dining and Entertainment Association
- Cofounder of the Hospitality Roundtable
- Past President Destin Rotary Club. (15 year member)

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

- Chief Operating Office or Legendary, Inc.
 - A Hospitality Company that designs, develops, builds, owns and operates Hotels, Restaurants and bars, plus we own all of the corresponding amenities including, spa operations, convention facilities, marinas’, charter boat fishing, a golf course, five retail boat sales and service locations, retail merchandise sales, marina stores for fuel and supplies, festival shopping centers, apartments, business office space, commercial warehouse space, and real estate sales.
 - I have been in the tourism business as an Operations Vice President or above or as an owner of multi Hotel and Restaurant properties in Florida for the past 31 years.
 - For the remaining nine years of my forty year career I worked in all positions in Hotel and Restaurants, from hourly positions to General Manager.

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

- No

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

- None

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

- I have served on various committees of the State of Florida’s Tourism Development Commissions in two counties in Northwest Florida. I have also served as a board member of the Pensacola Chamber of Commerce.

Name/Organization: Florida Restaurant and Lodging Association.

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In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

- No

h. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior (and /or other agencies invited) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

- No

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

- None

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

- None

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

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

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FLORIDA RESTAURANT AND LODGING ASSOC., INC		D Employer identification number 59-0571930
		Doing Business As		E Telephone number (850) 224-2250
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1779		G Gross receipts \$ 19,580,970.
		City or town, state or country, and ZIP + 4 TALLAHASSEE, FL 32302-1779		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. (see instructions)</small>
F Name and address of principal officer: CAROL B. DOVER		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(6) ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.FRLA.ORG		H(c) Group exemption number ▶		
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶		L Year of formation: 1946 M State of legal domicile: FL		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PROTECT, PROMOTE, AND EDUCATE FLORIDA'S HOSPITALITY INDUSTRY.	
	2	Check this box <input type="checkbox"/> if 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)	3 144
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 143
	5	Total number of employees (Part V, line 2a)	5 43
	6	Total number of volunteers (estimate if necessary)	6 0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a
b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 0. Current Year 0.
	9	Program service revenue (Part VIII, line 2g)	1,541,450. 1,544,944.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	329,521. -135,353.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,577,422. 2,370,642.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,448,393. 3,780,233.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	.0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,747,801. 2,630,153.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b		Total fundraising expenses, Part IX, column (D), line 25	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,719,111. 1,608,432.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,466,912. 4,238,585.	
19	Revenue less expenses. Subtract line 18 from line 12	-18,519. -458,352.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 13,099,824. End of Year 13,378,285.
	21	Total liabilities (Part X, line 26)	1,146,607. 996,187.
	22	Net assets or fund balances. Subtract line 21 from line 20	11,953,217. 12,382,098.

Part II Signature Block

Under penalties 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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: CAROL B. DOVER Date: _____
 Type or print name and title: PRESIDENT/CEO

Paid Preparer's Use Only

Preparer's signature: *Deborah Ferguson* Date: 11/10/10 Check if self-employed: Preparer's identifying number (see instructions): P00218358
 Firm's name (or yours if self-employed), address, and ZIP + 4: THOMAS HOWELL FERGUSON P.A., 2615 CENTENNIAL BLVD., SUITE 200 TALLAHASSEE, FL 32308 EIN: 59-3186310 Phone no.: 850-668-8100

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
EDUCATION AND TRAINING: IN 2009 FRLA PROVIDED 10,074 EXAMS TO MANAGERS IN THE FOOD SERVICE INDUSTRY. FRLA ALSO PROVIDED 101,000 FOOD HANDLER BOOKS TO NEW/EXISTING HOSPITALITY EMPLOYEES AS REQUIRED BY FLORIDA STATUTE. IN ADDITION, OTHER PRODUCTS AND SERVICES ARE MADE AVAILABLE TO THE HOSPITALITY INDUSTRY USING PRODUCTS DEVELOPED BY THE NATIONAL RESTAURANT ASSOCIATION AND THE AMERICAN HOTEL AND LODGING ASSOCIATION. THESE TRAINING AND EDUCATIONAL MATERIALS AID IN ENSURING HIGH QUALITY SERVICE, REGULATORY COMPLIANCE AND FURTHERING THE PROMOTION OF PROFESSIONALISM IN THE INDUSTRY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
MEMBERSHIP: AS OF 12/31/2009, FRLA HAD 437 LODGING MEMBERS, 3,555 RESTAURANT MEMBERS (AFFILIATED PROPERTY/FRANCHISES APPROXIMATELY 10,000), AND ALLIED MEMBERS WHO PROVIDE GOODS AND SERVICES TO HOSPITALITY INDUSTRY, TOTALING 954. VARIOUS TRAINING AND EDUCATIONAL KITS AND GUIDES ARE PROVIDED TO THEIR MEMBERS. FRLA CONTINUES TO PROMOTE THE HOSPITALITY INDUSTRY THROUGH MEMBER SERVICES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
GOVERNMENT RELATIONS: THIS FUNCTION SERVES AS THE INDUSTRY'S WATCH DOG FOR FEDERAL, STATE, AND LOCAL TAXES, ORDINANCES AND THE LIKE. DURING FLORIDA'S LEGISLATIVE SESSION, MEMBERS ARE ENGAGED IN THE PROCESS THROUGH CONFERENCE CALLS, TELECONFERENCE MEETINGS, AND WEEKLY E-NEWSLETTERS. FRLA REPRESENTS THEIR MEMBERS ON THE ISSUES OF LEGISLATIVE AND REGULATORY AFFAIRS AND KEEPS MEMBERS INFORMED ON INDUSTRY-RELATED ISSUES. THIS FUNCTION SERVES TO PROTECT THE HOSPITALITY INDUSTRY.

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

Table with columns for question number, question text, Yes, and No. Rows include questions 1 through 20 regarding organizational requirements and reporting.

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.		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 III.		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	X	
24 a	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 question 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	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		
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		
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		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		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.		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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.		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes/No checkboxes, and numerical answers (e.g., 26, 0, 43). Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (144); 1b Enter the number of voting members that are independent (143); 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); 7b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b 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? (X); 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); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c 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 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 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); 16b 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
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 [X] 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: BOB DEARDEN 230 SOUTH ADAMS STREET, TALLAHASSEE, FL 32301 (850) 224-2250

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-2 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			
KIM AVERY MEMBER	1.00	X					0.	0	0.	
RICK BARCENA MEMBER	1.00	X					0.	0	0.	
PATTI BLAYLOCK MEMBER	1.00	X					0.	0	0.	
JASON BOGAN MEMBER	1.00	X					0.	0	0.	
RUSS BOND MEMBER	1.00	X					0.	0	0.	
TOM BORCHERT MEMBER	1.00	X					0.	0	0.	
JACQUELINE BOZZUTO MEMBER	1.00	X					0.	0	0.	
BEIRNE BROWN MEMBER	1.00	X					0.	0	0.	
HARLAN BUTLER MEMBER	1.00	X					0.	0	0.	
RON CAIMANO MEMBER	1.00	X					0.	0	0.	
FRANKLIN CARSON MEMBER	1.00	X					0.	0	0.	
BLAKE CASPER MEMBER	1.00	X					0.	0	0.	
GABE CASTRILLION MEMBER	1.00	X					0.	0	0.	
MIKE CHOURI MEMBER	1.00	X					0.	0	0.	
KEITH CIPIELEWSKI MEMBER	1.00	X					0.	0	0.	
RICK COFFEY MEMBER	1.00	X					0.	0	0.	

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

(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			
SUSAN CONNELLY MEMBER	1.00	X					0.	0.	0.	
JEFF COYLE MEMBER	1.00	X					0.	0.	0.	
BRUCE CRAUL MEMBER	1.00	X					0.	0.	0.	
WENDY DAMSKER MEMBER	1.00	X					0.	0.	0.	
FRANK DAY MEMBER	1.00	X					0.	0.	0.	
FRED DELUCA MEMBER	1.00	X					0.	0.	0.	
BERNARD DERAAD MEMBER	1.00	X					0.	0.	0.	
JACOB DIPIETRE MEMBER	1.00	X					0.	0.	0.	
MITCH DOREN MEMBER	1.00	X					0.	0.	0.	
GARY DOUYLLIEZ MEMBER	1.00	X					0.	0.	0.	
BRUCE DUNBAR MEMBER	1.00	X					0.	0.	0.	
PAUL EDGAR MEMBER	1.00	X					0.	0.	0.	
DAN ENEA MEMBER	1.00	X					0.	0.	0.	
1b Total CONTINUED AT SCHEDULE J-2							889,771.	0.	99,697.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

59-0571930

			(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	1a	Federated campaigns				
			1a			
	b	Membership dues				
			1b			
	c	Fundraising events				
			1c			
	d	Related organizations				
			1d			
e	Government grants (contributions)					
		1e				
f	All other contributions, gifts, grants, and similar amounts not included above					
		1f				
g	Noncash contributions included in lines 1a-1f: \$					
h	Total. Add lines 1a-1f		0.			
Program Service Revenue	2a	SPONSORSHIPS	900099	264,703.		264,703.
	b	MEMBERSHIP DUES	900099	1,280,241.	1,280,241.	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		1,544,944.		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		532,320.	
4		Income from investment of tax-exempt bond proceeds		0.		
5		Royalties		208,828.		208,828.
			(i) Real	(ii) Personal		
6a		Gross Rents.	5,000.			
b		Less: rental expenses	0.			
c		Rental income or (loss)	5,000.			
d		Net rental income or (loss)		5,000.		5,000.
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
			14,124,467.			
b		Less: cost or other basis and sales expenses		14,792,140.		
c		Gain or (loss)		-667,673.		
d		Net gain or (loss)		-667,673.		-667,673.
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	272,511.		
b		Less: direct expenses	b	198,195.		
c	Net income or (loss) from fundraising events		74,316.		74,316.	
9a	Gross income from gaming activities. See Part IV, line 19	a				
b	Less: direct expenses	b				
c	Net income or (loss) from gaming activities		0.			
10a	Gross sales of inventory, less returns and allowances	a	2,873,624.			
b	Less: cost of goods sold	b	810,402.			
c	Net income or (loss) from sales of inventory	ATCH. 3.	2,063,222.	2,063,222.		
Miscellaneous Revenue			Business Code			
11a	MISCELLANEOUS	900099	19,276.	19,276.		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		19,276.			
12	Total Revenue. See instructions		3,780,233.	3,362,739.		417,494.

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	828,535.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7 Other salaries and wages	1,444,652.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	57,672.			
9 Other employee benefits	153,862.			
10 Payroll taxes	145,432.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	142,830.			
c Accounting	44,354.			
d Lobbying	86,000.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	16,229.			
g Other	40,000.			
12 Advertising and promotion	108,292.			
13 Office expenses	272,288.			
14 Information technology	27,528.			
15 Royalties	0.			
16 Occupancy	65,548.			
17 Travel	388,316.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	9,237.			
20 Interest	0.			
21 Payments to affiliates	23,910.			
22 Depreciation, depletion, and amortization	177,806.			
23 Insurance	41,011.			
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 <u>BAD DEBT EXPENSE</u>	19,588.			
b <u>REPAIRS & MAINTENANCE</u>	34,147.			
c <u>DUES & SUBSCRIPTIONS</u>	26,609.			
d <u>CHAPTER EVENTS</u>	39,370.			
e <u>SPONSORSHIPS</u>	14,252.			
f All other expenses	31,117.			
25 Total functional expenses. Add lines 1 through 24f	4,238,585.			
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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,710.	1	2,368.
	2 Savings and temporary cash investments	826,055.	2	1,545,912.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	94,174.	4	120,949.
	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(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	110,192.	8	89,336.
	9 Prepaid expenses and deferred charges	23,896.	9	8,113.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,960,884.		
	b Less: accumulated depreciation	10b 1,346,200.	1,689,690.	10c 1,614,684.
	11 Investments - publicly traded securities	6,721,952.	11	7,233,674.
	12 Investments - other securities. See Part IV, line 11	1,972,803.	12	1,443,845.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	245,583.	14	177,638.
	15 Other assets. See Part IV, line 11	1,412,769.	15	1,141,766.
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,099,824.	16	13,378,285.	
Liabilities	17 Accounts payable and accrued expenses	467,676.	17	383,378.
	18 Grants payable		18	
	19 Deferred revenue	606,470.	19	518,123.
	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, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	874.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	71,587.	25	94,686.
	26 Total liabilities. Add lines 17 through 25	1,146,607.	26	996,187.
Net Assets or Fund Balances	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	11,953,217.	27	12,382,098.
	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	11,953,217.	33	12,382,098.	
34 Total liabilities and net assets/fund balances	13,099,824.	34	13,378,285.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		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.		

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization FLORIDA RESTAURANT AND LODGING ASSOC., INC	Employer identification number 59-0571930
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.	
2	Political expenditures	\$ 0.
3	Volunteer hours	0

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$ 0.
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$ 0.
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	\$ 0.
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
FRLA PAC	230 SOUTH ADAMS ST TALLAHASSEE, FL 32301	91-2145979	0.	47,487.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
JSA
9E1264 2.000

Schedule C (Form 990 or 990-EZ) 2009

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% of line 2a, column (e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	X	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	1,280,241.
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	870,107.
b Carryover from last year	2b	269,135.
c Total	2c	1,139,242.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	640,121.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	499,121.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART I-A

LINE 1

THE ORGANIZATION INDIRECTLY CONTRIBUTES TO VARIOUS POLITICAL CAMPAIGNS BY RECEIVING CONTRIBUTIONS AND PROMPTLY TRANSFERRING THE FUNDS TO A SEPARATE POLITICAL ORGANIZATION.

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

FLORIDA RESTAURANT AND LODGING ASSOC., INC

59-0571930

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.

	Held at the End of the 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(h)(4)(B)(i) and 170(h)(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 8.

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, access, 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 XIV.

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 the 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 XI V 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 XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(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)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		2,271,720.	713,147.	1,558,573.
c Leasehold improvements				
d Equipment		373,434.	337,452.	35,982.
e Other		315,730.	295,601.	20,129.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,614,684.

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	3,780,233.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,238,585.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-458,352.
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 (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-458,352.

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	5,689,834.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,240,828.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	668,773.
e	Add lines 2a through 2d	2e	1,909,601.
3	Subtract line 2e from line 1	3	3,780,233.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,780,233.

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

1	Total expenses and losses per audited financial statements	1	5,260,953.
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	1,022,368.
e	Add lines 2a through 2d	2e	1,022,368.
3	Subtract line 2e from line 1	3	4,238,585.
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	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,238,585.

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 2b; 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.

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART XII

LINE 2D

EQUITY/INCOME IN REGULATORY COMPLIANCE SERVICES, INC: -353,595

COST OF GOODS SOLD: 810,402

SPECIAL EVENTS EXPENSE: 198,195

INVESTMENT MGMT FEES: -16,229

REIMBURSED OVERHEAD: 30,000

PART XIII

LINE 2D

COST OF GOODS SOLD: 810,402

SPECIAL EVENTS EXPENSES: 198,195

INVESTMENT MGMT FEES: -16,229

REIMBURSED OVERHEAD: 30,000

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		GOLF (event type)	FISHING TOURNA. (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1	130,292.	78,366.	63,853.	272,511.
	2				
	3	130,292.	78,366.	63,853.	272,511.
Direct Expenses	4				
	5	3,244.			3,244.
	6	45,166.	32,640.	30,104.	107,910.
	7				
	8				
	9	64,817.	20,153.	2,071.	87,041.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				74,316.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))											
Revenue	1															
Direct Expenses	2															
	3															
	4															
	5															
	6	<table border="1"> <tr> <td>Yes</td> <td>%</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes	%	No		<table border="1"> <tr> <td>Yes</td> <td>%</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes	%	No		<table border="1"> <tr> <td>Yes</td> <td>%</td> </tr> <tr> <td>No</td> <td></td> </tr> </table>	Yes	%	No	
Yes	%															
No																
Yes	%															
No																
Yes	%															
No																
7	Direct expense summary. Add lines 2 through 5 in column (d)				()											
8	Net gaming income summary. Combine line 1, column d, and line 7															

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	%	
b	An outside facility	13b	%	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ _____			
	Address ▶ _____			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____			
c	If "Yes," enter name and address of the third party:			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information:			
	Name ▶ _____			
	Gaming manager compensation ▶ \$ _____			
	Description of services provided ▶ _____			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

FLORIDA RESTAURANT AND LODGING ASSOC., INC

Employer identification number

59-0571930

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CAROL DOVER	(i) 295,000.	(ii) 154,191.	(iii) 0.	22,000.	16,580.	487,771.	
	(ii) 0.	0.	0.	0.	0.	0.	
BOB DEARDEN	(i) 120,000.	(ii) 15,000.	(iii) 1,951.	6,831.	10,102.	153,884.	
	(ii) 0.	0.	0.	0.	0.	0.	
DAN MURPHY	(i) 125,000.	(ii) 42,787.	(iii) 0.	10,050.	9,043.	186,880.	
	(ii) 0.	0.	0.	0.	0.	0.	
RICHARD TURNER	(i) 120,000.	(ii) 15,000.	(iii) 842.	8,100.	16,991.	160,933.	
	(ii) 0.	0.	0.	0.	0.	0.	
	(i) 0.	0.	0.	0.	0.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	
	(i) 0.	0.	0.	0.	0.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	
	(i) 0.	0.	0.	0.	0.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	
	(i) 0.	0.	0.	0.	0.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	
	(i) 0.	0.	0.	0.	0.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	
	(i) 0.	0.	0.	0.	0.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	
	(i) 0.	0.	0.	0.	0.	0.	
	(ii) 0.	0.	0.	0.	0.	0.	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

Continuation Sheet for Form 990

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Department of the Treasury
Internal Revenue Service

Name of the Organization

FLORIDA RESTAURANT AND LODGING ASSOC., INC

Employer identification number

59-0571930

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
FRANK EUCALITTO MEMBER	1.00	X					0.	0.	0.	
FRED EULER MEMBER	1.00	X					0.	0.	0.	
DAVID FEDER MEMBER	1.00	X					0.	0.	0.	
ALAN FINDLAY MEMBER	1.00	X					0.	0.	0.	
RHETT FISCHER MEMBER	1.00	X					0.	0.	0.	
JAY GALBRAITH MEMBER	1.00	X					0.	0.	0.	
TONY GALLO MEMBER	1.00	X					0.	0.	0.	
JUAN GARCIA MEMBER	1.00	X					0.	0.	0.	
AL GARDNER MEMBER	1.00	X					0.	0.	0.	
JOHN GIRAGOS MEMBER	1.00	X					0.	0.	0.	
GEORGE GLOVER MEMBER	1.00	X					0.	0.	0.	
RICHARD GONZMART MEMBER	1.00	X					0.	0.	0.	
TERRY GRABER MEMBER	1.00	X					0.	0.	0.	
SUZANNE GRADY MEMBER	1.00	X					0.	0.	0.	
KIPPER GREIST MEMBER	1.00	X					0.	0.	0.	
GRIFF GRIFFITTS MEMBER	1.00	X					0.	0.	0.	
STEVEN GROVER MEMBER	1.00	X					0.	0.	0.	
RICHARD GRUENTHAL MEMBER	1.00	X					0.	0.	0.	
ANDY HAAS CHAIRMAN	1.00	X		X			0.	0.	0.	
MATT HALME MEMBER	1.00	X					0.	0.	0.	
JIM HARRIS MEMBER	1.00	X					0.	0.	0.	

