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
 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 reducted 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.
 - O 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.
 - o 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.
 - o 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 <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) 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.

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."

<u>In addition, for witnesses representing organizations:</u>

- 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 <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) 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)).

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury

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. 2009, and ending

Open to Public Inspection

A	or the	e 2009	calen	dar	year, or ta	x year b	eginr	ning				, 2009	, and	ending				, 20		
В	heck if app	plicable.	Please	C N	ame of organia	ation FI	ORIDA	RESTAU	RANT AN	ID LODG	ING A	ssoc.,	INC			D Employer Id	entificatio	n numb	er	
	Addres		use IRS abel or	Ď	oing Business	As										59-0573	1930			
	7		print or	N	umber and str	et (or P.0	D. box i	f mail ìs n	ot deliver	ed to stre	et ado	lress)		Room/s	uite	E Telephone no	ımber			
	Initial r	mular	type. See	Р.	O. BOX	1779										(850) 22	4-225	0		
	Termin		Specific Instruc-	C	ity or town, sta	te or cour	itry, an	d ZIP + 4												
	Ameno	ded	tions.	TA	LLAHASS	EE, F	L 32	302-1	.779							G Gross receip	ts \$	19,5	80,	970.
-	Applica	ation	F Na		and address	_				B. DO	VER					H(a) is this a grou	p return for		Yes	X No
_	pandin	ים ו	,													affiliates? H(b) Are all affiliate	es included	, I	Yes	No
$\overline{}$	Tax-ex	empt stat	tus:	Х	501(c)(6) 🗖 ()	insert n	0.)	4947(a)(1) or	Τ	527				II "No," attac	h a list. (see	instructio	ns) '	
J				_	A.ORG	, , ,		-	, ,	,, ,						H(c) Group exemp	tton number	•		
ĸ	_	of organiz			Corporation	Tru	st	Associa	ion	Other			$\neg \exists$	L Year of fo	ormat	on: 1946 M	State of le	gal dom	icile;	FL
Pa	ırt i	_	mary							'										
		Briefly o	describ	e the	e organizatio	n's miss	ion or	most sia	nificant :	activities	S:									
		TO PI	ROTE	CT,	PROMOT	E, AN	ID E	DUCAT	E FLC	RIDA	's I	IOSPI	TAL	TY INI	ous	TRY.				
Governance																-				
E																 _				
ove	2	Check t	his bo	× Þ	if the	organiza	ation di	scontinu	ed its o	peration	s or d	isposed	of mo	re than 25	% of	its net assets.				
ფ	3				nembers of	-						-				<i></i>	3		1	44
	1			-	ndent voting	-	_					461				<i></i>	4		1	43
Activities				-													5			43
Çţ					olunteers (es			3								 	6			0
•	1				ted business										• •		7a			
	1				ness taxable												7b			0.
	_									_						Prior Year		Curre	nt Ye	аг
4.	8	Contrib	utions	and	grants (Part	VIII, line	1h)										0.			0.
III.	9	Program	n serv	ісе ге	evenue (Part	VIII, line	2g)				· · ·		• • •			1,541,45	0.	1,5	44,	944.
Revenue	10	Investm	nent in	come	e (Part VIII, c	olumn (A	۸). line	s 3, 4, a	nd 7d)	• • • •			• • •			329,52	_			353.
œ	11	Other re	evenue	e (Pa	rt VIII, colun	nn (A), lir	nes 5.	6d. 8c. 9	c. 10c. a	and 11e	<i>.</i> }			• • • • •		2,577,42				642.
					d lines 8 thro											4,448,39				233.
					amounts pa					0.						· ·	0.	•		0.
					for member				: 4\	• •							.0.			0.
v)	4.5				npensation,											2,747,80	1.	2,6	30,	153.
ıse	16 a				aising fees (0.			0.
Expenses	ь				expenses, Pa												_			
ω	17			_	Part IX, colum		-									1,719,11	1.	1,6	508,	432.
	1				dd lines 13-1								•			4,466,91				585.
			•		enses. Subtr	•	•									-18,51				352.
Į,				- 1											E	Beginning of Ye	_	End (of Ye	<u>аг</u>
ets	20	Total as	ssets (Part	X, line 16)											13,099,82	_	13,3	78,	285.
Ass Ha	21		-		rt X, line 26)											1,146,60				187.
Net Assets or Fund Balances	22			•	balances. S											11,953,21	7.			098.
	art II		natur			_														
		Under	penalti	es of	periury, I de	clare that	l I have	e examin	ed this r	etum, in	cludin	accom	panyin	g schedule	s and	f statements, and	to the b	est of n	ny kn	owledge
		and be	lief, it	is tn	ue, correct, a	nd compl	ete. D	eclaration	of prep	arer (oth	er th	an officer) is b	ased on at	l info	rmation of which	preparer	has ar	y kno	wledge.
5	ign																			
	lere	 	ignatur	e of c	officer											Date				
		 0	AROI	ьв	. DOVER							PRESI	DEN	r/CEO						
		_			name and title															
_		Prepar	rer's N	()	\ ^			Ž.				Date	1	Chec	k if		arer's ider		umbe	<u> </u>
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	parer's	Firm's r	name (d	or you	rs THOM	AS HO	WELI	FERG	SUSON	P.A.		- 1,				EIN ►	59-	3186	310	
USE	Only	if self-e	inploye s, and \overline{z}	ZIP +		ENTENNIA					ASSE	, FL 3	2308			Phone no.	850	-668	-81	00
Ma	the IF	RS discu	ıss this	retu	ırn with the p												X	Yes	5	No