Continuation Sheet for Form 990

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization: FLORIDA RESTAURANT AND LODGING ASSOC., INC
Employer identification number: 59-0571930

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
MARY HAYES										
MEMBER	1.00	X					0.	0.	0.	
JACK HEALAN										
MEMBER	1.00	X					0.	0.	0.	
CHERYL HENRY										
MEMBER	1.00	X					0.	0.	0.	
LORRIE HERO										
MEMBER	1.00	X					0.	0.	0.	
BRIAN HILL										
MEMBER	1.00	X					0.	0.	0.	
STEPHEN HILLARD										
MEMBER	1.00	X					0.	0.	0.	
JULIE HILTON										
MEMBER	1.00	X					0.	0.	0.	
GEORGE HOCH										
MEMBER	1.00	X					0.	0.	0.	
FRED HURLEY										
MEMBER	1.00	X					0.	0.	0.	
ANDREAS IOANNOU										
MEMBER	1.00	X					0.	0.	0.	
A. J. JABBOUR										
MEMBER	1.00	X					0.	0.	0.	
DAVE JARRETT										
MEMBER	1.00	X					0.	0.	0.	
DEBBIE JORDAN										
MEMBER	1.00	X					0.	0.	0.	
PAUL JOSEPH										
MEMBER	1.00	X					0.	0.	0.	
JOE KADOW										
MEMBER	1.00	X					0.	0.	0.	
JOHN KELLY										
MEMBER	1.00	X					0.	0.	0.	
RUSS KIMBALL										
MEMBER	1.00	X					0.	0.	0.	
BOB KIRSCHER										
MEMBER	1.00	X					0.	0.	0.	
DAVID KNUDSEN										
MEMBER	1.00	X					0.	0.	0.	
JAMES KOUTSOS										
MEMBER	1.00	X					0.	0.	0.	
JUDITH KOUTSOS										
MEMBER	1.00	X					0.	0.	0.	

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization

FLORIDA RESTAURANT AND LODGING ASSOC., INC

Employer identification number

59-0571930

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
BOBBY KUCHINSKY MEMBER	1.00	X					0.	0.	0.	
MARK KUKULSKI MEMBER	1.00	X					0.	0.	0.	
BOB LEONARD MEMBER	1.00	X					0.	0.	0.	
RALPH LUPTON, JR. MEMBER	1.00	X					0.	0.	0.	
JULIAN MACQUEEN MEMBER	1.00	X					0.	0.	0.	
GENERAL MANAGER MEMBER	1.00	X					0.	0.	0.	
VICTOR MARINELLO MEMBER	1.00	X					0.	0.	0.	
SHANNON MCALEAVEY MEMBER	1.00	X					0.	0.	0.	
KATHLEEN MCDOLE MEMBER	1.00	X					0.	0.	0.	
JIM MCMANEMON MEMBER	1.00	X					0.	0.	0.	
JOHN MCREYNOLDS MEMBER	1.00	X					0.	0.	0.	
CARLOS MOLINET MEMBER	1.00	X					0.	0.	0.	
JOHN MONETTI MEMBER	1.00	X					0.	0.	0.	
RAMOLA MOTWANI MEMBER	1.00	X					0.	0.	0.	
DENNIS MURRAY MEMBER	1.00	X					0.	0.	0.	
ERIC NELSON MEMBER	1.00	X					0.	0.	0.	
ABE NG MEMBER	1.00	X					0.	0.	0.	
H. GREGG NICKLAUS MEMBER	1.00	X					0.	0.	0.	
JIM OLIVER MEMBER	1.00	X					0.	0.	0.	
JOEY OLIVERIO MEMBER	1.00	X					0.	0.	0.	
DAVID ONTKO MEMBER	1.00	X					0.	0.	0.	

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the instructions for Form 990.

Name of the Organization: FLORIDA RESTAURANT AND LODGING ASSOC., INC
Employer Identification number: 59-0571930

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
KEITH OVERTON CHAIR-ELECT	1.00	X		X				0.	0.	0.
JIM PANCALLO MEMBER	1.00	X						0.	0.	0.
SAMIR PATEL MEMBER	1.00	X						0.	0.	0.
JOHN PELTIER MEMBER	1.00	X						0.	0.	0.
GRANT PICHE MEMBER	1.00	X						0.	0.	0.
TONY PORCELLINI MEMBER	1.00	X						0.	0.	0.
DOUG RAKER MEMBER	1.00	X						0.	0.	0.
DAVE REID SEC-TRES.	1.00	X		X				0.	0.	0.
ANDREW REISS MEMBER	1.00	X						0.	0.	0.
JIM RIDENOUR MEMBER	1.00	X						0.	0.	0.
DOUG RIDGE MEMBER	1.00	X						0.	0.	0.
GREG RIEHLE MEMBER	1.00	X						0.	0.	0.
CARLOS RIVES MEMBER	1.00	X						0.	0.	0.
BILL ROBINSON MEMBER	1.00	X						0.	0.	0.
JOSEPH ROONEY MEMBER	1.00	X						0.	0.	0.
CHRISTOPHER RUSSO MEMBER	1.00	X						0.	0.	0.
CHERI RUTLEDGE MEMBER	1.00	X						0.	0.	0.
MICHAEL SCHMIDT MEMBER	1.00	X						0.	0.	0.
JOEL SCHWARTZ MEMBER	1.00	X						0.	0.	0.
DARYL SEATON MEMBER	1.00	X						0.	0.	0.
PATRICK SHEEHY MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

Continuation Sheet for Form 990

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

Name of the Organization

FLORIDA RESTAURANT AND LODGING ASSOC., INC

Employer identification number

59-0571930

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
SHAWN SHEPHERD MEMBER	1.00	X						0.	0.	0.
JAMES SHIRLEY MEMBER	1.00	X						0.	0.	0.
BILL SHUMATE MEMBER	1.00	X						0.	0.	0.
GUS SILIVOS MEMBER	1.00	X						0.	0.	0.
RICH SIMEONE MEMBER	1.00	X						0.	0.	0.
RAY SINGER MEMBER	1.00	X						0.	0.	0.
JUNE SINGER MEMBER	1.00	X						0.	0.	0.
JOY SMATT MEMBER	1.00	X						0.	0.	0.
KEVIN SPEIDEL MEMBER	1.00	X						0.	0.	0.
ROBERT SPOTO MEMBER	1.00	X						0.	0.	0.
WILLIAM STANTON MEMBER	1.00	X						0.	0.	0.
JOHN STILLEY MEMBER	1.00	X						0.	0.	0.
TOBY SULLIVAN MEMBER	1.00	X						0.	0.	0.
ALLEN SUSSER MEMBER	1.00	X						0.	0.	0.
JON SWEEDE MEMBER	1.00	X						0.	0.	0.
JAY TISCHENKEL MEMBER	1.00	X						0.	0.	0.
RIP TOSUN MEMBER	1.00	X						0.	0.	0.
JIM VALENTINO MEMBER	1.00	X						0.	0.	0.
CATHY VALERIANO MEMBER	1.00	X						0.	0.	0.
JEFF VANDIVER MEMBER	1.00	X						0.	0.	0.
NICK VELARDO MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

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

FLORIDA RESTAURANT AND LODGING ASSOC., INC

Employer identification number

59-0571930

ATTACHMENT 1

PART VI: GOVERNING BODY AND MANAGEMENT

LINE 6

RESTAURANT MEMBERS & LODGING MEMBERS COMPRISE THE MEMBERSHIP BASE IN
FRLA. THESE MEMBERS HAVE THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S
GOVERNANCE.

LINE 11

THE FORM 990 PREPARATION AND ACCOMPANYING SCHEDULES ARE REVIEWED BY THE
VICE PRESIDENT AND CFO, PRIOR TO FILING WITH THE INTERNAL REVENUE
SERVICE.

PART VI: POLICIES

LINE 12C

THE ASSOCIATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES
THE OFFICERS, DIRECTORS, CHIEF EMPLOYED EXECUTIVE AND CHIEF EMPLOYED
FINANCE EXECUTIVE TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF THEMSELVES
AND THEIR FAMILY MEMBERS ON A FORM DISTRIBUTED BY THE ASSOCIATION. THE
CHAIRMAN OF THE BOARD ENSURES THAT ALL FORMS ARE COMPLETED, REVIEWS THEM
FOR CONFLICTS, AND SUBMITS TO THE BOARD FOR REVIEW ANY ACTUAL OR
POTENTIAL CONFLICTS.

LINE 15

THE ASSOCIATION HAS A COMPENSATION COMMITTEE COMPRISED OF BOARD MEMBERS
THAT MEET AT LEAST ANNUALLY. THE COMMITTEE ONLY HANDLES THE

Name of the organization

FLORIDA RESTAURANT AND LODGING ASSOC., INC

Employer identification number

59-0571930

ATTACHMENT 1 (CONT'D)

PRESIDENT/CEO COMPENSATION PACKAGE. THE LAST AGREEMENT WAS SIGNED
 1/1/2008 FOR A 5 YEAR TERM. ALL OTHER SALARIES ARE DETERMINED BY THE
 CEO. THE EXECUTIVE/FINANCE COMMITTEE MUST APPROVE ALL BENEFIT CHANGES
 PRIOR TO THE EFFECTIVE DATE OF THE CHANGE.

PART VI: DISCLOSURE

LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
 POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROTECT, PROMOTE AND EDUCATE FLORIDA'S HOSPITALITY INDUSTRY. THE
 FLORIDA RESTAURANT AND LODGING ASSOCIATION IS A PROVIDER OF FLORIDA'S
 MANDATED FOOD SERVICE TRAINING, EDUCATIONAL MATERIALS AND EXAMS TO
 ALL OF FLORIDA'S FOOD SERVICE ESTABLISHMENTS. FRLA IS ENGAGED IN THE
 LEGISLATIVE PROCESS, KEEPING OUR 4,000 MEMBERS APPRISED ON CURRENT
 ISSUES AFFECTING THE HOSPITALITY INDUSTRY VIA THE "FLORIDA RESTAURANT
 & LODGING" BI-MONTHLY MAGAZINE AND THE "HOSPITALITY HOTLINE", A
 WEEKLY E-NEWSLETTER.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)	X	
e	Loans or loan guarantees by other organization(s)	X	
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets	X	
n	Sharing of paid employees	X	
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses	X	
q	Other transfer of cash or property to other organization(s)		X
r	Other transfer of cash or property from other organization(s)		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	REGULATORY COMPLIANCE SERVICE	D	424,164.
(2)	EDUCATION FOUNDATION OF THE FRLA, INC.	D	135,094.
(3)	FRLA PAC	Q	53,487.
(4)			
(5)			
(6)			

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**. **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.	Employer Identification number 59-0571930
	Number, street, and room or suite no. If a P.O. box, see instructions. 230 SOUTH ADAMS STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32301	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of Bob Dearden
Telephone No. 850-224-2250 FAX No. 850-224-9213
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until November 15, 2010.
- For calendar year 2009, or other tax year beginning , and ending .
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension Information required to complete return has not yet been received.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Deborah Leonard Title CPA Date 2/03/10

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.	59-0571930
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	230 SOUTH ADAMS STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	TALLAHASSEE, FL 32301	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Bob Dearden

Telephone No. ▶ 850-224-2250 FAX No. ▶ 850-224-9213

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2009 or
- ▶ tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

FORM 990 - PART VIII - GROSS SALES AND COST OF GOODS SOLD

ATTACHMENT 3

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS:		COST OF GOODS SOLD
						ENDING INVENTORY		
VARIOUS TRAINING & EDUCATION MATERIALS	2,873,624.	110,192.	789,546.	0.	0.	89,336.		810,402.
TOTALS	<u>2,873,624.</u>	<u>110,192.</u>	<u>789,546.</u>	<u>0.</u>	<u>0.</u>	<u>89,336.</u>		<u>810,402.</u>

THOMAS HOWELL FERGUSON P.A.
2615 CENTENNIAL BLVD., SUITE 200
TALLAHASSEE, FL 32308

INSTRUCTIONS FOR FILING
FLORIDA RESTAURANT AND LODGING ASSOC., INC
FORM 990T - EXEMPT ORGANIZATION BUSINESS RETURN
FOR THE PERIOD ENDED DECEMBER 31, 2009

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)
AND DATED ON PAGE 2 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2010
WITH...

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE
ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED
MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS
APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE
DELIVERY SERVICE.

A Check box if address changed

B Exempt under section
 501(C)(6) 220(e)
 408(e) 408A 530(a)
 529(a)

C Book value of all assets at end of year
13,378,285.

D Employer identification number (Employees' trust, see instructions for Block D on page 8.)
59-0571930

E Unrelated business activity codes (See instructions for Block E on page 9.)
541800

Name of organization (Check box if name changed and see instructions.)
FLORIDA RESTAURANT AND LODGING ASSOC., INC

Number, street, and room or suite no. If a P.O. box, see page 8 of instructions,
P.O. BOX 1779

City or town, state, and ZIP code
TALLAHASSEE, FL 32302-1779

F Group exemption number (See instructions for Block F on page 9.)

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

H Describe the organization's primary unrelated business activity. ADVERTISING REVENUE

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 BOB DEARDEN Telephone number (850) 224-2250

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

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	0.
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b 0.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33	
34	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	34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) 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 on line 34 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) 36

37 Proxy tax. See page 16 of the 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

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
 b Other credits (see page 16 of the instructions) 40b
 c General business credit. Attach Form 3800 40c
 d Credit for prior year minimum tax (attach Form 8801 or 8827) 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 8811 Form 8697 Form 8866 Other (attach schedule) 42

43 Total tax. Add lines 41 and 42 43 0.

44 a 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 4136 Other Total 44f

45 Total payments. Add lines 44a through 44f 45

46 Estimated tax penalty (see page 4 of the 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 0.

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 distribution from, or was it the grantor of, or transferor to, 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

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

Under penalties 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 all information of which preparer has any knowledge.

Sign Here Signature of officer _____ Date _____ Title **PRESIDENT/CEO**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature *Thomas Howell Ferguson* Date *11/10/10* Check if self-employed Preparer's SSN or PTIN **P00218358**

Firm's name (or yours if self-employed), address, and ZIP code **THOMAS HOWELL FERGUSON P.A.** EIN **59-3186310**
2615 CENTENNIAL BLVD., SUITE 200 Phone no. **850-668-8100**
TALLAHASSEE, FL 32308

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 1 column: (1) Description of property, (2), (3), (4)

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income

(c) 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 allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions

Totals

Total dividends-received deductions included in column 8

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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 in column 5

Nonexempt Controlled Organizations

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

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).
Totals ▶				

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 from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
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 II, line 26.
Totals ▶						

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) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, 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) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) . . . ▶						

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 attributable to unrelated business
			%
			%
			%
			%
Total. Enter here and on page 1, Part II, line 14 ▶			

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.	Employer Identification number 59-0571930
	Number, street, and room or suite no. If a P.O. box, see instructions. 230 SOUTH ADAMS STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32301	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ Bob Dearden
- Telephone No. ▶ 850-224-2250 FAX No. ▶ 850-224-9213

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until November 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2009 or
- ▶ tax year beginning _____, _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$ NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ NONE

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.
TALLAHASSEE, FL
EIN 59-0571930
FYE: 12/31/2009

Form 990-T: Net Operating Loss Carryforward & Utilization

	<u>Generated</u>	<u>Utilized</u>	<u>Expired</u>	<u>Carryforward</u>
12/31/03	(28,093)	-	-	(28,093)
12/31/04	-	-	-	(28,093)
12/31/05	-	-	-	(28,093)
12/31/06	-	-	-	(28,093)
12/31/07	-	1,792	-	(26,301)
12/31/08	-	-	-	(26,301)
12/31/09				(26,301)
Remaining NOL Available at 12/31/09				<u>(26,301)</u>

2615 CENTENNIAL BLVD., SUITE 200
TALLAHASSEE, FLORIDA 32308

INSTRUCTIONS FOR FILING
FORM F-1120
FLORIDA CORPORATE INCOME/FRANCHISE
AND EMERGENCY EXCISE TAX RETURN
FOR THE PERIOD ENDED DECEMBER 31, 2009

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.