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

Forn	m 990 (2009)	59-0571930	Page 2
	art III Statement of Program Service Accomplish	ments	
	Briefly describe the organization's mission:		
	ATTACHMENT 2		
		gram 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 signatures?		[7]
		Yes	X No
	If "Yes," describe these changes on Schedule O.	h of the organization's three largest program services by expenses.	
4		ection 4947(a)(1) trusts are required to report the amount of grants and	4
	allocations to others, the total expenses, and revenue		-
		-, ·· -·· , · · · · · · · · · · · · · · · · · · ·	
42	(Code:)(Expenses\$ in	ncluding grants of \$) (Revenue \$	1
74	EDUCATION AND TRAINING: IN 2009 FRL		-'
	MANAGERS IN THE FOOD SERVICE INDUST		
	FOOD HANDLER BOOKS TO NEW/EXISTING		
	REQUIRED BY FLORIDA STATUTE. IN AD	DITION, 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 ASSOCIAT	ION. THESE TRAINING AND	
	EDUCATIONAL MATERIALS AID IN ENSURI	NG HIGH QUALITY SERVICE,	
	REGULATORY COMPLIANCE AND FURTHERIN	G THE PROMOTION OF	
	PROFESSIONALISM IN THE INDUSTRY.	<u></u>	
		<u> </u>	
4b	o (Code:) (Expenses \$i		_)
	MEMBERSHIP: AS OF 12/31/2009, FRLA		
	RESTAURANT MEMBERS (AFFILIATED PROP		
	10,000), AND ALLIED MEMBERS WHO PRO		
	HOSPITALITY INDUSTRY, TOTALING 954. EDUCATIONAL KITS AND GUIDES ARE PRO		
	CONTINUES TO PROMOTE THE HOSPITALIT		
	SERVICES.	1 1000 1R1 100000 MEMBER ,	
		<u> </u>	
			_
		· -	
4c	(Code:) (Expenses \$ind	cluding grants of \$) (Revenue \$)
	GOVERNMENT RELATIONS: THIS FUNCTION		- ′
	DOG FOR FEDERAL, STATE, AND LOCAL T	AXES, ORDINANCES AND THE LIKE.	
	DURING FLORIDA'S LEGISLATIVE SESSIO	N, MEMBERS ARE ENGAGED IN THE	
	PROCESS THROUGH CONFERENCE CALLS, T	ELECONFERENCE MEETINGS, AND	
	WEEKLY E-NEWSLETTERS. FRLA REPRESEN	TS THEIR MEMBERS ON THE ISSUES	
	OF LEGISLATIVE AND REGULATORY AFFAI	RS AND KEEPS MEMBERS INFORMED	
	ON INDUSTRY-RELATED ISSUES. THIS FU	NCTION SERVES TO PROTECT THE	
	HOSPITALITY INDUSTRY.		
	100		
4d	1 Other program services. (Describe in Schedule O.)) (D	
4-	(Expenses \$ including grants of \$) (Revenue \$)	
48	Total program service expenses	Earn (990 (2009)
		rom:	COUS)

Part	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,"			١
_	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_	v	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? 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)	4		
9	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_	v	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	5	X	
·	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Λ.
Ū	complete Schedule D, Part III	8		х
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes, "complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	CHE	304693	ETECON
	Schedule D, Part VI.	100		明清
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			類量
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		鑑	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	10.185		أأب بإلى
	complete Schedule D, Parts XI, XII, and XIII	12		X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No	1000		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1080E	STOP OF	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
4.5	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			v
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
	If "Yes," complete Schedule G, Part III	10		У
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		<u>х</u>
~~	and any anguine expension expension of more troughtains in 100, compute confidure in 11111111111111111111111111111111111	ZU.		Λ.