SIGNATURE....

The original return should be signed (using full name and title) and dated on Page 2 by an authorized officer of the Association.

FILING....

The signed return should be filed by December 1, 2010 with the following:

Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, Florida 32399-0135

FILING PROCEDURE....

It is recommended that all returns addressed to the Florida Department of Revenue be mailed by certified or registered mail. The receipt received should be attached to your copy of the return filed.

PAYMENT....

There is no tax due with this return.

**THOMAS HOWELL FERGUSON P.A.
2615 CENTENNIAL BLVD., SUITE 200
TALLAHASSEE, FLORIDA 32308**

INSTRUCTIONS FOR FILING
FORM F-1120
FLORIDA CORPORATE INCOME/FRANCHISE
AND EMERGENCY EXCISE TAX RETURN
FOR THE PERIOD ENDED DECEMBER 31, 2009

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PAYMENT....

There is no tax due with this return.



Florida Corporate Income/Franchise and Emergency Excise Tax Return

FEIN 59-0571930

9W1191 1.000 THOM F-1120, R. 01/10 Rule 12C-1.031 Florida Administrative Code Effective 03/10

805202009123100020050372359057193000006



For Calendar year 2009 or tax year beginning 2009 ending 2009 ending
Name FL RESTAURANT & LODGING ASSOC
Address 230 SOUTH ADAMS STREET
City/State/ZIP TALLAHASSEE, FL 32301

Computation of Florida Net Income and Emergency Excise Tax

Table with 20 rows for tax computation. Includes items like Federal taxable income, State income taxes, Additions to federal taxable income, Subtractions from federal taxable income, Florida net income, Tax due, Credits against the tax, Emergency excise tax due, Total corporate income/franchise and emergency excise tax due, and Payment credits.

Florida Corporate Income Tax Return

YEAR ENDING 12/31/2009

THOM F-1120 R. 01/10

Do Not Detach

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 FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.
Address 230 SOUTH ADAMS STREET
City/State/ZIP TALLAHASSEE, FL 32301

Table with 4 columns of numbers: 590571930, 20090101, 20091231, 00000000, 012, 201, 0, 0.



FEIN 59-0571930

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 penalties 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 all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature) <u>Deborah Ferguson</u>	Date <u>11/11/10</u>	Title
	Preparer's signature	Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN <u>P00167419</u>
Paid preparers only	Firm's name (or yours if self-employed) and address	FEIN	ZIP
	<u>THOMAS HOWELL FERGUSON P.A. 2615 CENTENNIAL BLVD, STE 200 TALLAHASSEE, FL 32308</u>	<u>59-3186310</u>	<u>32308</u>

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

- A. State of incorporation: FLORIDA
- B. Florida Secretary of State document number: _____
- C. Florida consolidated return? YES NO
- D. Initial return Final return (final federal return filed)
- E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) General Rule
 Election A Election B
- F. Principal Business Activity Code (as pertains to Florida)
 8 1 3 0 0 0
- G. A Florida extension of time was timely filed? YES NO
- H-1. Corporation is a member of a controlled group? YES NO If yes, attach list.
- H-2. Part of a federal consolidated return? YES NO If yes, provide:
FEIN from federal consolidated return: _____
Name of corporation: _____
- H-3. The federal common parent has sales, property or payroll in Florida? YES NO
- I. Location of corporate books: 230 SOUTH ADAMS STREET
City: TALLAHASSEE State: FL ZIP: 32301
- J. Taxpayer is a member of a Florida partnership or joint venture? YES NO
- K. Enter date of latest IRS audit: _____
a) List years examined: N/A
- L. Contact person concerning this return: BOB DEARDEN
a) Contact person telephone number: 850-224-2250
- M. Type of federal return filed 1120 1120S or 990-T

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 32399-0135

If you are requesting a refund (Line 20), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

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.



FEIN 59-0571930

DATA Page 1

590571930	0	0	0
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FEIN 59-0571930

DATA Page 2

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NAME FL RESTAURANT & LODGING ASSOC. INC FEIN 59-0571930 TAXABLE YEAR ENDING 12/31/2009

Schedule A - Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to 12/31/86)	
1. Total depreciation expense deducted on federal Form 1120	1.
2. Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.
3. Loss carry forward (Enter the loss as a positive number)	3.
4. Subtract Line 3 from Line 2 and enter result here Note: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4. 0
5. Depreciation deducted pursuant to Internal Revenue Code (IRC.) s. 168 for assets placed in service 1/1/81 to 12/31/86	5.
6. Straight-line depreciation deducted pursuant to IRC s. 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86)	6.
7. All depreciation deducted pursuant to IRC s. 168 directly related to any amount shown as nonbusiness income	7.
8. Subtract the sum of Lines 6 and 7 from the amount on Line 5 and enter result here	8. 0
9. Multiply Line 8 by .40 (40%) and enter result here	9. 0
10. Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10. 1.000000
11. Multiply Line 9 by Line 10 and enter result here	11. 0
12. Determine the amount of depreciation deducted pursuant to IRC s. 168 [except pursuant to s. 168(b)(3)] used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter result here	12.
13. Add Lines 11 and 12 and enter result here	13. 0
14. Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0	14.
15. The portion of the exemption provided in s. 220.14, F.S., not used for Chapter 220, F.S. purposes, if any. If none, enter 0	15.
16. Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16. 0
17. Multiply Line 16 by 2.5 (not 2.5%) and enter result here. Note: If Line 16 shows a loss, enter 0	17. 0
18. Total tax due (2.2% of Line 17)	18. 0
19. (a) Emergency excise tax credit; (b) Emergency excise tax credit carryover; (attach schedule) Total	19. 0
20. Balance of tax due (enter on Page 1, Line 13)	20. 0

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. s. 179, IRC expense above \$128,000	14.	14.
15. s. 168(k), IRC special 50% bonus depreciation	15.	15.
16. s. 108(j), IRC deferred income from cancellation of debt	16.	16.
17. Other additions (attach statement)	17.	17.
18. Total Lines 1 through 17 in Columns (a) and (b). Enter totals for each column on Line 18. Column (a) total is also entered on Page 1, Line 3 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 3.	18. 0	18. 0



NAME FL RESTAURANT & LODGING ASSN SEIN 59-0571930

TAXABLE YEAR ENDING 12/31/2009

Schedule II - Subtractions from Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶	1. 0	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶ Note: Taxpayers doing business outside Florida enter zero on Lines 3, through 6, and complete Schedule IV.	2. 0	2.
3. Florida net operating loss carryover deduction (see instructions)	3.	3.
4. Florida net capital loss carryover deduction (see instructions)	4.	4.
5. Florida excess charitable contribution carryover (see instructions)	5.	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.	6.
7. Nonbusiness income (from Schedule R, Line 3)	7. 0	7.
8. Eligible net income of an international banking facility (see instructions)	8.	8.
9. s. 179, IRC expense above \$128,000 (see instructions)	9.	9.
10. s. 168(k), IRC special 50% bonus depreciation (see instructions)	10.	10.
11. Other subtractions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 5.	12. 0	12. 0

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) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see rule on Page 10 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	0	0	0.000000	X 25% or	0.000000
2. Payroll			0.000000	X 25% or	0.000000
3. Sales (Schedule III-C below)	0	0	0.000000	X 50% or	0.000000
4. Apportionment fraction [Sum of Lines 1, 2, and 3, Column (e)]. Enter here and on Schedule IV, Line 2.					0.000000

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. Inventories of raw material, work in process, finished goods				
2. Buildings and other depreciable assets				
3. Land owned				
4. Other tangible and intangible (financial org. only) assets (attach schedule)				
5. Total (Lines 1 through 4)	0	0	0	0

6. Average value of property

a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) . . . 6a. 0

b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) . . . 6b. 0

7. Rented property (8 times net annual rent)

a. Rented property in Florida . . . 7a. _____

b. Rented property Everywhere . . . 7b. _____

8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).

a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida . . . 8a. 0

b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere . . . 8b. 0

III-C Sales Factor

	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)		
4. TOTAL SALES [Enter on Schedule III-A, Line 3, Columns (a) and (b)]	0	0

III-D Special Apportionment Fractions (see instructions)

	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T-Annual Report)			0.000000
2. Transportation services			0.000000



NAME FL RESTAURANT & LODGING ASSOC. FEIN 59-0571930

TAXABLE YEAR ENDING 12/31/2009

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 [or Line 6, Schedule VI for AMT in Col. (b)]	0	
2. Florida apportionment fraction [Schedule III-A, Line 4 or Schedule III-D, Column (c)]	0.000000	0.000000
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	0	0
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)		
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)		
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)		
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)		
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	0	0
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	0	0

Schedule V - Credits Against the Corporate Income/Franchise Tax

1. Florida health maintenance organization credit (attach assessment notice)	1.	
2. Capital investment tax credit (attach certification letter)	2.	
3. Enterprise zone jobs credit (from Form F-1156Z attached)	3.	
4. Community contribution tax credit (attach certification letter)	4.	
5. Enterprise zone property tax credit (from Form F-1158Z attached)	5.	
6. Rural job tax credit (attach certification letter)	6.	
7. Urban high crime area job tax credit (attach certification letter)	7.	
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.	
9. Hazardous waste facility tax credit	9.	
10. Florida alternative minimum tax (AMT) credit	10.	
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.	
12. Child care tax credits (attach certification letter)	12.	
13. State housing tax credit (attach certification letter)	13.	
14. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	14.	
15. Florida renewable energy technologies investment tax credit	15.	
16. Florida renewable energy production tax credit	16.	
17. Other credits (attach schedule)	17.	
18. Total credits against the tax (sum of Lines 1 through 17 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	18.	0

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

1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.	
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.	
3. Additions to federal taxable income [from Schedule I, Column (b)]	3.	0
4. Total of Lines 1 through 3	4.	0
5. Subtractions from federal taxable income [from Schedule II, Column (b)]	5.	0
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.	0
7. Florida portion of adjusted federal income (see instructions)	7.	
8. Nonbusiness income allocated to Florida (see instructions)	8.	
9. Florida exemption	9.	
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10.	0
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.	0



NAME FL RESTAURANT & LODGING ASSOC. FEIN 59-0571930

TAXABLE YEAR ENDING 12/31/2009

Schedule R – Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida	1. <u>0</u>
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere		2. <u>0</u>

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3. <u>0</u>
(Enter here and on Schedule II, Line 7)	

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

1. Florida income expected in taxable year	1. \$ _____
2. Florida exemption \$5,000 (Members of a controlled group, see instructions on Page 15 of F-1120N)	2. \$ _____
3. Estimated Florida net income (Line 1 less Line 2)	3. \$ <u>0</u>
4. Total Estimated Florida tax (5.5% of Line 3)*	\$ <u>0</u>
Less: Credits against the tax	\$ _____
	4. \$ <u>0</u>
* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% 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. \$ <u>0</u>
If Line 6 is more than \$2,500, file installment as computed on Line 7; if \$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. <u>0</u>
Last day of 6th month - Enter 0.25 of Line 6	7b. <u>0</u>
Last day of 9th month - Enter 0.25 of Line 6	7c. <u>0</u>
Last day of fiscal year - Enter 0.25 of Line 6	7d. <u>0</u>

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. \$ <u>0</u>
3. Unpaid balance (Line 1 less Line 2(c))	3. \$ <u>0</u>
4. Amount to be paid (Line 3 divided by number of remaining installments)	4. \$ _____

**Florida Tentative Income / Franchise and Emergency Excise Tax
Return and Application for Extension of Time to File Return**

THOM
F-7004
R. 01/10
Rule 12C-1.051
Florida Administrative Code
Effective 01/10

Information for Filing Form F-7004

F-7004
R. 01/10

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.myflorida.com/dor

Penalties for failure to pay tax - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

Signature - A person authorized by the taxpayer must sign Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

A. Have you filed Form 7004 with the IRS for the taxable year? Yes No

If the answer is "No," complete Item B.

An extension for Florida tax purposes may be granted, even though no federal extension was granted, if you show good cause. For more information, see IRS announcements 60-90 and 63-113.

B. If applicable, state the reason you need the extension: INFORMATION REQUIRED TO COMPLETE RETURN HAS NOT YET BEEN RECEIVED.

C. Type of federal return filed: 990-T
Contact person for questions: DEBORAH L. LEONARD
Telephone number: 850-668-8100

Extension of Time Request	Florida Income/Franchise Emergency Excise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. <u>NONE</u>
2. LESS: Estimated tax payments for the taxable year	2.
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. <u>NONE</u>

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

9Y1104 1.000

**Florida Tentative Income / Franchise and Emergency Excise Tax
Return and Application for Extension of Time to File Return**

THOM
F-7004
R. 01/10

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.
Name
Address 230 SOUTH ADAMS STREET
Address
City/State/ZIP TALLAHASSEE, FL 32301

FEIN 59-0571930
Taxable Year End 12/09
FILING STATUS Corporation Partnership
Check here if you transmitted funds electronically
Tentative Tax Due \$ 0

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct.

Sign Here: Deborah Leonard CPA Date: 5/7/10

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Application for Extension of Time To File an Exempt Organization Return

COPY

Department of the Treasury Internal Revenue Service

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: 230 SOUTH ADAMS STREET, TALLAHASSEE, FL 32301.

Check type of return to be filed (file a separate application for each return):

- Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (corporation), Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

The books are in the care of Bob Dearden

Telephone No. 850-224-2250 FAX No. 850-224-9213

- If the organization does not have an office or place of business in the United States, check this box
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until November 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2009 or tax year beginning and ending

If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

Table with 2 columns: Description, Amount. Rows include 3a (tentative tax), 3b (refundable credits), 3c (Balance Due). Amounts are \$ NONE.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.
TALLAHASSEE, FL
EIN 59-0571930
FYE: 12/31/2009

Form F-1120: Net Operating Loss Carryforward & Utilization

	<u>Generated</u>	<u>Utilized</u>	<u>Expired</u>	<u>Carryforward</u>
12/31/03	(28,093)	-	-	(28,093)
12/31/04	-	-	-	(28,093)
12/31/05	-	-	-	(28,093)
12/31/06	-	-	-	(28,093)
12/31/07	-	-	-	(28,093)
12/31/08	-	-	-	(28,093)
12/31/09				(28,093)
Remaining NOL available at 12/31/09				<u><u>(28,093)</u></u>

Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization FLORIDA RESTAURANT & LODGING ASSOC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 1779 City or town, state or country, and ZIP + 4 TALLAHASSEE, FL 32302-1779	D Employer identification number 59-0571930 E Telephone number (850) 224-2250
	F Name and address of principal officer: CAROL B. DOVER 230 SOUTH ADAMS STREET, TALLAHASSEE, FL 32301		G Gross receipts \$ 10,818,487. H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
	J Website: ▶ WWW.FRLA.ORG		L Year of formation: 1946 M State of legal domicile: FL
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: FLORIDA RESTAURANT & LODGING ASSOCIATION PROVIDES FOOD SERVICE TRAINING, EDUCATIONAL MATERIALS AND EXAMS TO ALL OF FLORIDA'S FOOD SERVICE ESTABLISHMENTS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	87
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	87
	5	Total number of employees (Part V, line 2a)	5	49
	6	Total number of volunteers (estimate if necessary)	6	4
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8	Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		NONE
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,770,739.	1,541,450.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,927,147.	329,521.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,933,569.	2,577,422.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,374,662.	2,747,801.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,795,132.	1,719,111.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,169,794.	4,466,912.	
19	Revenue less expenses. Subtract line 18 from line 12	1,461,661.	-18,519.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	16,007,765.	13,099,824.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,208,402.	1,146,607.
			14,799,363.	11,953,217.