Par	Checklist of Required Schedules (continued)			-5-
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			v
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		Х
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Λ.
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes, "complete Schedule J	23	х	
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	24a		Х
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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 !	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes, "complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			.,
	Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Λ.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
20	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	,		
37	organization? If "Yes," complete Schedule R, Part V, line 2	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
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	38	Х	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			100
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			流流
	gaming (gambling) winnings to prize winners?	ic	G Tes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		650	W. 15
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 43		TEE:	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
Ь	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	500	15-20-6	10163
	· · · · · · · · · · · · · · · · · · ·			
٥	instructions)			認識
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	Contract	u Paring	THE PERSON NAMED IN
	this return?	3a	X	
	,, ,,, ,, ,, ,, ,, ,, ,,,,,,,,,,,,	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a	- W C 11	X
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	GME !	150	經歷
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
		6a	Х	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	-		
-		6b	х	
7		VI I	194 74	3-12"
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	66.80		類別
a		70	CORNE	Contracts
L		7a 7b	- 1	100
	· · · · · · · · · · · · · · · · · · ·	70		1
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	V==		
		7c	X0.4	
	If "Yes," indicate the number of Forms 8282 filed during the year			影響
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		Ling	CISTOL
_	***************************************	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	· · · · · · · · · · · · · · · · · · ·	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	SEE.		總統
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	100	20	Z February C February
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	9691		E LOS
	Initiation fees and capital contributions included on Part VIII, line 12	167		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	130		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			馬拉
D	amounts due or received from them.)		27.00	5125
12 -		120	£	352
		2a	USE/15-	FRECH.
u	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	The Person	Andrew Spin	W100

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.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 144			
ь	Enter the number of voting members that are independent			
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		Х
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5		5		X
	Did the organization become aware during the year of a material diversion of the organization's assets?	6	X	
6	Does the organization have members or stockholders?	<u> </u>	- 1	_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	~ _		_v
	of the governing body?	<u>7a</u>		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		l	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		Х
11 A	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	12a	Х	
		120		
b		12b	Х	
	rise to conflicts?	120	41	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	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	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	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?	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		
Sect	ion 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			
10				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	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			-
	(000)222 2200			

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	Posit		check	C) k all t	hat app		(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director	Institutional Irustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
KIM AVERY												
MEMBER_	1.00	Х			L.			0.	0			
RICK BARCENA												
MEMBER	1.00	Х						0.	0	0.		
PATTI BLAYLOCK												
MEMBER	1.00	Х						0.	0	0.		
JASON BOGAN												
MEMBER	1.00	X						0.	0	0.		
RUSS BOND												
MEMBER	1.00	Х						0.	, 0	0.		
TOM BORCHERT MEMBER	1.00	х						0.	0	0.		
JACQUELINE BOZZUTO				\vdash	_		Г					
MEMBER	1.00	X						0.	0	0.		
BEIRNE BROWN							Г					
MEMBER	1.00	X						0.	0.	0.		
HARLAN BUTLER				\Box								
MEMBER	1.00	x						o.	ol	0.		
RON CAIMANO									_			
MEMBER	1.00	х						0.	0	0.		
FRANKLIN CARSON							<u> </u>					
MEMBER	1.00	Х				ı		0.	0	0.		
BLAKE CASPER MEMBER	1.00	Х	_				_	0.	0	0.		
GABE CASTRILLION					\vdash		·					
MEMBER	1.00	x						0.	0	0.		
MIKE CHOURI		-										
MEMBER	1.00	Х						0.	ol	0.		
KEITH CIPIELEWSKI				_								
MEMBER	1.00	Х						0.	0	0.		
RICK COFFEY												
MEMBER	1.00	Х						0.	0	0.		

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	npl	oye	es,	and	Hig	hest Compensa	ted Employe	es/c	ontinued)
(A)	(B)			((C)			(D)	(E)		(F)
Name and title	Average hours per week	Individual trustee	institutional trustee	Officer	Key employee	Highest compensated memployee	Former .	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	n s	Estimated amount of other compensation from the organization and related
			"			ted					organizations
SUSAN CONNELLY MEMBER	1.00	х						0.		0.	0.
JEFF COYLE MEMBER	1.00	Х						0.		0.	0.
BRUCE CRAUL MEMBER	1.00	Х						0.		Ο.	0.
WENDY DAMSKER MEMBER	1.00	Х						0.		0.	0.
FRANK DAY MEMBER	1.00	Х						0.		0.	0.
FRED DELUCA MEMBER	1,00	Х						0.		0.	0.
BERNARD DERAAD MEMBER	1.00	Х						0.		0.	0.
JACOB DIPIETRE MEMBER	1.00	Х						0.		0.	0.
MITCH DOREN MEMBER	1.00	Х						0.		0.	0.
GARY DOUYLLIEZ MEMBER	1.00	Х	_					0.		0.	0.
BRUCE DUNBAR MEMBER	1.00	Х						0.	_	0.	0.
PAUL EDGAR MEMBER	1.00	х						0.		0.	0.
DAN ENEA MEMBER	1.00	Х						0.		0.	0.
1b Total . CONTINUED AT SCHEDULE J-2			<u> </u>	٠	٠.	<u> </u>		889,771.	-	0.	99,697.
Total number of individuals (including but not lim reportable compensation from the organization		se liste		bov	e) w	/ho re	ceiv	ed more than \$100	ni 000,		127 ***
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.	ule J for su	ch ind	ivid	ual	٠.						Yes No
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,000)?		'es,'	complete Sched			4 X
5 Did any person listed on line 1a received services rendered to the organization? If "Yes,"	or accr	ue c	omp	ens	atio	n fro	m	any unrelated o			5 X
Section B. Independent Contractors	_										
Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	end	lent	conf	tract	ors that received	d more than	\$10	0,000 of
(A) Name and business add	ress							(B) Description of ser	vices	С	(C) Compensation
							_				
2 Total number of independent contractors (in	ncluding bu	ut not	lin	nited	i to	thos	se li	sted above) who	received	William .	900 Sara (012
more than \$100,000 in compensation from th						0					

art '	VIII	Statement of Reve	nue			59-0571930		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
S	1a	Federated campaigns	<u>1a</u>				61 -0 -44 5 15-1	
ounts	b	Membership dues	١					
Ê	С	Fundraising events						
37.3	d	Related organizations			经制度制度		Market Market	
Ē	е	Government grants (contribut					THE REAL PROPERTY.	国际的 能够
8	f	All other contributions, gifts, grant	·		37 - (17)	医复制性 医		
and other similar amounts	•	and similar amounts not included			1.57			
힐	q	Noncash contributions included in				是是是主義的		
	h	Total. Add lines 1a-1f			0.		Charles and the	Season .
				Business Code	Maria Alexandra		至这些是是是	性型成熟的
Program service Revenue	2a	SPONSORSHIPS		900099	264,703.			264,70
ž	þ	MEMBERSHIP DUES		900099	1,280,241.	1,280,241.		
<u> </u>	C							
i de	d							
	е							
line	f	All other program service reve	enue			N	121-27/	3 5 477 5 5
-	<u>g</u>	Total. Add lines 2a-2f		<u> ▶</u>	1,544,944.	医外壳法 利亚共和国	La contra a gragge macon	35. OF 6 *C
	3	Investment income (including other similar amounts)			532,320.			532,32
	4	Income from investment of tax			0.			
	5	Royalties · · · · · · · ·	(i) Deal	(i) Paranat	206,828.	real of a restriction	It is the two many a	208,82
			(i) Real	(ii) Personal		19 15 3 TO CHI 53		
	6a	Gross Rents						
	b	Less: rental expenses					distribution of the second	
	С	Rental income or (loss)			CONTRACTOR OF	深级对 医高级期		
	d	Net rental income or (loss) .			5,000.	7. ma 2. m. 1. m. 1. m.	- Ci	5,00
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	14,124,467					Table Silver
	b	Less: cost or other basis						
		and sales expenses		_				
		Gain or (loss)					DOMESTIC STREET, OF	EGREENING TO
	d	Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	-667,673.	all different freights with the section of	photographic states and a second	-667,67
	8a							
<u>.</u>		events (not including \$			100			
ا فِ		of contributions reported on lin	,					
-		See Part IV, line 18		1				ALLE SERVE
Onles vevellur		Less: direct expenses			parent out the same	CONTRACTOR DESIGNATION	STATE OF THE PARTY OF THE PARTY.	CALCADIAGE OF ETC.
·	c	Net income or (loss) from fund	_	· · · · · · · · · · · ·	74,316.		MADE CONTRACT	74,31
	9a	Gross income from gaming at				1936年1936年的		对对对决定
	L	See Part IV, line 19			1		10.00	
	b c	Less: direct expenses Net income or (loss) from gam			0.			de de la la
			-		NAVASSEE			10252000
130		Gross sales of inventor returns and allowances		2,873,624.				
				1				
	ь с	Less: cost of goods sold Net income or (loss) from sale			2,063,222.	2,063,222.	ATT OF THE OWNER, THE	A CARLO MARTINE IN
		Miscellaneous Reven		Business Code	2,003,222.	2,093,222.		A STATE OF
4.	1a	MI SCELLANEOUS		900099	19,276.	19,276.	<i>y</i>	the second of the
	าa b			500033	13,210.	17,210.		
								