Part II Signature Block

Under penalties 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 officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer _____ Date _____
 ▶ Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature ▶	Date 11/16/09	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00598969
	Firm's name (or yours if self-employed), address, and ZIP + 4 THOMAS HOWELL FERGUSON P.A. 2615 CENTENNIAL BLVD., SUITE 200 TALLAHASSEE, FL 32308	EIN ▶ 59-3186310	Phone no. ▶ 850-668-8100	

May the IRS discuss this return with the preparer shown above? (See instructions) Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

EDUCATION AND TRAINING: IN 2008 FRLA PROVIDED 11,488 EXAMS TO MANAGERS IN THE FOOD SERVICE INDUSTRY. FRLA ALSO PROVIDED OVER 114,000 FOOD HANDLER BOOKS TO NEW/EXISTING HOSPITALITY EMPLOYEES AS REQUIRED BY FLORIDA STATUTE. IN ADDITION, OTHER PRODUCTS AND SERVICES ARE MADE AVAILABLE TO THE HOSPITALITY INDUSTRY USING PRODUCTS DEVELOPED BY THE NATIONAL RESTAURANT ASSOCIATION AND THE AMERICAN HOTEL AND LODGING ASSOCIATION. THESE TRAINING AND EDUCATIONAL MATERIALS AID IN ENSURING HIGH QUALITY SERVICE, REGULATORY COMPLIANCE AND FURTHERING THE PROMOTION OF PROFESSIONALISM IN THE INDUSTRY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

MEMBERSHIP: AS OF 12/31/2008, FRLA HAD 382 LODGING MEMBERS, 3,840 RESTAURANT MEMBERS (AFFILIATED PROPERTY/FRANCHISES APPROXIMATELY 10,000), AND ALLIED MEMBERS WHO PROVIDE GOODS AND SERVICES TO THE HOSPITALITY INDUSTRY, TOTALING 1,056. VARIOUS TRAINING AND EDUCATIONAL KITS AND GUIDES ARE PROVIDED TO THEIR MEMBERS. THROUGH MEMBER SERVICES, FRLA CONTINUES TO PROMOTE THE HOSPITALITY INDUSTRY.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

GOVERNMENT RELATIONS: THIS FUNCTION SERVES AS THE INDUSTRY'S WATCH DOG FOR FEDERAL, STATE, AND LOCAL TAXES, ORDINANCES AND THE LIKE. DURING FLORIDA'S LEGISLATIVE SESSION, MEMBERS ARE ENGAGED IN THE PROCESS THROUGH CONFERENCE CALLS, TELECONFERENCE MEETINGS, AND WEEKLY E-NEWSLETTERS. FRLA REPRESENTS THEIR MEMBERS ON THE ISSUES OF LEGISLATURE AND REGULATORY AFFAIRS AND KEEPS MEMBERS INFORMED ON INDUSTRY-RELATED ISSUES. THIS FUNCTION SERVES TO PROTECT THE HOSPITALITY INDUSTRY.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ (Must equal Part IX, Line 25, column (B).)

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	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	X	
6	Did the organization maintain any donor advised funds or any 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, 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		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		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	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 questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	87
b	Enter the number of voting members that are independent	1b	87
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	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?	9b	X
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or 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	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," 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?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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: ▶ <u>BOB DEARDEN 230 SOUTH ADAMS STREET, TALLAHASSEE, FL 32301</u> <u>(850) 224-2250</u>

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 officer, director, trustee, or key employee.

(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			
SEE SCHEDULE J-2										

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

Table with 7 columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Total row shows 1,028,609 for (D), NONE for (E), and 61,544 for (F).

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 5

- 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes/No table for questions 3, 4, and 5. Question 3: No (X). Question 4: Yes (X). Question 5: No (X).

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization NONE

Part VIII Statement of Revenue

59-0571930

			(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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above . .	1f				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		NONE			
Program Service Revenue			Business Code				
	2a	SPONSORSHIPS	900099	264,218.		264,218.	
	b	MEMBERSHIP DUES	900099	1,277,232.	1,277,232.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,541,450.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		325,686.		325,686.	
	4	Income from investment of tax-exempt bond proceeds . . .		NONE			
	5	Royalties		275,533.		275,533.	
	6a	Gross Rents	(i) Real	(ii) Personal			
			3,749.				
			Less: rental expenses	NONE			
			Rental income or (loss)	3,749.			
	d	Net rental income or (loss)		3,749.		3,749.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			5,324,783.				
			Less: cost or other basis and sales expenses	5,320,948.			
			Gain or (loss)	3,835.			
	d	Net gain or (loss)		3,835.		3,835.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a	361,918.			
	b	Less: direct expenses	b	276,120.			
	c	Net income or (loss) from fundraising events		85,798.		85,798.	
	9a	Gross income from gaming activities. See Part IV, line 19.	a				
	b	Less: direct expenses	b				
c	Net income or (loss) from gaming activities		NONE				
10a	Gross sales of inventory, less returns and allowances	a	2,980,110.				
		Less: cost of goods sold	b	773,026.			
		Net income or (loss) from sales of inventory.	STMT 2 . . .	2,207,084.	2,207,084.		
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	900099	5,258.	5,258.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		5,258.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		4,448,393.	3,489,574.		958,819.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	827,511.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	1,519,217.			
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	89,845.			
9 Other employee benefits	161,001.			
10 Payroll taxes	150,227.			
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	40,809.			
c Accounting	46,629.			
d Lobbying	105,793.			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	25,423.			
g Other	20,120.			
12 Advertising and promotion	110,296.			
13 Office expenses	358,869.			
14 Information technology	15,704.			
15 Royalties	NONE			
16 Occupancy	40,223.			
17 Travel	451,578.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	19,126.			
20 Interest	306.			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	178,913.			
23 Insurance	53,392.			
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 PUBLIC RELATIONS -----	12,900.			
b REPAIRS & MAINTENANCE -----	39,309.			
c DUES & SUBSCRIPTIONS -----	37,132.			
d CHAPTER EVENTS -----	24,738.			
e TAXES -----	24,614.			
f All other expenses -----	113,237.			
25 Total functional expenses. Add lines 1 through 24f	4,466,912.			
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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	4,601.	1	2,710.
	2	Savings and temporary cash investments	1,143,660.	2	826,055.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	139,308.	4	94,174.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use	88,239.	8	110,192.
	9	Prepaid expenses and deferred charges	1,461.	9	23,896.
	10a	Land, buildings, and equipment: cost basis	2,950,915.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D.	1,261,225.	10b	
			1,776,203.	10c	1,689,690.
	11	Investments - publicly traded securities	8,329,126.	11	6,721,952.
	12	Investments - other securities. See Part IV, line 11	2,376,315.	12	1,972,803.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	314,528.	14	245,583.
15	Other assets. See Part IV, line 11	1,834,324.	15	1,412,769.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	16,007,765.	16	13,099,824.	
Liabilities	17	Accounts payable and accrued expenses	546,274.	17	467,676.
	18	Grants payable		18	
	19	Deferred revenue	619,515.	19	606,470.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	11,408.	23	874.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	31,205.	25	71,587.
	26	Total liabilities. Add lines 17 through 25	1,208,402.	26	1,146,607.
Net Assets or Fund Balances	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	14,799,363.	27	11,953,217.
	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	14,799,363.	33	11,953,217.
	34	Total liabilities and net assets/fund balances	16,007,765.	34	13,099,824.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 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	
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?	3b	

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization FLORIDA RESTAURANT AND LODGING ASSOCIATION, INC.	Employer identification number 59-0571930
---	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.	\$ _____
2	Political expenditures	\$ _____
3	Volunteer hours	_____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$ _____
	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$ _____
3	Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	\$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a														
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a	Lobbying non-taxable amount				
b	Lobbying ceiling amount (150% line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots non-taxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities... j Total lines 1c through 1i. 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information.

Series of horizontal dashed lines for providing supplemental information.

Supplemental Financial Statements

2008

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▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization FLORIDA RESTAURANT AND LODGING ASSOCIATION, INC. Employer identification number 59-0571930

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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).
- | | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically importantly land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a-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 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 taxable 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, violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(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 8.

- 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 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 XIV.

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 Trust, 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 organization answered "Yes" to Form 990, Part IV, line 10.

	(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 Investment earnings or 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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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) Depreciation	(d) Book value
1a Land				
b Buildings		2,271,720.	656,394.	1,615,326.
c Leasehold improvements				
d Equipment		363,465.	312,455.	51,010.
e Other		315,730.	292,376.	23,354.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,689,690.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other PRIVATE CAPITAL INVESTMENTS	1,972,803.	FMV

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶	1,972,803.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
INTEREST IN CULINARY CORNER CONDO ASSOCIATION	145,812.
DEPOSITS	13,818.
ACCRUED INTEREST	20,950.
DUE FROM RELATED PARTY	455,716.
INVESTMENT IN RCS	776,473.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	1,412,769.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO RELATED PARTY	71,587.
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	71,587.

In Part XIV, 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.

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

Table with 10 rows for reconciliation of net assets. Rows include: 1 Total revenue, 2 Total expenses, 3 Excess or (deficit) for the year, 4 Net unrealized gains, 5 Donated services, 6 Investment expenses, 7 Prior period adjustments, 8 Other, 9 Total adjustments, 10 Excess or (deficit) for the year per financial statements.

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

Table with 5 main rows for revenue reconciliation. Sub-rows include: 2a Net unrealized gains, 2b Donated services, 2c Recoveries, 2d Other, 2e Add lines 2a through 2d, 4a Investment expenses not included, 4b Other, 4c Add lines 4a and 4b.

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

Table with 5 main rows for expense reconciliation. Sub-rows include: 2a Donated services, 2b Prior year adjustments, 2c Losses reported, 2d Other, 2e Add lines 2a through 2d, 4a Investment expenses not included, 4b Other, 4c Add lines 4a and 4b.

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 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Series of horizontal dashed lines provided for entering supplemental information.

Part XIV Supplemental Information (continued)

Dashed lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
	FISHING TOURNA. (event type)	GOLF EVENT (event type)	1 (total number)	
Revenue				
1 Gross receipts	113,715.	171,002.	77,201.	361,918.
2 Less: Charitable contributions				
3 Gross revenue (line 1 minus line 2)	113,715.	171,002.	77,201.	361,918.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs	68,073.	57,512.	33,000.	158,585.
7 Other direct expenses	9,761.	93,167.	14,607.	117,535.
8 Direct expense summary. Add lines 4 through 7 in column (d)				(276,120.)
9 Net income summary. Combine lines 3 and 8 in column (d)				85,798.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()
8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.			
c If "Yes," enter name and address:			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization **FLORIDA RESTAURANT AND LODGING
ASSOCIATION, INC.**

Employer identification number
59-0571930

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- | | | |
|--|-----------|-------------------------------------|
| a Receive a severance payment or change of control payment? | 4a | <input checked="" type="checkbox"/> |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | <input checked="" type="checkbox"/> |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | <input checked="" type="checkbox"/> |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | | |
|--|-----------|--|
| a The organization? | 5a | |
| b Any related organization? | 5b | |
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | | |
|--|-----------|--|
| a The organization? | 6a | |
| b Any related organization? | 6b | |
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	<input checked="" type="checkbox"/>	
2	<input checked="" type="checkbox"/>	
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		
5b		
6a		
6b		
7		
8		

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CAROL B. DOVER	(i) 295,000.	178,492.	NONE	NONE	15,099.	488,591.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAN MURPHY	(i) 125,000.	56,787.	NONE	NONE	9,716.	191,503.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
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	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						
	(i) -----						
	(ii) -----						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization FLORIDA RESTAURANT AND LODGING
ASSOCIATION, INC.

Employer Identification number
59-0571930

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
PATTI BLAYLOCK CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
JASON BOGAN DIRECTOR	1.	X					NONE	NONE	NONE	
JACQUELINE BOZZUTO CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
TOM BRANDT DIRECTOR	1.	X					NONE	NONE	NONE	
HARLAN BUTLER CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
GABE CASTRILLION CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
MIKE CHOURI DIRECTOR	1.	X					NONE	NONE	NONE	
PHIL COFFEY ACTIVE AT-LARGE LODGING DIRECT	1.	X					NONE	NONE	NONE	
RICK COFFEY CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
SUSAN M. CONNELLY AT-LARGE/CORP. RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
KAY A. CORIO AT-LARGE/CORP. RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
JEFF COYLE CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
BRUCE CRAUL CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
WENDY DAMSKER ACTIVE AT-LARGE LODGING DIRECT	1.	X					NONE	NONE	NONE	
FRED DELUCA AT-LARGE/CORP. RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
BERNARD DERAAD AT-LARGE/CORP. RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
JACOB DIPIETRE AT-LARGE/CORP. RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
MITCH DOREN DIRECTOR	1.	X					NONE	NONE	NONE	
BRUCE DUNBAR ACTIVE AT-LARGE LODGING DIRECT	1.	X					NONE	NONE	NONE	
FRANK EUCALITO CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
FRED EULER CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

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**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **FLORIDA RESTAURANT AND LODGING
ASSOCIATION, INC.**

Employer Identification number
59-0571930

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
ALAN FINDLAY CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
JAY GALBRAITH AT-LARGE/CORP.RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
TONY GALLO CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
JUAN GARCIA AT-LARGE/CORP.RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
AL GARDNER CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
JAMES GELFAND ACTIVE AT-LARGE LODGING DIRECT	1.	X					NONE	NONE	NONE	
JOHN G. GIRAGOS CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
GEORGE E. GLOVER CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
RICHARD GONZMART AT-LARGE/CORP.RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
TERRY GRABER DIRECTOR	1.	X					NONE	NONE	NONE	
JEFF GRAYSON PAST STATE CHAIRMAN	1.	X					NONE	NONE	NONE	
GRIFF GRIFFITS CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
STEVEN GROVER AT-LARGE/CORP.RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
MATT HALME AT-LARGE/CORP.RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
JIM HARRIS DIRECTOR	1.	X					NONE	NONE	NONE	
MARY K. HAYES PAST STATE CHAIRMAN	1.	X					NONE	NONE	NONE	
TOM HIETPAS DIRECTOR	1.	X					NONE	NONE	NONE	
STEPHEN A. HILLIARD ACTIVE AT-LARGE LODGING DIRECT	1.	X					NONE	NONE	NONE	
JULIE HILTON ACTIVE AT-LARGE LODGING DIRECT	1.	X					NONE	NONE	NONE	
GEORGE HOCH ACTIVE AT-LARGE LODGING DIRECT	1.	X					NONE	NONE	NONE	
ANDREAS IOANNOU CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

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Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **FLORIDA RESTAURANT AND LODGING
ASSOCIATION, INC.**

Employer Identification number
59-0571930

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
DEBBIE JORDAN DIRECTOR	1.	X					NONE	NONE	NONE	
JOE KADOW AT-LARGE/CORP.RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
BOB KIRSCHER DIRECTOR	1.	X					NONE	NONE	NONE	
DAVID W. KNUDSEN CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
JAMES KOUTSOS DIRECTOR	1.	X					NONE	NONE	NONE	
MARK KUKULSKI CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
CATHY MANZON CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
VICTOR MARINELLO AT-LARGE/CORP.RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
KATHLEEN MCDOLE CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
DON MCGEE DIRECTOR	1.	X					NONE	NONE	NONE	
JIM MCMANEMON, JR CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
JOHN MCREYNOLDS AT-LARGE/CORP.RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
H. GREGG NICKLAUS ACTIVE AT-LARGE LODGING DIRECT	1.	X					NONE	NONE	NONE	
DAVID ONTKO ACTIVE AT-LARGE LODGING DIRECT	1.	X					NONE	NONE	NONE	
KEITH OVERTON ACTIVE AT-LARGE LODGING DIRECT	1.	X					NONE	NONE	NONE	
JOHN M. PELTIER CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
GRANT W. PICHE CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
DAVE REID AT-LARGE/CORP.RESTAURANT DIREC	1.	X					NONE	NONE	NONE	
ANDREW REISS CHAPTER REPRESENTATIVE	1.	X					NONE	NONE	NONE	
GREG RIEHLE ACTIVE AT-LARGE LODGING DIRECT	1.	X					NONE	NONE	NONE	
PATRICK J. SHEEHY AT-LARGE/CORP.RESTAURANT DIREC	1.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

JSA

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**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization **FLORIDA RESTAURANT AND LODGING
ASSOCIATION, INC.**

Employer Identification number
59-0571930

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
SHAWN SHEPHERD DIRECTOR	1.	X						NONE	NONE	NONE
BILL SHUMATE PAST STATE CHAIRMAN	1.	X						NONE	NONE	NONE
RAY SINGER PAST STATE CHAIRMAN	1.	X						NONE	NONE	NONE
JUNE SINGER PAST STATE CHAIRMAN	1.	X						NONE	NONE	NONE
JOY SMATT CHAPTER REPRESENTATIVE	1.	X						NONE	NONE	NONE
PETER SOSTHEIM CHAPTER REPRESENTATIVE	1.	X						NONE	NONE	NONE
KEVIN SPEIDEL CHAPTER REPRESENTATIVE	1.	X						NONE	NONE	NONE
ROBERT SPOTO CHAPTER REPRESENTATIVE	1.	X						NONE	NONE	NONE
WILLIAM STANTON CHAPTER REPRESENTATIVE	1.	X						NONE	NONE	NONE
JOHN STILLEY CHAPTER REPRESENTATIVE	1.	X						NONE	NONE	NONE
TOBY SULLIVAN CHAPTER REPRESENTATIVE	1.	X						NONE	NONE	NONE
BRYAN SUTTON CHAPTER REPRESENTATIVE	1.	X						NONE	NONE	NONE
JON SWEEDE AT-LARGE/CORP.RESTAURANT DIREC	1.	X						NONE	NONE	NONE
RIP TOSUN PAST STATE CHAIRMAN	1.	X						NONE	NONE	NONE
JIM VALENTINO CHAPTER REPRESENTATIVE	1.	X						NONE	NONE	NONE
CATHY VALERIANO CHAPTER REPRESENTATIVE	1.	X						NONE	NONE	NONE
TED WATERBURY PAST STATE CHAIRMAN	1.	X						NONE	NONE	NONE
BARBARA WEISS CHAPTER REPRESENTATIVE	1.	X						NONE	NONE	NONE
JIM WHAPLES CHAPTER REPRESENTATIVE	1.	X						NONE	NONE	NONE
DAVID WHITE DIRECTOR	1.	X						NONE	NONE	NONE
DEIDRE WHITE CHAPTER REPRESENTATIVE	1.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

Name of the organization
FLORIDA RESTAURANT AND LODGING
ASSOCIATION, INC.