	c d	All other revenue			-			
	-	Total. Add lines 11a-11d			19,276.		ARREST OF DE	
- 1		Total Revenue. See instruction			3,780,233.	3,362,739.		417,49

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)

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses						
1	Grants and other assistance to governments and										
	organizations in the U.S. See Part IV, line 21	0.	<u> </u>								
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.									
1	Benefits paid to or for members	0.									
5	Compensation of current officers, directors,	_									
•	trustees, and key employees	828,535.									
3	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.	 -								
		1,444,032.									
1	Pension plan contributions (include section 401(k)	57,672.									
	and section 403(b) employer contributions)	153,862.		_							
9	Other employee benefits										
)	Payroli taxes	145,432.									
1	Fees for services (non-employees):										
а	Management	0.		_							
b	Legal	142,830.									
C	Accounting	44,354.									
d	Lobbying	86,000.									
е	Professional fundraising services. See Part IV, line 17	0.									
f	Investment management fees	16,229.									
g	Other	40,000.									
2	Advertising and promotion	108,292.									
3	Office expenses	272,288.									
4	Information technology	27,528.									
5	Royalties	0.									
5	Occupancy	65,548.		,							
7	Travel	388,316.									
3	Payments of travel or entertainment expenses										
•	for any federal, state, or local public officials	0.									
)	Conferences, conventions, and meetings	9,237.									
)	Interest	0.									
	-	23,910.									
l 2	Payments to affiliates	177,806.									
		41,011.									
	Insurance	41,011.									
	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.)	40.500		· ·							
	BAD DEBT EXPENSE	19,588.	_								
	REPAIRS & MAINTENANCE	34,147.									
	DUES & SUBSCRIPTIONS	26,609.									
	CHAPTER_EVENTS	39,370.									
e	SPONSORSHIPS	14,252.									
f	All other expenses	31,117.									
	Total functional expenses. Add lines 1 through 24f	4,238,585.									
3			<u> </u>								
	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
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	
Assets 8	Notes and loans receivable, net		7	
8 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 10a 2,960,884.			
	other basis. Complete Part VI of Schedule D			
1	Less: accumulated depreciation	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.
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	
ຫຼ 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ciabilities 22	Payables to current and former officers, directors, trustees, key			
abi	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.
Se	Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34.			
Ž 27	Unrestricted net assets	11,953,217.	27	12,382,098.
문 28	Temporarily restricted net assets	_	28	
岩 29	Permanently restricted net assets	_	29	
Net Assets or Fund Balances 22 23 32 33 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Organizations that do not follow SFAS 117, check here ■ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			
g 30	Capital stock or trust principal, or current funds		30	
9 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ψ 32	Retained earnings, endowment, accumulated income, or other funds		32	_
A 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.

Page 12 Form 990 (2009) Financial Statements and Reporting Part XI Yes No X Accrual Accounting method used to prepare the Form 990: Cash 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? Χ b Were the organization's financial statements audited by an independent accountant? Χ 2b 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? Х 2с If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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: X Consolidated basis Separate basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Χ 3a 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.

Na	me of organization				Employer Identi	fication number
FLC		D LODGING ASSOC., INC			59-05	
Par	t I-A Complete if the	organization is exempt under s	section 501(c) or i	is a section	527 organi	zation.
1	Provide a description of the	e organization's direct and indirect po	olitical campaign activ	vities in Part	V.	
2						0.
3						^
Pai		organization is exempt under s				
1	Enter the amount of any ex	cise tax incurred by the organization	under section 4955		▶ \$	
2	Enter the amount of any ex	cise tax incurred by organization ma	nagers under section	n 4955 🔒 .	▶ \$	
3	If the organization incurred	a section 4955 tax, did it file Form 4	720 for this year?			Yes No
4a	Was a correction made?	<i>.</i>				Yes No
þ	If "Yes," describe in Part IV					
Pai		organization is exempt under s				
1	,	expended by the filing organization		•		0
						0.
2		ing organization's funds contributed	_		on	0.
		rities				<u> </u>
3		penditures. Add lines 1 and 2. En				0.
	line 17b				· · · · · ——	
4		ile Form 1120-POL for this year? .				
5		es and employer identification numb				
		anization listed, enter the amount eived that were promptly and direc				
	political contributions rece	cal action committee (PAC). If addit	ional space is needs	eparate poiiti	tar organizat	Dart IV
	segregated fulld of a politi	Car action committee (FAC). If addit	lonar space is neede			
	(a) Name	(b) Address	(c) EIN		t paid from	(e) Amount of political contributions received and
					anization's ne, enter -0	promptly and directly
						delivered to a separate
						political organization. If none, enter -0
		230 SOUTH ADAMS ST		_	_	
201	A PAC	TALLAHASSEE, FL 32301	91-2145979		0.	47,487.
FKI	JA FAC	TADDAMASSEB, TE SESTE	J1 2143979		<u> </u>	
				1		
		-				
_		-				

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

	under section 501	(n)) .					
A B				an affiliated grou		ns apply.	
		s on Lobb	ying Expen	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to	influence p	ublic opinio	n (grass roots lobby	na)		
b							
c							
ď							
e							
f							
•	columns.						
	If the amount on line 1e, column (a) or (b) is:	The lobbyin	g nontaxable amount	is:		
	Not over \$500,000	-, (-,		mount on line 1e.			
	Over \$500,000 but not over \$1,000	.000		us 15% of the excess of	ver \$500,000.		
	Over \$1,000,000 but not over \$1,50		-	us 10% of the excess of			
	Over \$1,500,000 but not over \$17,0			us 5% of the excess ov			
	Over \$17,000,000	,	\$1,000,000.				
_a	Grassroots nontaxable amount	(enter 25%	of line 1f)				
	Subtract line 1g from line 1a. If						<u> </u>
i	Subtract line 1f from line 1c. If a	zero or less	s, enter -0-				
j	If these is an amount other than	n zero on e	ither line 1h	or line 1i, did the or	ganization file For	m 4720 reporting	
•	section 4911 tax for this year?						Yes No
		tions that umns beid	made a sec	instructions for line	do not have to c es 2a through 2f o		_
		Lobi	bying Exper	nditures During 4-Y	ear Averaging Pe	riod	
	Calendar year (or fiscal year beginning in)	(a) 2	2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a	Lobbying non-taxable amount						
ь	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						_
d	Grassroots nontaxable amount						
е	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						·

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

Schedule C (Form 990 or 990-EZ) 2009

59-0571930

	(election under section 501(h)).	(a	1)		(b)	
		Yes	No		Ато	unt	
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:						
а	Valuatease						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
6	Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?						
f	Direct contact with legislators, their staffs, government officials, or a legislative body?						
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities? If "Yes," describe in Part IV						
i	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						
С	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?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).)(5),	or se	ction			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	_				X	
га	Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines."						
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 perpenses for which the section 527(f) tax was paid).					222	
a	Current year			2a			,107
b	Carryover from last year			2b		_	,135 ,242
С 3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			2c 3	<u> </u>		,121
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			- 		010,	, 121
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible to						
				4		499	,121
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	· · ·		5			0
Pa	t IV Supplemental Information						
Also	pplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, complete this part for any additional information. $RT = I - A$	line :	5; and	Part	II-B, li	ne 1i.	
LII	NE_1						
THI	E ORGANIZATION INDIRECTLY CONTRIBUTES TO VARIOUS POLITICAL CAMPAIGN	IS B	ď				
REG	CEIVING CONTRIBUTIONS AND PROMPTLY TRANSFERRING THE FUNDS TO A SEPA	RATI	E				
POI	LITICAL ORGANIZATION.						
							

	orm 990 or 990-EZ) 2009	59-0571930	Page 4
Part IV	Supplemental Information (continued)		
			
			-

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. 2009
Open to Public Inspection

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization 59-0571930 FLORIDA RESTAURANT AND LODGING ASSOC., INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat 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 2a Number of conservation easements on a certified historic structure included in (a) 2c 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 > _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. 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: (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS116 relating to these items:

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

	15 10	E 000 D 114	1: 10	
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) mus	t equal Form 990, Part 2	X, column (B), line 10	(c).) ▶	1,614,684.