Employer identification number
59-0571930

SUPPLEMENTAL INFORMATION

PART I, LINE 6

THE 4 VOLUNTEERS REPRESENT 4 STUDENT INTERNSHIPS. THE INTERNS SERVE IN
VARIOUS CAPACITIES IN THE ASSOCIATION, INCREASING THEIR EDUCATION AND
SKILLS IN THE HOSPITALITY INDUSTRY.

PART VI, SECTION A, GOVERNING BODY AND MANAGEMENT, LINE 6

THE ORGANIZATION HAS MEMBERS WHO HAVE THE RIGHT TO PARTICIPATE IN THE
ORGANIZATION'S GOVERNANCE.

PART VI, SECTION A, GOVERNING BODY AND MANAGEMENT, LINE 10

THE FORM 990 PREPARATION AND ACCOMPANYING SCHEDULES ARE REVIEWED BY THE
VICE PRESIDENT AND CFO, PRIOR TO FILING.

PART VI, SECTION B, POLICIES, LINE 12C

THE ASSOCIATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES
THE OFFICERS, DIRECTORS, CHIEF EMPLOYED EXECUTIVE AND CHIEF EMPLOYED
FINANCE EXECUTIVE TO ANNUALLY DISCLOSE POTENTIAL CONFLICTS OF THEMSELVES
AND THEIR FAMILY MEMBERS ON A FORM DISTRIBUTED BY THE ASSOCIATION. THE
CHAIRMAN OF THE BOARD ENSURES THAT ALL FORMS ARE COMPLETED, REVIEWS THEM
FOR CONFLICTS, AND SUBMITS TO THE BOARD FOR REVIEW ANY ACTUAL OR
POTENTIAL CONFLICTS.

PART VI, SECTION B, POLICIES, LINE 15

THE ASSOCIATION HAS A COMPENSATION COMMITTEE COMPRISED OF BOARD MEMBERS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

THAT MEET AT LEAST ANNUALLY. THE COMMITTEE ONLY HANDLES THE
PRESIDENT/CEO COMPENSATION PACKAGE. THE LAST AGREEMENT WAS SIGNED
1/1/2008 FOR A 5 YEAR TERM. ALL OTHER SALARIES ARE DETERMINED BY THE
CEO. THE EXECUTIVE/FINANCE COMMITTEE MUST APPROVE ALL BENEFIT CHANGES
PRIOR TO THE EFFECTIVE DATE OF THE CHANGE.

PART VI, SECTION C. DISCLOSURE, LINE 19
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XI, FINANCIAL STATEMENTS AND REPORTING, LINE 2B
THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED
BASIS IN ACCORDANCE WITH GAAP.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

Name of the organization
**FLORIDA RESTAURANT AND LODGING
ASSOCIATION, INC.**

Employer identification number
59-0571930

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
THE EDUCATION FOUNDATION OF THE FLA, INC. 59-6194391 P.O. BOX 1779 TALLAHASSEE, FL 32302-1779	EDUCATION	FL	501(C)(3)	9	N/A

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Table with columns 1a-1r and Yes/No checkboxes. Rows include Receipt of interest, Gift, Loans, Sale of assets, Purchase of assets, Lease of facilities, Lease of equipment, Performance of services, Sharing of facilities, Reimbursement, and Other transfer of cash or property.

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

Table with columns (A) Name of other organization(s), (B) Transaction type (a-r), and (C) Amount involved. Rows 1-6.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization Florida Restaurant & Lodging Association, Inc.	Employer identification number 59-0571930
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 230 South Adams Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tallahassee, FL 32302-1779	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Bob Dearden

Telephone No. ▶ 850-224-2250 FAX No. ▶ 850-224-9213

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 17, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2008 or
- ▶ tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**. **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization FL Restaurant & Lodging Assoc., Inc. c/o Thomas Howell Ferguson P.A.	Employer identification number 59-0571930
	Number, street, and room or suite no. If a P.O. box, see instructions. 2615 Centennial Blvd., Ste. 200	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tallahassee, FL 32308	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of Bob Dearden
Telephone No. 850-224-2250 FAX No. 850-224-9213
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until November 16, 2009.
- For calendar year 2008, or other tax year beginning , and ending .
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension Information required to complete return has not yet been received.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Deborah Demard Title CPA Date 7/28/2009

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

TO PROTECT, PROMOTE AND EDUCATE FLORIDA'S HOSPITALITY INDUSTRY. THE FLORIDA RESTAURANT AND LODGING ASSOCIATION IS A PROVIDER OF FLORIDA'S MANDATED FOOD SERVICE TRAINING, EDUCATIONAL MATERIALS AND EXAMS TO ALL OF FLORIDA'S FOOD SERVICE ESTABLISHMENTS. FRLA IS ENGAGED IN THE LEGISLATIVE PROCESS, KEEPING OUR 5,000 PLUS MEMBERS APPRISED ON CURRENT ISSUES AFFECTING THE HOSPITALITY INDUSTRY VIA THE "FLORIDA RESTAURANT & LODGING" BI-MONTHLY MAGAZINE AND THE "HOSPITALITY HOTLINE", A WEEKLY E-NEWSLETTER.

THOMAS HOWELL FERGUSON P.A.
2615 CENTENNIAL BLVD., SUITE 200
TALLAHASSEE, FL 32308

INSTRUCTIONS FOR FILING
FLORIDA RESTAURANT AND LODGING
ASSOCIATION, INC.
FORM 990T - EXEMPT ORGANIZATION BUSINESS RETURN
FOR THE PERIOD ENDED DECEMBER 31, 2008

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)
AND DATED ON PAGE 2 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 16, 2009
WITH...

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE
ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED
MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS
APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE
DELIVERY SERVICE.

Department of the Treasury
Internal Revenue Service

For calendar year 2008 or other tax year beginning 01/01, 2008, and ending 12/31, 2008. See separate instructions.

Check box if address changed

B Exempt under section

<input checked="" type="checkbox"/> 501(c)(6)	<input type="checkbox"/> 220(e)
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)
<input type="checkbox"/> 408A	
<input type="checkbox"/> 529(a)	

C Book value of all assets at end of year

Name of organization (Check box if name changed and see instructions.)
FLORIDA RESTAURANT AND LODGING ASSOCIATION, INC.

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.
P.O. BOX 1779

City or town, state, and ZIP code
TALLAHASSEE, FL 32302-1779

D Employer identification number
(Employees' trust, see instructions for Block D on page 9.)
59-0571930

E Unrelated business activity codes
(See instructions for Block E on page 9.)
541800

F Group exemption number (See instructions for Block F on page 9.) **13,099,824.**

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

H Describe the organization's primary unrelated business activity. **ADVERTISING REVENUE**

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 **BOB DEARDEN** Telephone number **(850) 224-2250**

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

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See page 13 of the instructions for limitation rules.)	20		
21	Depreciation (attach Form 4562)	21	NONE	
22	Less depreciation claimed on Schedule A and elsewhere on return	22 a		22 b NONE
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		
29	Total deductions. Add lines 14 through 28	29		NONE
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		NONE
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		NONE
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33		
34	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.	34		NONE

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) 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 on line 34
35c NONE
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)
37 Proxy tax. See page 16 of the instructions
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.
39 NONE

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see page 17 of the instructions) 40b
c General business credit. Attached Form 3800 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41 NONE
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43 NONE
44a Payments: A 2007 overpayment credited to 2008 44a
b 2008 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 4136 Other Total 44f
45 Total payments. Add lines 44a through 44f 45
46 Estimated tax penalty (see page 4 of the 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 NONE
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 NONE
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax Refunded 49 NONE

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 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
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ NONE

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

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

Under penalties 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 all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only Preparer's signature Date 11/16/09 Check if self-employed Preparer's SSN or PTIN P00598969
Firm's name (or yours if self-employed), address, and ZIP code THOMAS HOWELL FERGUSON P.A. 2615 CENTENNIAL BLVD., SUITE 200 TALLAHASSEE, FL 32308 EIN 59-3186310 Phone no. 850-668-8100

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 19)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total		
(c) 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)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

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

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	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 in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

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 from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net Income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	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 II, line 26.

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) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, 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) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Florida Restaurant & Lodging Association, Inc.	Employer identification number 59-0571930
	Number, street, and room or suite no. If a P.O. box, see instructions. 230 South Adams Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tallahassee, FL 32302-1779	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Bob Dearden

Telephone No. ▶ 850-224-2250 FAX No. ▶ 850-224-9213

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until November 16, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2008 or
- ▶ tax year beginning , , and ending , .

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.
TALLAHASSEE, FL
EIN 59-0571930
FYE: 12/31/2008

Form 990-T: Net Operating Loss Carryforward & Utilization

	<u>Generated</u>	<u>Utilized</u>	<u>Expired</u>	<u>Carryforward</u>
12/31/03	(28,093)	-	-	(28,093)
12/31/04	-	-	-	(28,093)
12/31/05	-	-	-	(28,093)
12/31/06	-	-	-	(28,093)
12/31/07	-	1,792	-	(26,301)
12/31/08	-	-	-	(26,301)
Remaining NOL Available at 12/31/08				<u>(26,301)</u>



**THOMAS HOWELL FERGUSON P.A.
2615 CENTENNIAL BLVD., SUITE 200
TALLAHASSEE, FLORIDA 32308**

**INSTRUCTIONS FOR FILING
FORM F-1120
FLORIDA CORPORATE INCOME/FRANCHISE
AND EMERGENCY EXCISE TAX RETURN
FOR THE PERIOD ENDED DECEMBER 31, 2008**

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.

SIGNATURE....

The original return should be signed (using full name and title) and dated on Page 2 by an authorized officer of the Association.

FILING....

The signed return should be filed by December 1, 2009 with the following:

Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, Florida 32399-0135

FILING PROCEDURE....

It is recommended that all returns addressed to the Florida Department of Revenue be mailed by certified or registered mail. The receipt received should be attached to your copy of the return filed.

PAYMENT....

There is no tax due with this return.

**THOMAS HOWELL FERGUSON P.A.
2615 CENTENNIAL BLVD., SUITE 200
TALLAHASSEE, FLORIDA 32308**

**INSTRUCTIONS FOR FILING
FORM F-1120
FLORIDA CORPORATE INCOME/FRANCHISE
AND EMERGENCY EXCISE TAX RETURN
FOR THE PERIOD ENDED DECEMBER 31, 2008**

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.

SIGNATURE....

The original return should be signed (using full name and title) and dated on Page 2 by an authorized officer of the Association.

FILING....

The signed return should be filed by December 1, 2009 with the following:

Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, Florida 32399-0135

FILING PROCEDURE....

It is recommended that all returns addressed to the Florida Department of Revenue be mailed by certified or registered mail. The receipt received should be attached to your copy of the return filed.

PAYMENT....

There is no tax due with this return.



Florida Corporate Income/Franchise and Emergency Excise Tax Return

FEIN 59-0571930

BW1191 1.000 THOM F-1120, R. 01/09 Rule 12C-1.051 Florida Administrative Code Effective 01/09

894502008123100020050378359057193000006

For Calendar year 2008 or tax year beginning _____, 2008 ending _____
Name FLORIDA RESTAURANT & LODGING
Address ASSOCIATION, INC.
Address P.O. BOX 1779
City/State/ZIP TALLAHASSEE, FL 32302-1779

Check here if any changes have been made to name or address



Computation of Florida Net Income and Emergency Excise Tax

Table with 2 columns: Description and Amount. Rows include Federal taxable income, State income taxes, Additions to federal taxable income, Total of Lines 1, 2 and 3, Subtractions from federal taxable income, Adjusted federal income, Florida portion of adjusted federal income, Nonbusiness income allocated to Florida, Florida exemption, Florida net income, Tax due, Credits against the tax, Emergency excise tax due, Total corporate income/franchise and emergency excise tax due, Total of Lines 14 and 15, Payment credits, Total amount due, Credit, Refund.

Florida Corporate Income Tax Return

YEAR ENDING 12/31/2008

THOM F-1120 R. 01/09

Do Not Detach
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 FLORIDA RESTAURANT & LODGING
Address ASSOCIATION, INC.
Address P.O. BOX 1779
City/State/ZIP TALLAHASSEE, FL 32302-1779
Check here if you transmitted funds electronically

Table with 4 columns: FEIN, State, Local, and Federal. Values include 590571930, 20080101, 20081231, 00000000, 012, 201, 0, 0.



FEIN 59-0571930

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 penalties 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 all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature)	Date	Title	
		11/16/09		
Paid preparers only	Preparer's signature	Date	Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN
	Firm's name (or yours if self-employed) and address		FEIN	ZIP

THOMAS HOWELL FERGUSON P.A.
2615 CENTENNIAL BLVD, STE 200
TALLAHASSEE, FL 32308

Preparer's PTIN: P00598969
FEIN: 59-3186310
ZIP: 32308

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

A. State of Incorporation: FLORIDA

B. Florida Secretary of State document number: 708602

C. Florida consolidated return? YES NO

D. Initial return Final return (final federal return filed)

E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) General Rule
 Election A Election B

F. Principal Business Activity Code (as pertains to Florida)
5 4 1 8 0 0

G. A Florida extension of time was timely filed? YES NO

H-1. Corporation is a member of a controlled group? YES NO If yes, attach list.

H-2. Part of a federal consolidated return? YES NO If yes, provide:
FEIN from federal consolidated return: _____
Name of corporation: _____

H-3. The federal common parent has sales, property or payroll in Florida? YES NO

L. Location of corporate books: 230 S. ADAMS STREET
City: TALLAHASSEE State: FL ZIP: 32301

J. Taxpayer is a member of a Florida partnership or joint venture? YES NO

K. Enter date of latest IRS audit: N/A
a) List years examined: N/A

L. Contact person concerning this return: BOB DEARDEN
a) Contact person telephone number: (850) 224-2250

M. Type of federal return filed 1120 1120S or 990-T

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 32399-0135

If you are requesting a refund (Line 20), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

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.



FEIN 59-0571930

DATA Page 1

590571930	0	0	0
0	0	0	0
-2809300	1.000000	0	0
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2	0	0	0
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FEIN 59-0571930
DATA Page 2

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0	0	-2809300	0
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0	-2809300	0	0



NAME FRLA

FEIN 59-0571930

TAXABLE YEAR ENDING 12/31/2008

Schedule A - Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to 12/31/86)		
1. Total depreciation expense deducted on federal Form 1120	1.	
2. Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.	
3. Loss carry forward (Enter the loss as a positive number)	3.	
4. Subtract Line 3 from Line 2 and enter here Note: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4.	0
5. Depreciation deducted pursuant to Internal Revenue Code (IRC,) s. 168 for assets placed in service 1/1/81 to 12/31/86	5.	
6. Straight-line depreciation deducted pursuant to IRC s. 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86)	6.	
7. All depreciation deducted pursuant to IRC s. 168 directly related to any amount shown as nonbusiness income	7.	
8. Subtract the sum of Line 6 and 7 from the amount on Line 5 and enter result here	8.	0
9. Multiply Line 8 by .40 (40%) and enter here	9.	0
10. Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10.	1.000000
11. Multiply Line 9 by Line 10 and enter here	11.	0
12. Determine the amount of depreciation deducted pursuant to IRC s. 168 [except pursuant to s. 168(b)(3)] used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter result here	12.	
13. Add Lines 11 and 12 and enter here	13.	0
14. Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0	14.	
15. The portion of the exemption provided in s. 220.14, F.S., not used for Chapter 220, F.S. purposes, if any. If none, enter 0	15.	
16. Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16.	0
17. Multiply Line 16 by 2.5 (not 2.5%) and enter result here. Note: If Line 16 shows a loss, enter 0	17.	0
18. Total tax due (2.2% of Line 17)	18.	0
19. (a) Emergency excise tax credit: (b) Emergency excise tax credit carryover: (attach schedule) Total	19.	0
20. Balance of tax due (enter on Page 1, Line 13)	20.	0

Schedule I - Additions and/or Adjustments to Federal Taxable Income	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z)	8.	8.
9. Guaranty association assessment(s) credit	9.	9.
10. Rural and/or urban high crime area job tax credits	10.	10.
11. State housing tax credit	11.	11.
12. Credit for contributions to nonprofit scholarship funding organizations	12.	12.
13. Renewable energy tax credits	13.	13.
14. Section 179 expense deduction above \$25,000	14.	14.
15. Special 50% depreciation allowance	15.	15.
16. Other additions (attach statement)	16.	16.
17. Total Lines 1 through 16 in Columns (a) and (b). Enter totals for each column on Line 17. Column (a) total is also entered on Page 1, Line 3 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 3.	17.	0



NAME FRLA

FEIN 59-0571930

TAXABLE YEAR ENDING 12/31/2008

Schedule II - Subtractions from Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶	1.	0	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶	2.	0	2.
Note: Taxpayers doing business outside Florida enter zero on Lines 3, through 6, and complete Schedule IV.			
3. Florida net operating loss carryover deduction (see instructions) SEE STATEMENT 1	3.	28093	3.
4. Florida net capital loss carryover deduction (see instructions)	4.		4.
5. Florida excess charitable contribution carryover (see instructions)	5.		5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.		6.
7. Nonbusiness income (from Schedule R, Line 3)	7.	0	7.
8. Eligible net income of an international banking facility (see instructions)	8.		8.
9. Other subtractions (attach statement)	9.		9.
10. Total Lines 1 through 9 in Columns (a) and (b). Enter totals for each column on Line 10. Column (a) total is also entered on Page 1, Line 5 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 5.	10.	28093	10. 0

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) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 10 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	0	0	0.000000	X 25% or	0.000000
2. Payroll			0.000000	X 25% or	0.000000
3. Sales (Schedule III-C below)	0	0	0.000000	X 50% or	0.000000
4. Apportionment fraction [Sum of Lines 1, 2, and 3, Column (e)]. Enter here and on Schedule IV, Line 2.					0.000000
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. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)		0	0	0	0
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a.		0			
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) 6b.				0	
7. Rented property (8 times net annual rent)					
a. Rented property in Florida 7a.					
b. Rented property Everywhere 7b.					
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida 8a.		0			
b. Enter Lines 6b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere 8b.				0	
		Average Florida		Average Everywhere	
III-C Sales Factor		(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)		
1. Sales (gross receipts)		N/A			
2. Sales delivered or shipped to Florida purchasers		N/A			
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES [Enter on Schedule III-A, Line 3, Columns (a) and (b)]		0			0
III-D Special Apportionment Fractions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimal Places	
1. Insurance companies (attach copy of Schedule T - Annual Report)				0.000000	
2. Transportation services				0.000000	



NAME FRLA

FEIN 59-0571930

TAXABLE YEAR ENDING 12/31/2008

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 [or Line 6, Schedule VI for AMT in Col. (b)]	1. -28093	1.
2. Florida apportionment fraction [Schedule III-A, Line 4 or Schedule III-D, Column (c)]	2. 1.000000	2. 0.000000
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3. -28093	3. 0
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8. 0	8. 0
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9. -28093	9. 0

Schedule V - Credits Against the Corporate Income/Franchise Tax

1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. Child care tax credits (attach certification letter)	12.
13. State housing tax credit (attach certification letter)	13.
14. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	14.
15. Florida renewable energy technologies investment tax credit	15.
16. Florida renewable energy production tax credit	16.
17. Other credits (attach schedule)	17.
18. Total credits against the tax (sum of Lines 1 through 17 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	18. 0

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

1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income [from Schedule I, Column (b)]	3. 0
4. Total of Lines 1 through 3	4. 0
5. Subtractions from federal taxable income [from Schedule II, Column (b)]	5. 0
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6. 0
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10. 0
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11. 0



NAME FRLA

FEIN 59-0571930

TAXABLE YEAR ENDING 12/31/2008

Schedule R – Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida	1. <u>0</u>
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere		2. <u>0</u>

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3. <u>0</u>
(Enter here and on Schedule II, Line 7)	

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2009**

1. Florida income expected in taxable year	1. \$ _____
2. Florida exemption \$5,000 (Members of a controlled group, see instructions on Page 15 of F-1120N),	2. \$ _____
3. Estimated Florida net income (Line 1 less Line 2)	3. \$ <u>0</u>
4. Total Estimated Florida tax (5.5% of Line 3)*	\$ <u>0</u>
Less: Credits against the tax	4. \$ <u>0</u>

* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% 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. \$ <u>0</u>

If Line 6 is more than \$2,500, file installment as computed on Line 7; if \$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. <u>0</u>
	Last day of 6th month - Enter 0.25 of Line 6	7b. <u>0</u>
	Last day of 9th month - Enter 0.25 of Line 6	7c. <u>0</u>
	Last day of fiscal year - Enter 0.25 of Line 6	7d. <u>0</u>

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. \$ <u>0</u>
3. Unpaid balance (Line 1 less Line 2(c))	3. \$ <u>0</u>
4. Amount to be paid (Line 3 divided by number of remaining installments)	4. \$ _____

**Florida Tentative Income / Franchise and Emergency Excise Tax
Return and Application for Extension of Time to File Return**

THOM
F-7004
R. 01/09
Rule 12C-1.051
Florida Administrative Code
Effective 01/09

Information for Filing Form F-7004

F-7004
R. 01/09

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.myflorida.com/dor

Penalties for failure to pay tax - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

Signature - A person authorized by the taxpayer must sign Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

A. Have you filed Form 7004 with the IRS for the taxable year? Yes No
If the answer is "No," complete Item B.

An extension for Florida tax purposes may be granted, even though no federal extension was granted, if you show good cause. For more information, see IRS announcements 80-90 and 63-113.

B. If applicable, state the reason you need the extension: INFORMATION REQUIRED TO COMPLETE RETURN HAS NOT BEEN RECEIVED.

C. Type of federal return filed: 990-T
Contact person for questions: DEBORAH LEONARD
Telephone number: 850-668-8100

Extension of Time Request	Florida Income/Franchise Emergency Excise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. <u>NONE</u>
2. LESS: Estimated tax payments for the taxable year	2. <u>NONE</u>
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. <u>NONE</u>

Transfer the amount in Line 3 to **Tentative tax due** on reverse side.

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

8Y1104 1.000

Florida Tentative Income / Franchise and Emergency Excise Tax Return and Application for Extension of Time to File Return		THOM F-7004 R. 01/09
Name & LODGING ASSOCIATION, INC.	FEIN 59-0571930	
Address 230 SOUTH ADAMS STREET	Taxable Year End <u>12/08</u>	
Address	FILING STATUS Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/>	
City/State/ZIP TALLAHASSEE, FL 32302-1779	Check here if you transmitted funds electronically <input type="checkbox"/>	
	Tentative Tax Due \$ <u>0</u>	

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: Deborah Leonard CPA Date: May 13, 2009

590571930	0	0	0
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20081231	0	0	0
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COPY

Form 8868

(Rev. April 2008)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	Florida Restaurant & Lodging Association, Inc.	59-0571930
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	230 South Adams Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Tallahassee, FL 32302-1779	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

The books are in the care of Bob Dearden

Telephone No. 850-224-2250 FAX No. 850-224-9213

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until November 16, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2008 or
- tax year beginning , and ending .

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.
TALLAHASSEE, FL
EIN 59-0571930
FYE: 12/31/2008

Form F-1120: Net Operating Loss Carryforward & Utilization

	<u>Generated</u>	<u>Utilized</u>	<u>Expired</u>	<u>Carryforward</u>
12/31/03	(28,093)	-	-	(28,093)
12/31/04	-	-	-	(28,093)
12/31/05	-	-	-	(28,093)
12/31/06	-	-	-	(28,093)
12/31/07	-	-	-	(28,093)
12/31/08	-	-	-	(28,093)
Remaining NOL available at 12/31/08				<u>(28,093)</u>

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)

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

OMB No. 1545-0047
2007
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning , 2007, and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization FLORIDA RESTAURANT AND LODGING ASSOCIATION, INC.</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</p> <p>P.O. BOX 1779</p> <p>City or town, state or country, and ZIP + 4</p> <p>TALLAHASSEE, FL 32302-1779</p> <p>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>	<p>D Employer identification number</p> <p>59-0571930</p>	<p>E Telephone number</p> <p>(850) 224-2250</p>	<p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual</p> <p><input type="checkbox"/> Other (specify) ▶</p>
		<p>G Website: ▶ WWW.FRLA.ORG</p>	<p>H and I are not applicable to section 527 organizations.</p> <p>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) If "Yes," enter number of affiliates ▶</p> <p>H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.)</p> <p>H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>I Group Exemption Number ▶</p>		
		<p>J Organization type (check only one) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>	<p>M Check <input checked="" type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).</p>		
		<p>K Check here <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.</p>	<p>L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 13,887,824.</p>		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

		1	Contributions, gifts, grants, and similar amounts received:		
		a	Contributions to donor advised funds	1a	
		b	Direct public support (not included on line 1a)	1b	
		c	Indirect public support (not included on line 1a)	1c	
		d	Government contributions (grants) (not included on line 1a)	1d	
		e	Total (add lines 1a through 1d) (cash \$ noncash \$)	1e	
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	603,442.
		3	Membership dues and assessments	3	1,167,297.
		4	Interest on savings and temporary cash investments	4	13,706.
		5	Dividends and interest from securities	5	507,710.
Revenue		6a	Gross rents	6a	
		6b	Less: rental expenses	6b	
		6c	Net rental income or (loss). Subtract line 6b from line 6a	6c	3,982.
		7	Other investment income (describe ▶)	7	
		8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
				8a	
		b	Less: cost or other basis and sales expenses	8b	
		c	Gain or (loss) (attach schedule)	8c	
		d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	1,405,731.
		9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
		a	Gross revenue (not including \$ of contributions reported on line 1b)	9a	245,737.
		b	Less: direct expenses other than fundraising expenses	9b	189,643.
		c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	56,094.
		10a	Gross sales of inventory, less returns and allowances	10a	3,056,998.
		b	Less: cost of goods sold	10b	1,191,286.
		c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	1,865,712.
		11	Other revenue (from Part VII, line 103)	11	7,781.
		12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	5,631,455.
Expenses		13	Program services (from line 44, column (B))	13	
		14	Management and general (from line 44, column (C))	14	
		15	Fundraising (from line 44, column (D))	15	
		16	Payments to affiliates (attach schedule)	16	
		17	Total expenses. Add lines 16 and 44, column (A)	17	4,169,794.
Net Assets		18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	1,461,661.
		19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	13,913,098.
		20	Other changes in net assets or fund balances (attach explanation)	20	-575,396.
		21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	14,799,363.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule),				
24	Benefits paid to or for members (attach schedule),				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	398,230.			
25b	b Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	1,708,308.			
27	Pension plan contributions not included on lines 25a, b, and c	78,716.			
28	Employee benefits not included on lines 25a - 27	189,408.			
29	Payroll taxes	137,632.			
30	Professional fundraising fees				
31	Accounting fees	35,728.			
32	Legal fees	17,551.			
33	Supplies	80,994.			
34	Telephone	83,887.			
35	Postage and shipping	64,776.			
36	Occupancy,	45,946.			
37	Equipment rental and maintenance,				
38	Printing and publications	37,630.			
39	Travel,	463,630.			
40	Conferences, conventions, and meetings	11,148.			
41	Interest,	974.			
42	Depreciation, depletion, etc. (attach schedule)	102,160.			
43	Other expenses not covered above (itemize):				
43a	a STMT 4	713,076.			
43b	b				
43c	c				
43d	d				
43e	e				
43f	f				
43g	g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15),	4,169,794.			

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ►SEE STATEMENT 5</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a <u>PROVIDING TRAINING PROGRAMS AND SEMINARS, CERTIFICATIONS, AND EDUCATIONAL MATERIALS TO MEMBERS AND TO ALL FLORIDA RESTAURANTEURS; PROVIDING NETWORKING OPPORTUNITIES TO ITS 5,553 MEMBERS.</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b <u>KEEPING MEMBERS INFORMED ON ISSUES AFFECTING THE FOOD SERVICE AND LODGING INDUSTRY IN FLORIDA THROUGH VARIOUS PUBLICATIONS INCLUDING THE "FLORIDA RESTAURANT AND LODGING" BI-WEEKLY MAGAZINE, "HOSPITALITY HOTLINE" WEEKLY E-NEWSLETTER, AND INDUSTRY NEWS WIRE.</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c <u>REPRESENTING ITS 5,553 MEMBERS ON LEGISLATIVE AND REGULATORY ISSUES ON THE LOCAL, STATE AND FEDERAL LEVEL.</u></p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d _____</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p>	

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	3,477.	45	4,601.	
	46 Savings and temporary cash investments	1,429,157.	46	1,143,660.	
	47a Accounts receivable	47a 139,308.			
	b Less: allowance for doubtful accounts	47b	82,335.	47c 139,308.	
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule),			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use	73,008.	52	88,239.	
	53 Prepaid expenses and deferred charges	27,811.	53	1,461.	
	54a Investments - publicly-traded securities STMT 6	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	7,865,397.	54a	6,494,933.
	b Investments - other securities (attach schedule),	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,278,743.	54b	4,210,508.
	55a Investments - land, buildings, and equipment: basis	55a	STMT 7		
	b Less: accumulated depreciation (attach schedule)	55b		55c	
	56 Investments - other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	57a 2,927,460.			
b Less: accumulated depreciation (attach schedule)	57b 1,151,257.	1,858,723.	57c	1,776,203.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 8)		426,030.	58	2,148,852.	
59 Total assets (must equal line 74). Add lines 45 through 58		15,044,681.	59	16,007,765.	
Liabilities	60 Accounts payable and accrued expenses	505,622.	60	546,274.	
	61 Grants payable		61		
	62 Deferred revenue	507,185.	62	619,515.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)	STMT 9	21,384.	64b	11,408.
	65 Other liabilities (describe <input type="checkbox"/> STMT 10)		97,392.	65	31,205.
66 Total liabilities. Add lines 60 through 65		1,131,583.	66	1,208,402.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	13,913,098.	67	14,799,363.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		13,913,098.	73	14,799,363.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		15,044,681.	74	16,007,765.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Table with 5 main rows (a-e) and sub-rows (1-4, b1-b4, d1-d2) for reconciling revenue. Total revenue is 5,631,455.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows (a-e) and sub-rows (1-4, b1-b4, d1-d2) for reconciling expenses. Total expenses are 4,169,794.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation, (D) Contributions to benefit plans, (E) Expense account. Includes entry for 'SEE STATEMENT 13'.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (131), 75b, 75c, and 75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 81a, and 81b.

Part VII Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			N/A
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
85b			
c	Dues, assessments, and similar amounts from members	85c	1,167,297.
d	Section 162(e) lobbying and political expenditures	85d	740,351.
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	583,649.
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	86,698.
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	X
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	N/A
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	43
91a	The books are in care of <u>BOB DEARDEN</u> Telephone no. <u>(850) 224-2250</u>		
	Located at <u>230 S ADAMS STREET, TALLAHASSEE, FL</u> ZIP + 4 <u>32302-1779</u>		
b	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)? If "Yes," enter the name of the foreign country	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X

If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (ROYALTIES, SPONSORSHIPS), Membership dues and assessments, Interest on savings, Dividends, Net rental income, Gain or loss from sales, Gross profit, and Subtotal/Total.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Row 1: STMT 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

Under penalties 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 officer) is based on all information of which preparer has any knowledge.

▶ Signature of officer _____ Date _____

▶ Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature ▶ <i>Deborah L. ...</i>	Date ▶ 11/13/08	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) ▶ P00218358
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ THOMAS HOWELL FERGUSON P.A. 2615 CENTENNIAL BLVD., SUITE 200 TALLAHASSEE, FL 32308		EIN ▶ 59-3186310	Phone no. ▶ 850-668-8100

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	Florida Restaurant & Lodging Association, Inc.	59-0571930
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P.O. Box 1779	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Tallahassee, FL 32302-1779	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Bob Dearden

Telephone No. ▶ 850-224-2250 FAX No. ▶ 850-224-9213

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2007 or
- ▶ tax year beginning , and ending .

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization Florida Restaurant & Lodging Association, Inc.	Employer identification number 59-0571930
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 1779	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tallahassee, FL 32302-1779	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of Bob Dearden
Telephone No. 850-224-2250 FAX No. 850-224-9213
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until November 17, 2008.
- 5 For calendar year 2007, or other tax year beginning and ending .
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension Information required from third parties to complete return has not yet been received.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Stacy T. Kolla Title CPA Date 7/30/08

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	245,737.	189,643.	56,094.
TOTALS	245,737.	189,643.	56,094.

FORM 990, PART I - GROSS SALES AND COST OF GOODS SOLD

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
VARIOUS TRAINING & EDUCATION MATERIALS	3,056,998.	73,008.	1,206,517.			88,239.	1,191,286.
TOTALS	3,056,998.	73,008.	1,206,517.			88,239.	1,191,286.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
NET UNREALIZED LOSSES ON INVESTMENTS	404,742.
EQUITY/INCOME IN RCS	170,654.

TOTAL	575,396.
	=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL
ADVERTISING	65,130.
ENTERTAINMENT	1,917.
EQUIPMENT RENTAL & REPAIR	29,848.
INSURANCE	49,484.
MISCELLANEOUS	15,159.
LOBBYING	95,558.
REPAIRS & MAINTENANCE	31,254.
SECURITY/FIRE	5,018.
AUTO EXPENSES	3,952.
TEMPORARY HELP	3,522.
REBATES	15,012.
FOOD & BEVERAGES	48,193.
CHARITABLE CONTRIBUTIONS	21,626.
AWARDS	7,080.
BANK & CREDIT CARD FEES	73,407.
COMMISSIONS	6,884.
CONSULTING	22,015.
DATA PROCESSING	1,344.
DUES & SUBSCRIPTIONS	40,651.
PUBLIC RELATIONS	61,398.
TAXES	22,871.
AMORTIZATION EXPENSE	34,472.
BAD DEBT EXPENSE	2,536.
INTERNET	16,111.
SPONSORSHIP EXPENSE	38,634.
TOTALS	713,076.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

TO PROMOTE PROFESSIONALISM WITHIN THE FOOD SERVICE INDUSTRY IN
FLORIDA AND TO PROVIDE ITS MEMBERS WITH A VARIETY OF BENEFITS AND
PROGRAMS.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS	3,608,152.	3,250,912.	FMV
COMMON STOCK & OPTIONS	3,108,004.	2,200,194.	FMV
GOVERNMENT BONDS	1,149,241.	1,043,827.	FMV
TOTALS	7,865,397.	6,494,933.	