59-0571930 Schedule D (Form 990) 2009 Page 3

Part VII Investments - Other Securities. See	<u>e Form 990, Part X, line</u>	<u> 12</u>
(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		
Closely-held equity interests		
Other PRIVATE CAPITAL INVESTMENTS	1,183,070.	FMV
STRUCTURED NOTES	260,775.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 1,443,845.	
Part VIII Investments - Program Related. See	e 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) must 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.
DUE FROM RELATED PARTY		. 559,258
INVESTMENT IN RCS		422,878.
		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		1,141,766.
Part X Other Liabilities. See Form 990, Part	t X. line 25.	
(a) Description of liability	(b) Amount	Server, T. S. Commission of the Commission of th
Federal income taxes	(4)	
DUE TO RELATED PARTY	93,805.	
DUE TO VISIT FLORIDA	881.	
		Control of the Control of the Control
<u> </u>		
	04 606	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 Footpote. In Part XIV, provide the text of the f	94,686.	

organization's liability for uncertain tax positions under FIN 48.

JSA
9E1270 1 000

59-0571930 Page 4 Schedule D (Form 990) 2009 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI 3,780,233 Total revenue (Form 990, Part VIII, column (A), line 12) 4,238,585. Total expenses (Form 990, Part IX, column (A), line 25) 2 -458,352 Excess or (deficit) for the year. Subtract line 2 from line 1 3 4 5 5 6 7 7 Other (Describe in Part XIV.) 8 9 Total adjustments (net). Add lines 4 through 8 9 -458,352. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 5,689,834. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains on investments 1,240,828. 2a 2b b Donated services and use of facilities 1,909,601. 2e e Add lines 2a through 2d 3,780,233. 3 Amounts included on Form 990, Part VIII, line 12, but not on line a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c 3,780,233 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 5,260,953. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b b Prior year adjustments c Other losses 2c d Other (Describe in Part XIV.) 1,022,368. e Add lines 2a through 2d 1,022,368. 2e 3 4,238,585. 3 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.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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

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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

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instruction Employer identification number Name of the organization FLORIDA RESTAURANT AND LODGING ASSOC., INC 59-0571930 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (I) Name of individual (III) Did fundralser have (v) Amount paid to (vi) Amount paid to (II) Activity (Iv) Gross receipts or entity (fundraiser) custody or control of from activity (or retained by) (or retained by) organization contributions? fundraiser listed in cal. (1) Yes Νo 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

		e G (Form 990 or 990-EZ) 2009			71930	Page 2
Pá	ırt I	Fundraising Events.Comple more than \$15,000 on Form	ete if the organization a 990-EZ, line 6a. List e	answered "Yes" to For events with gross rece	rm 990, Part IV, line ipts greater than \$5	e 18, or reported i,000.
			(a) Event #1 GOLF	(b) Event #2 FISHING TOURNA.	(c) Other Events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	4	Cross receipts	130,292.	78,366.	63,853.	272,511
Rev		Gross receipts	_	70,300.	03,033.	272,311
	3	Gross income (line 1 minus line 2)		78,366.	<u>6</u> 3,853.	272,511
	4	Cash prizes				
	5	Noncash prizes	3,244.			3,244
suses	6	Rent/facility costs	45,166.	32,640.	30,104.	107,910
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	64,817.	20,153.	2,071.	87,041
	11	Direct expense summary. Add lines 4 Net income summary. Combine line 3,	column (d), and line 10		<u>.</u>	74,316
Pa	ırt i	Gaming. Complete if the orgather than \$15,000 on Form 990-E		es" to Form 990, Part	t IV, line 19, or repo	rted more
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes	_			
Expenses	3	Noncash prizes				
Direct	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. Combin	e line 1, column d, and li	ne 7	<u> </u>	Yes No
	a Is	nter the state(s) in which the organization the organization licensed to operate ga "No," explain:				9a
	_					
		Vere any of the organization's gaming lider "Yes," explain:	·	_	•	10a
11		oes the organization operate gaming ac	tivities with nonmembers			

formed to administer charitable gaming? . . .

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

Sched	ule G (Form 990 or 990-EZ) 2009 59-05/1930 59-05/1930			Page 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
b	An outside facility			
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			
10 0	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			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_		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 G (Form 990 or 990-EZ) 2009

Department of the Treasury

Name of the organization

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.