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
PRIVATE CAPITAL INVESTMENTS	2,232,003.	2,376,315.	FMV
CERTIFICATES OF DEPOSIT	1,046,740.	1,834,193.	FMV
TOTALS	3,278,743.	4,210,508.	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
INTEREST IN CULINARY CORNER CONDO ASSOCIATION	145,812.	145,812.
DEPOSITS	13,818.	13,818.
ACCRUED INTEREST	36,466.	43,820.
DUE FROM RELATED PARTY	229,934.	300,528.
INVESTMENT IN RCS	NONE	1,330,346.
GOODWILL	NONE	73,221.
INTANGIBLE ASSETS	NONE	275,779.
LESS: ACCUMULATED AMORTIZATION	NONE	-34,472.
TOTALS	----- 426,030. =====	----- 2,148,852. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE
 =====

LENDER: CAPITAL CITY BANK
 ORIGINAL AMOUNT: 21,800.
 INTEREST RATE: 5.140000
 DATE OF NOTE: 12/22/2003
 MATURITY DATE: 01/06/2009
 REPAYMENT TERMS: \$413.63/MO
 SECURITY PROVIDED: AUTOMOBILE - FORD TAURUS
 PURPOSE OF LOAN: PURCHASED AUTOMOBILE FOR ASSOCIATION BUSINESS

BEGINNING BALANCE DUE	9,805.
ENDING BALANCE DUE	5,224.

LENDER: CAPITAL CITY BANK
 ORIGINAL AMOUNT: 25,820.
 INTEREST RATE: 5.110000
 DATE OF NOTE: 12/22/2003
 MATURITY DATE: 01/06/2009
 REPAYMENT TERMS: \$489.55/MO
 SECURITY PROVIDED: AUTOMOBILE - FORD VAN
 PURPOSE OF LOAN: PURCHASED AUTOMOBILE FOR ASSOCIATION BUSINESS

BEGINNING BALANCE DUE	11,579.
ENDING BALANCE DUE	6,184.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	21,384.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	11,408.
	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DUE TO RELATED PARTY	57,211.	30,505.
CAPITAL LEASE OBLIGATION	25,443.	NONE
DUE TO VISIT FL	14,738.	700.
	-----	-----
TOTALS	97,392.	31,205.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
COST OF GOODS SOLD	1,191,286.
SPECIAL EVENTS EXPENSES	189,643.
REIMBURSED OVERHEAD	30,000.
EQUITY/INCOME IN RCS	-170,654.
TOTAL	----- 1,240,275. =====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	1,191,286.
SPECIAL EVENTS EXPENSES	189,643.
REIMBURSED OVERHEAD	30,000.
TOTAL	1,410,929.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CAROL DOVER 230 S ADAMS STREET TALLAHASSEE, FL 32302	PRESIDENT/CEO 40.00	398,230.	27,891.	12,600.
BOARD OF DIRECTORS SEE ATTACHED		NONE	NONE	NONE
GRAND TOTALS		398,230.	27,891.	12,600.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
94	ENABLE FRLA TO PROVIDE EDUCATIONAL AND TRAINING OPPORTUNITIES TO THEIR MEMBERS, REPRESENT THEIR MEMBERS ON THE ISSUES OF LEGISLATURE AND REGULATORY AFFAIRS, AND KEEP THEIR MEMBERS INFORMED ON INDUSTRY-RELATED ISSUES.
102	ALLOW FRLA TO PROVIDE VARIOUS TRAINING AND EDUCATIONAL KITS AND GUIDES TO THEIR MEMBERS AND ALL OTHER FLORIDA RESTAURANTEURS TO ENSURE HIGH QUALITY SERVICE AND REGULATORY COMPLIANCE.
103B	ENABLE FRLA TO PROVIDE VARIOUS SERVICES TO ITS MEMBERS TO FURTHER THE OBJECTIVE OF PROMOTING PROFESSIONALISM IN THE INDUSTRY.

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

2007

Name of estate or trust FLORIDA RESTAURANT AND LODGING ASSOCIATION, INC.	Employer identification number 59-0571930
--	---

Note: Form 5227 filers need to complete only Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b,	6b	1,405,731.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. ▶	12	1,405,731.

Part III Summary of Parts I and II Caution: Read the instructions before completing this part.		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		1,405,731.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		1,405,731.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:	16	(
a	The loss on line 15, column (3) or b \$3,000)

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 43 of the instructions if:
 • Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
 • Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17	
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19	
20	Add lines 18 and 19	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	
23	Subtract line 22 from line 17. If zero or less, enter -0-	23	
24	Enter the smaller of the amount on line 17 or \$2,150	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25	
26	Subtract line 25 from line 24	26	
27	Multiply line 26 by 5% (.05)	27	
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 thru 31; go to line 32. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28	
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29	
30	Subtract line 29 from line 28	30	
31	Multiply line 30 by 15% (.15)	31	
32	Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions	32	
33	Add lines 27, 31, and 32	33	
34	Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions	34	
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)	35	

EIN: 59-0571930
FYE: 12/31/2007

FORM 990, PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	
Land Improvements			
Buildings	2,271,720.	599,243.	1,672,477.
Leasehold Improvements			
Equipment	340,010.	262,929.	77,081.
Furniture & Fixtures	315,730.	289,085.	26,645.
	<u>2,927,460.</u>	<u>1,151,257.</u>	<u>1,776,203.</u>
Property, Plant & Equipment			
Construction in Progress		NONE	
Total Fixed Assets, line 57	<u><u>2,927,460.</u></u>	<u><u>1,151,257.</u></u>	<u><u>1,776,203.</u></u>

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

2008 FRLA OFFICERS & BOARD OF DIRECTORS

Non-Voting Members as of 5/29/08 are noted in Red

These members have lost their right to vote until they attend two consecutive meetings.

Voting status is lost when two consecutive meetings are missed.

OFFICERS

Kipper Greist, Chairman

Andrew Haas, Chairman-Elect

CHAPTER REPRESENTATIVES

TERM ENDING 2008

Vacant	Broward	Eddie Berrones	Miami-Dade
Jim Pancallo	Broward	Cathy Manzon	Northeast Florida
Vacant	Broward	Frank Eucalito	Palm Beach
Rick Barcena	Hillsborough	Kathleen McDole	Pinellas
Doug Raker	Lee/Charlotte	Debbie Stambaugh	Pinellas
Suzanne Grady	Lee/Charlotte	Grant Piche'	Polk
Richard Gruenthal	Lee/Charlotte	Vacant	Space Coast
Tony Gallo	Manatee	Bill Hoskinson	Space Coast
Vacant	Marco Island		

TERM ENDING 2009

A.J. Jabbour	Broward	Gus Silivos	Northwest Florida
Alan Findlay	Central Florida	Vacant	Palm Beach
Jim Whaples	Central Florida	Lorrie Hero	Pinellas
John Peltier	Hillsborough	Harry Black	Pinellas
Vacant	Hillsborough	Tonya Gowan	Sarasota
Guenter Richter	Miami-Dade	Vacant	Sarasota
Matt Babich	Monroe	Jim McManemon, Jr.	Sarasota
Vacant	North Central Florida	Andrew Reiss	Tallahassee
Vacant	Northeast Florida	Michelle Wilson	Tallahassee
		Vacant	Volusia

TERM ENDING 2010

Andrew Haas	Central Florida	Vacant	Northeast Florida
Al Gardner	Central Florida	Jim Shirley	Northwest Florida
Jeff Coyle	Central Florida	Bruce Craul	Northwest Florida
Bryan Sutton	Collier	Peter Sostheim	Northwest Florida
Vacant	Collier	Barbara Weiss	Palm Beach
Vacant	Hillsborough	Vacant	Palm Beach
Rick Coffey	Manatee	Judith Koutsos	Pasco/Hernando
Gabriel Castrillion	Miami/Dade	Vacant	Polk
Vacant	Miami/Dade	Michael Schmidt	Tallahassee
Vacant	Monroe	Vacant	Treasure Coast
Vacant	North Central Florida	Vacant	Treasure Coast
Tom Borchert	Northeast Florida	Vacant	Volusia

2008 CHAPTER PRESIDENTS/DIRECTORS

Broward	Carlos Molinet
Central Florida	Mitchell Doren
Collier	Tom Brandt
Forgotten Coast	Jason Bogan
Hillsborough	Nick Vojnovic
Lee/Charlotte	Debbie Jordan
Manatee	Don McGee
Marco Island	Joey Oliverio
Miami/Dade	Allen Susser
Monroe	Vacant
North Central Florida	Vacant
Northeast Florida	Jim Harris
Northwest Florida	Michael Chouri
Palm Beach	Kipper Greist
Pasco/Hernando	Jim Koutsos
Pinellas	Terry Graber
Polk	David White
Sarasota	Bob Kirscher
Space Coast	Tom Hietpas
Tallahassee	Shawn Shepherd
Treasure Coast	Vacant
Volusia	Brian Hill

PAST STATE CHAIRMEN

Rip Tosun	2007
Nick Vojnovic	2006
Mary K. Hayes	2005
Shannon McAleavey	2004
Jeff Grayson	2003
Dan Enea	2002
Brian Hill	2001
Bill Shumate	2000
Dennis Murray	1999 (Inactive)
Kim Avery	1998
Dave Jarrett	1997
Michael McComas	1996 (Inactive)
Bob Leonard	1995
Bill Robinson	1994
Frank Day	1993
Jay Tischenkel	1992
Beirne Brown	1991
June Singer	1989
Ralph Jay Lupton, Jr.	1988
Paul Edgar	1987
Ted Waterbury	1986 (Inactive)
Raymond Singer	1973

AT-LARGE / CORPORATE RESTAURANT DIRECTORS

TERM ENDING 2008

Franklin Carson/Victor Marinello, Applebee's Neighborhood Grill & Bar
Jay Galbraith, SeaWorld of Florida
Richard Gonzmart, Columbia Restaurant Group
John McReynolds, Universal Studios
Dave Reid, Ale House
Matt Sheffield, Romano's/Brinkers
Rich Simeone, LTP Management (Hooters)
John Sweede, Po'Boys

TERM ENDING 2009

Jacob DiPietre, Walt Disney Company
Susan Connelly, Darden Restaurants, Inc.
Blake Casper/Toby Sullivan, McDonald's
Steve Grover, Burger King Corp.
Joe Kadow/Matt Halme, Outback Steakhouse
Robin Sorensen, Firehouse Subs
Mike Thompson/Eric Nelson, Bob Evans Farms, Inc.

TERM ENDING 2010

Randy Roberts, Publix/Crispers
Nick Flanagan, Cracker Barrel
Monique Yaeger, Sonny's Franchise Co.

ACTIVE and AT-LARGE LODGING DIRECTORS

TERM ENDING 2008

Russell C. Bond, Renaissance Vinoy Resort & Golf Club
Gary Brown, Sun Viking Lodge
Ron Caimano, Embassy Suites International, Jamaican Court
John Caparella, Gaylord Palms Resort & Convention Center
David J. Caples, Elizabeth Pointe Lodge
Phil Coffey, Orlando World Center Marriott
Tom Cherniavsky, LXR
Wendy Damsker, Best Western Crystal River Resort
Dale Haney, Ponte Vedra Inn & Club
Gregory J. Hauenstein, Buena Vista Palace Resort & Spa
Jack B. Healan, Jr., Amelia Island Plantation
Julie Hilton, Paradise Found Resorts & Hotels
George Hoch, Sunset Vistas Beachfront Suites
Russ Kimball, Sheraton Sand Key Resort
Pedro Mandoki, Mandoki Hospitality Group
Katherine Monahan, Ritz Carlton Amelia Island
Katie Moulton, The Colony Beach & Tennis Resort
H. Gregg Nicklaus, Sirata Beach Resort
David Ontko, Walt Disney World
Keith Overton, Tradewinds Island Resorts
Dr. Peter Ricci, Prism Hotels

TERM ENDING 2009

Roger Amidon, Marriott Palm Beach Gardens
Greg Riehle, Saddlebrook Resort
Bruce Craul, Legendary, Inc.
Steve Hilliard, Watercolor Inn
Peter Kacheris, Swan & Dolphin
Julian MacQueen, Innisfree Resort
Tim Stockman/Steve Nalley, Ocean Waters
Jim Pancallo, Lago Mar Resort & Club
Jim Quinn, Renaissance Orlando Resort at SeaWorld
Robert Steele, Grand Hyatt Tampa Bay



THOMAS HOWELL FERGUSON P.A.
2615 CENTENNIAL BLVD., SUITE 200
TALLAHASSEE, FL 32308

INSTRUCTIONS FOR FILING
FLORIDA RESTAURANT AND LODGING
ASSOCIATION, INC.
FORM 990T - EXEMPT ORGANIZATION BUSINESS RETURN
FOR THE PERIOD ENDED DECEMBER 31, 2007

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)
AND DATED ON PAGE 2 BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE NOVEMBER 17, 2008
WITH...

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT
YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE
ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED
MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS
APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE
DELIVERY SERVICE.

A	<input type="checkbox"/> Check box if address changed	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) FLORIDA RESTAURANT AND LODGING ASSOCIATION, INC. Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. P.O. BOX 1779 City or town, state, and ZIP code TALLAHASSEE, FL 32302-1779	D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 59-0571930
B	Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		E Unrelated business activity codes (See instructions for Block E on page 9.) 541800
C	Book value of all assets at end of year 16,007,765.		F Group exemption number (See instructions for Block F on page 9.) ▶
		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ▶ **ADVERTISING REVENUE**

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 ▶ **BOB DEARDEN** Telephone number ▶ **(850) 224-2250**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	2,792.	NONE
12	Other income (See page 11 of the instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	2,792.	NONE

Part II Deductions Not Taken Elsewhere (See page 12 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)		(A) Income	(B) Expenses	(C) Net
14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See page 14 of the instructions for limitation rules.)	20		
21	Depreciation (attach Form 4562)	21	NONE	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		NONE
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		NONE
28	Other deductions (attach schedule)	28		
29	Total deductions. Add lines 14 through 28	29		NONE
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		2,792.
31	Net operating loss deduction (limited to the amount on line 30)	31		1,792.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		1,000.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33		1,000.
34	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	34		

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15.
 Controlled group members (sections 1561 and 1563) 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 on line 34 **35c** NONE

36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) **36**

37 Proxy tax. See page 16 of the instructions **37**

38 Alternative minimum tax **38**

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** NONE

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**

b Other credits (see page 17 of the instructions) **40b**

c General business credit. Check here and indicate which forms are attached:
 Form 3800 Form(s) (specify) _____ **40c**

d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**

e Total credits. Add lines 40a through 40d **40e**

41 Subtract line 40e from line 39 **41** NONE

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule). **42**

43 Total tax. Add lines 41 and 42 **43** NONE

44 a Payments: A 2006 overpayment credited to 2007 **44a**

b 2007 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 4136 Other _____ Total **44f**

45 Total payments. Add lines 44a through 44f **45**

46 Estimated tax penalty (see page 4 of the 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** NONE

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** NONE

49 Enter the amount of line 48 you want: Credited to 2008 estimated tax Refunded **49** NONE

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2007 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. If YES, enter the name of the foreign country here _____ **Yes** **No**

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? **Yes** **No**

If YES, see page 5 of the instructions for other forms the organization may have to file.

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

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

Under penalties 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 all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature *Deborah L. Howell* Date *11/13/08* Preparer's SSN or PTIN *P00218358*

Firm's name (or yours if self-employed), address, and ZIP code *THOMAS HOWELL FERGUSON P.A. 2615 CENTENNIAL BLVD., SUITE 200 TALLAHASSEE, FL 32308* EIN *59-3186310* Phone no. *850-668-8100*

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 20)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	

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

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

Schedule E - Unrelated Debt-Financed Income (see instructions on page 20)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Total dividends-received deductions included in column 8 ▶

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 21)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	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 in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶		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 II, line 26.

Schedule J - Advertising Income (see instructions on page 22)

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) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶						

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

(1) STMT 1	2,792.	NONE	2,792.	NONE	NONE	NONE
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5) . . . ▶	Enter here and on page 1, Part I, line 11, col. (A). 2,792.	Enter here and on page 1, Part I, line 11, col. (B). NONE				Enter here and on page 1, Part II, line 27. NONE

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
			%
			%
			%
			%

Total. Enter here and on page 1, Part II, line 14 ▶

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization Florida Restaurant & Lodging Association, Inc.	Employer identification number 59-0571930
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 1779	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tallahassee, FL 32302-1779	
	File by the due date for filing your return. See instructions.	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ Bob Dearden

Telephone No. ▶ 850-224-2250

FAX No. ▶ 850-224-9213

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until November 17, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2007 or
- ▶ tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ <u>NONE</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <u>NONE</u>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <u>NONE</u>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

1. NAME OF PERIODICAL	2. GROSS ADVERTISING INCOME	3. DIRECT ADVERTISING COSTS	4. ADVERTISING GAIN OR LOSS	5. CIRCULATION INCOME	6. READERSHIP COSTS	7. EXCESS READERSHIP COSTS
FLORIDA RESTAURANT AND LODGING	2,792.	NONE	2,792.	NONE	NONE	NONE
COLUMN TOTALS	2,792.	NONE	2,792.	NONE	NONE	NONE

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.
TALLAHASSEE, FL
EIN 59-0571930
FYE: 12/31/2007

Form 990-T: Net Operating Loss Carryforward & Utilization

	<u>Generated</u>	<u>Utilized</u>	<u>Expired</u>	<u>Carryforward</u>
12/31/03	(28,093)	-	-	(28,093)
12/31/04	-	-	-	(28,093)
12/31/05	-	-	-	(28,093)
12/31/06	-	-	-	(28,093)
12/31/07	-	1,792	-	(26,301)
Remaining NOL Available at 12/31/07				<u>(26,301)</u>



THOMAS HOWELL FERGUSON P.A.
2615 CENTENNIAL BLVD., SUITE 200
TALLAHASSEE, FLORIDA 32308

INSTRUCTIONS FOR FILING
FORM F-1120
FLORIDA CORPORATION INCOME/FRANCHISE
AND EMERGENCY EXCISE TAX RETURN

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.

SIGNATURE....

The original return should be signed (using full name and title) and dated on Page 2 by an authorized officer of the Association.

FILING....

The signed return should be filed by December 1, 2008 with the following:

Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, Florida 32399-0135

FILING PROCEDURE....

It is recommended that all returns addressed to the Florida Department of Revenue be mailed by certified or registered mail. The receipt received should be attached to your copy of the return filed.

PAYMENT....

There is no tax due with this return.

THOMAS HOWELL FERGUSON P.A.
2615 CENTENNIAL BLVD., SUITE 200
TALLAHASSEE, FLORIDA 32308

INSTRUCTIONS FOR FILING
FORM F-1120
FLORIDA CORPORATION INCOME/FRANCHISE
AND EMERGENCY EXCISE TAX RETURN

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.

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Florida Department of Revenue
5050 West Tennessee Street
Tallahassee, Florida 32399-0135

FILING PROCEDURE....

It is recommended that all returns addressed to the Florida Department of Revenue be mailed by certified or registered mail. The receipt received should be attached to your copy of the return filed.

PAYMENT....

There is no tax due with this return.



Florida Corporate Income/Franchise and Emergency Excise Tax Return
 FEIN 59-0571930

7W1191 3.000
 F-1120 R. 01/08
THOM
 Rule 12C-1.051
 Florida Administrative Code
 Effective 6/08

884302007123100020050376359057193000006

For Calendar year 2007 or tax year beginning 01/01, 2007 ending 12/31/2007

Name FLORIDA RESTAURANT & LODGING Check here if any changes have been made to name or address
 Address ASSOCIATION, INC.
 Address P.O. BOX 1779
 City/State/ZIP TALLAHASSEE, FL 32302-1779



Computation of Florida Net Income and Emergency Excise Tax

1. Federal taxable income (see instructions)	Attach pages 1 - 4 of federal return	Check here if negative _____	
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 _____	1792
4. Total of Lines 1, 2 and 3		Check here if negative _____	1792
5. Subtractions from federal taxable income (from Schedule II)		Check here if negative _____	0
6. Adjusted federal income (Line 4 minus Line 5)		Check here if negative <u>X</u>	1792
7. Florida portion of adjusted federal income (see instructions)		Check here if negative <u>X</u>	1792
8. Nonbusiness income allocated to Florida (from Schedule R)		Check here if negative _____	0
9. Florida exemption			5000
10. Florida net income (Line 7 plus Line 8 minus Line 9)			-3208
11. Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater (see instructions for Schedule VI)			0
12. Credits against the tax (from Schedule V, Line 18)			0
13. Emergency excise tax due (from Schedule A, Line 20)			0
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 ▶		0
16. Total of Lines 14 and 15			0
17. Payment credits: Estimated tax payments 17a \$ _____ Tentative tax payment 17b \$ _____			0
18. Subtract Line 17 from Line 16. Enter amount due here and on payment coupon. If there is an overpayment, enter on Line 19 and/or 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

YEAR ENDING 12/31/2007

THOM
F-1120
R. 01/08

Do Not Detach

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 FLORIDA RESTAURANT & LODGING
 Address ASSOCIATION, INC.
 Address P.O. BOX 1779
 City/State/ZIP TALLAHASSEE, FL 32302-1779

Check here if you transmitted funds electronically

590571930	179200	0	0
20070101	0	0	0
20071231	179200	0	0
00000000	1.000000	0	0
012	0	0	0
201	0	0	0
0	0	0	0
0	500000	0	0

0



FEIN 59-0571930

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

A return that is not signed, or improperly signed and verified, will be subject to a penalty. The statute of limitations period will not start until the return is properly signed and verified. This return must be completed in its entirety.

Under penalties 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 all information of which preparer has any knowledge.

Sign here	Signature of officer (must be an original signature) _____	Date _____	Title _____
Paid preparers only	Preparer's signature <i>Deborah Ferguson</i>	Date <i>11/13/08</i>	Preparer check if self-employed <input type="checkbox"/> Preparer's PTIN <i>P00218358</i>
	Firm's name (or yours if self-employed) and address <i>THOMAS HOWELL FERGUSON, P.A. 2615 CENTENNIAL BLVD., STE 200 TALLAHASSEE, FL</i>		FEIN <i>59-3186310</i>
			ZIP <i>32308</i>

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

<p>A. State of incorporation: <u>FLORIDA</u></p> <p>B. Florida Secretary of State document number: <u>708602</u></p> <p>C. Florida consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>D. <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (final federal return filed)</p> <p>E. Taxpayer election s. 220.03(5), F.S. <input checked="" type="checkbox"/> General Rule <input type="checkbox"/> Election A <input type="checkbox"/> Election B</p> <p>F. Principal Business Activity Code (as pertains to Florida) <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> / <input type="checkbox"/> 8 <input type="checkbox"/> 0 <input type="checkbox"/> 0</p> <p>G. A Florida extension of time was timely filed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If yes, attach copy of Florida Form F-7004</p> <p>H-1. Corporation is a member of a controlled group? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, attach list.</p>	<p>H-2. Part of a federal consolidated return? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, provide: FEIN from federal consolidated return: _____ Name of corporation: _____</p> <p>H-3. The federal common parent has sales, property or payroll in Florida? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>I. Location of corporate books: <u>230 S. ADAMS STREET, TALLAHASSEE, FL 32302-1799</u></p> <p>J. Taxpayer is a member of a Florida partnership or joint venture? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>K. Enter date of latest IRS audit <u>N/A</u> List years examined <u>N/A</u></p> <p>L. Contact person and telephone for questions concerning this return: <u>BOB DEARDEN (850) 224-2250</u></p> <p>M. Type of federal return filed <input type="checkbox"/> 1120 <input type="checkbox"/> 1120A <input type="checkbox"/> 1120S or <u>990-T</u></p>
---	---

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 32399-0135

If you are requesting a refund (Line 20), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

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.



FEIN 59-0571930

DATA Page 1

THOM
F-1120
R. 01/08

590571930	0	0	0
179200	0	0	0
-320800	1.000000	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
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1	0	0	0
2	0	0	0
2	179200	0	0
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FEIN 59-0571930

THOM
F-1120
R. 01/08

DATA Page 2

590571930	0	179200	0
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NAME FRLA

FEIN 59-0571930

TAXABLE YEAR ENDING 12/31/2007

Schedule A - Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to 12/31/86)

1. Total depreciation expense deducted on federal Form 1120	1.	
2. Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.	
3. Loss carry forward (Enter the loss as a positive number)	3.	
4. Subtract Line 3 from Line 2 and enter here Note: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4.	0
5. Depreciation deducted pursuant to I.R.C. s. 168 for assets placed in service 1/1/81 to 12/31/86	5.	
6. Straight-line depreciation deducted pursuant to I.R.C. s. 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86)	6.	
7. All depreciation deducted pursuant to I.R.C. s. 168 directly related to any amount shown as nonbusiness income	7.	
8. Subtract the sum of Line 6 and 7 from the amount on Line 5 and enter result here	8.	0
9. Multiply Line 8 by .40 (40%) and enter here	9.	0
10. Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10.	1.000000
11. Multiply Line 9 by Line 10 and enter here	11.	0
12. Determine the amount of depreciation deducted pursuant to I.R.C. s. 168 [except pursuant to s. 168(b)(3)] used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter here	12.	
13. Add Lines 11 and 12 and enter here	13.	0
14. Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0	14.	
15. The portion of the exemption provided in s. 220.14, Florida Statutes, not used for Chapter 220 purposes, if any. If none, enter 0	15.	
16. Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16.	0
17. Multiply Line 16 by 2.5 (not 2.5%) and enter here. Note: If Line 16 shows a loss, enter 0	17.	0
18. Total tax due (2.2% of Line 17)	18.	0
19. (a) Emergency excise tax credit: (b) Emergency excise tax credit carryover: (attach schedule) Total	19.	0
20. Balance of tax due (enter on Page 1, Line 13)	20.	0

Schedule I - Additions and/or Adjustments to Federal Taxable Income

	Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)	1.	1.
2. Undistributed net long-term capital gains (see instructions)	2.	2.
3. Net operating loss, net capital loss, and excess charitable and employee benefit plan contribution carryovers deducted in computing federal taxable income (attach schedule)	3.	3.
4. Enterprise zone jobs credit (Form F-1156Z)	4.	4.
5. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z)	5.	5.
6. Guaranty association assessment(s) credit	6.	6.
7. Rural and/or urban high crime area job tax credits	7.	7.
8. State housing tax credit	8.	8.
9. Credit for contributions to nonprofit scholarship funding organizations	9.	9.
10. Renewable energy tax credits	10.	10.
11. Other additions (attach statement)	11.	11.
12. Total Lines 1 through 11 in Columns (a) and (b.) Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 3 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 3.	12.	12.
	1792	0



NAME FRLA FEIN 59-0571930 TAXABLE YEAR ENDING 12/31/2007

Schedule II - Subtractions from Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78 I.R.C. income \$ _____ (b) plus s. 862 I.R.C. dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶	1.	0	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951 I.R.C. subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶	2.	0	2.
Note: Taxpayers doing business both within and without Florida enter zero on Lines 3, 4, and 5 and complete Line 4 of Schedule IV.			
3. Florida net operating loss carryover deduction (see instructions) SEE STATEMENT 1	3.	0.00	3.
4. Florida net capital loss carryover deduction (see instructions)	4.		4.
5. Florida excess charitable and/or employee benefit plan contribution carryover (see instructions)	5.		5.
6. Nonbusiness income (from Schedule R, Line 3)	6.	0	6.
7. Eligible net income of an international banking facility (see instructions)	7.		7.
8. Other subtractions (attach statement)	8.		8.
9. Total Lines 1 through 8 in Columns (a) and (b). Enter totals for each column on Line 9. Column (a) total is also entered on Page 1, Line 5 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 5.	9.	0	9. 0

Schedule III - Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business both within and without Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 10 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	0	0	0.000000	X 25% or	0.000000
2. Payroll			0.000000	X 25% or	0.000000
3. Sales (Schedule III-C below)	0	0	0.000000	X 50% or	0.000000
4. Apportionment fraction [Sum of Lines 1, 2, and 3, Column (e)]. Enter here and on Schedule IV, Line 2.					0.000000

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	a. Beginning of year	b. End of year
1. Inventories of raw material, work in process, finished goods				
2. Buildings and other depreciable assets				
3. Land owned				
4. Other tangible and intangible (financial org. only) assets (attach schedule)				
5. Total (Lines 1 through 4)	0	0	0	0
6. Average value of property [add Line 5, Columns (a) and (b) and divide by 2 (for within Florida and total everywhere)]	0	0	0	0
7. Rented property (8 times net annual rent)				
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Column (a) and (b)	0	0	0	0
	Average Florida		Average Everywhere	

III-C Sales Factor	TOTAL WITHIN FLORIDA (Omit cents)	TOTAL EVERYWHERE (Omit cents)
1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)		
4. TOTAL SALES [Enter on Schedule III-A, Line 3, Columns (a) and (b)]	0	0

III-D Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction [(a) ÷ (b)] Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T - Annual Report)			0.000000
2. Transportation services			0.000000



NAME FRLA FEIN 59-0571930 TAXABLE YEAR ENDING 12/31/2007

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

	Column (a) ADJUSTED FEDERAL INCOME	Column (b) ADJUSTED AMT INCOME
1. Apportionable adjusted federal income from Page 1, Line 6 [or Line 6, Schedule VI for AMT in Col. (b)]	1. 1792	1.
2. Florida apportionment fraction [Schedule III-A, Line 4 or Schedule III-D, Column (c)]	2. 1.000000	2. 0.000000
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3. 1792	3. 0
4. Net operating loss and/or other carryover apportioned to Florida (attach statement; see instructions)	4.	4.
5. Adjusted federal income apportioned to Florida (Line 3 less Line 4; see instructions)	5. 1792	5. 0

Schedule V - Credits Against the Corporate Income/Franchise Tax

1. Florida health maintenance organization credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high crime area job tax credit (attach certification letter)	7.
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	8.
9. Hazardous waste facility tax credit	9.
10. Florida alternative minimum tax (AMT) credit	10.
11. Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.
12. Child care tax credits (attach certification letter)	12.
13. State housing tax credit (attach certification letter)	13.
14. Credit for contributions to nonprofit scholarship funding organizations (attach certificate)	14.
15. Florida renewable energy technologies investment tax credit	15.
16. Florida renewable energy production tax credit	16.
17. Other credits (attach schedule)	17.
18. Total credits against the tax (sum of Lines 1 through 17 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	18. 0

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

1. Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.
2. State income taxes deducted in computing federal taxable income (attach schedule)	2.
3. Additions to federal taxable income [from Schedule I, Column (b)]	3. 0
4. Total of Lines 1 through 3	4. 0
5. Subtractions from federal taxable income [from Schedule II, Column (b)]	5. 0
6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6. 0
7. Florida portion of adjusted federal income (see instructions)	7.
8. Nonbusiness income allocated to Florida (see instructions)	8.
9. Florida exemption	9.
10. Florida net income (Line 7 plus Line 8 minus Line 9)	10. 0
11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11. 0



NAME FRLA

FEIN 59-0571930

TAXABLE YEAR ENDING 12/31/2007

Schedule R – Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida	1. _____ 0
(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)	

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere		2. _____ 0

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2	3. _____ 0
(Enter here and on Schedule II, Line 6)	

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2008**

1. Florida income expected in taxable year	1. \$ _____
2. Florida exemption \$5,000 (Members of a controlled group, see instructions on Page 15 of F-1120N)	2. \$ _____
3. Estimated Florida net income (Line 1 less Line 2)	3. \$ _____ 0
4. Total Estimated Florida tax (5.5% of Line 3)*	\$ _____ 0
Less: Credits against the tax	\$ _____ 4. \$ _____ 0
* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% 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. \$ _____ 0
If Line 6 is more than \$2,500, file installment as computed on Line 7; if \$2,500 or less, no declaration (Form F-1120ES) is required.	
7. Computation of installments:	
Payment due dates and	1st day of 5th month - Enter 0.25 of Line 6 7a. _____ 0
payment amounts:	1st day of 7th month - Enter 0.25 of Line 6 7b. _____ 0
	1st day of 10th month - Enter 0.25 of Line 6 7c. _____ 0
	1st day after close of fiscal year - Enter 0.25 of Line 6 7d. _____ 0

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. \$ _____ 0
3. Unpaid balance (Line 1 less Line 2(c)),	3. \$ _____ 0
4. Amount to be paid (Line 3 divided by number of remaining installments)	4. \$ _____

**Florida Tentative Income / Franchise and Emergency Excise Tax
Return and Application for Extension of Time to File Return**

THOM
F-7004
R. 01/08
Rule 12C-1.051
Florida Administrative Code
Effective 01/08

Information for Filing Form F-7004

F-7004
R. 01/08

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return.

Penalties for failure to pay tax - If a payment of tax is required with this application, failure to make such payment will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

Signature - Form F-7004 must be signed by a person authorized by the taxpayer to do so, and who is either (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service, or (c) an attorney or C.P.A. qualified to practice before the IRS under P.L. 89-332.

A. Has Form 7004 been filed with the Internal Revenue Service for the taxable year? Yes No
If the answer is "No," complete Item B.

An extension for Florida tax purposes may be granted, even though no federal extension was granted, if good cause is shown. For more information, see IRS announcements 60-90 and 63-113.

B. If applicable, state in detail the reason the extension is needed:

INFORMATION REQUIRED FROM THIRD PARTIES
HAS NOT YET BEEN RECEIVED.

C. Type of federal return filed: 990-T

Contact person for questions STACEY KOLKA

Telephone number 850-668-8100

Six Month Extension of Time Request	Florida Income/Franchise Emergency Excise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. <u>NONE</u>
2. LESS: Estimated tax payments for the taxable year	2. <u>NONE</u>
3. Balance due - 100% of the tax tentatively determined due must be paid with this extension request	3. <u>NONE</u>

Transfer the amount in Line 3 to Tentative tax due on reverse side.

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

7Y1104 1.000

**Florida Tentative Income / Franchise and Emergency Excise Tax
Return and Application for Extension of Time to File Return**

THOM
F-7004
R. 01/08

Name & Lodging Association, Inc.
Address P.O. Box 1779
Address _____
City/State/ZIP Tallahassee, FL 32302-1779

FEIN 59-0571930
Taxable Year End 2007
FILING STATUS Corporation Partnership _____
Check here if you transmitted funds electronically _____

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: Stacey T. Kolka

Date: 5-1-08

590571930	0	0	0
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0 8843 0 20071231 0002005030 3 3590571930 0000 6

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Florida Restaurant & Lodging Association, Inc.	Employer identification number 59-0571930
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. Box 1779	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tallahassee, FL 32302-1779	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Bob Dearden

Telephone No. ▶ 850-224-2250 FAX No. ▶ 850-224-9213

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until November 17, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2007 or
- ▶ tax year beginning _____, _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ <u>NONE</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <u>NONE</u>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <u>NONE</u>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.
TALLAHASSEE, FL
EIN 59-0571930
FYE: 12/31/2007

Form F-1120: Net Operating Loss Carryforward & Utilization

	<u>Generated</u>	<u>Utilized</u>	<u>Expired</u>	<u>Carryforward</u>
12/31/03	(28,093)	-	-	(28,093)
12/31/04	-	-	-	(28,093)
12/31/05	-	-	-	(28,093)
12/31/06	-	-	-	(28,093)
12/31/07	-	-	-	(28,093)
Remaining NOL available at 12/31/07				<u>(28,093)</u>