20**09**Open to Public

Inspection
Employer Identification number

FLORIDA RESTAURANT AND LODGING ASSOC., INC 59-0571930 **Questions Regarding Compensation** Yes Νo 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. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b Χ 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? 2 Х 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 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: Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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? 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. 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 7 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 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Farm 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.

	r	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation				
(A) Name	1	(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred	(U) vontakane benefits	(B)(()-(D)	(r) Compensation reported in prior Form 990-EZ
	8	295,000.	154,191.	0	22,000.	16,580.	487,771.	
CAROL DOVER	8	0.				0	0.	
	€	120,000.	15,00	1,95	6,83	10,102.	153,884.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BOB DEARDEN	(E)	0.				0.		
	Θ	125,000.	42,78	0	10,050.	9,043.	186,880.	
DAN MURPHY	(ii)	0.			0.	0.		
	ε	120,000.	15,000.	842.	8,100.	16,991.	160,933.	
RICHARD TURNER	€	0.	0.0	0.	.0	0.	0,	
	€							
	€							
	(E)							
	(ii)							
	(3)							
	(8)							
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	(3)							
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	€							
							Scho	Schedule J (Form 990) 2009

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Continuation Sheet for Form 990

OMB No. 1545-0047 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

Employer identification number

59-0571930

FLORIDA RESTAURANT AND LODGING ASSOC., INC Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees		_		_						
(A) Name and title	(B) Average hours	Posit	on (c	(C heck		hat app	ly)	(D) Reportable	(E) Reportable	(F) Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
FRANK EUCALITTO MEMBER	1.00	X						0.	0.	0
FRED EULER MEMBER	1.00	Х						0.	0.	0
DAVID FEDER MEMBER	1.00	Х						0.	0.	0
ALAN FINDLAY MEMBER	1.00	Х						0.	0.	0
RHETT FISCHER MEMBER	1.00	х						0.	0.	0
JAY GALBRAITH MEMBER	1.00	Х						0.	0.	0
TONY GALLO MEMBER	1.00	Х						0.	0.	0
JUAN GARCIA MEMBER	1.00	Х						0.	. 0.	0
AL_GARDNER MEMBER	1.00	Х						0.	0.	0
JOHN GIRAGOS MEMBER	1.00	Х						0.	. 0.	0
GEORGE GLOVER MEMBER	1.00	X						0.	0.	0.
RICHARD GONZMART MEMBER	1.00	Х						0.	0.	
TERRY GRABER MEMBER	1.00	Х						0.	0.	0
SUZANNE GRADY MEMBER	1.00	Х						0.	0.	0
MEMBER	1.00	Х						0.	0.	0
GRIFF GRIFFITTS MEMBER	1.00	х						0.	0.	0
STEVEN GROVER MEMBER	1.00	Х						0.	0.	0
RICHARD GRUENTHAL MEMBER	1.00	Х						0.	0.	0
ANDY HAAS CHAIRMAN	1.00	Х		Х				0.	0.	0
MATT HALME MEMBER	1.00	Х						0.	0.	0
JIM HARRIS										

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

Continuation Sheet for Form 990

OMB No. 1545-0047 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

Employer Identification number

FLORIDA RESTAURANT AND LODGING ASSOC., INC Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

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		_	_							4

(A) Name and title	(B) Average hours				C) (all t	hat app	iy)	(D) Reportable	(E) Reportable	(F) Estimated
	per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
MARY HAYES MEMBER	1.00	Х						0.	0.	C
JACK HEALAN MEMBER	1.00	Х					_	0.	0.	0
CHERYL HENRY MEMBER	1.00	Х						0.	0.	0
LORRIE HERO MEMBER	1.00	Х						0.	0.	0
BRIAN HILL MEMBER	1.00	Х						0.	0.	0
MEMBER	1.00	Х						0.	0.	0
JULIE HILTON MEMBER	1.00	Х						0.	0.	
GEORGE HOCH MEMBER	1.00	Х						0.	0.	0
FRED HURLEY MEMBER	1.00	Х						0.	0.	
ANDREAS IOANNOU MEMBER A.J. JABBOUR	1.00	Х			_			0.	, 0.	0
MEMBER DAVE JARRETT	1.00	Х					_	0.	0.	0
MEMBER DEBBIE JORDAN	1.00	Х						0.	0.	
MEMBER PAUL JOSEPH	1.00	Х						0.	0.	
MEMBER JOE KADOW	1.00	Х						0.	0.	0
MEMBER JOHN KELLY	1.00	Х				:		0.	0.	0
MEMBER RUSS KIMBALL	1.00	Х					_	0.	0.	0
MEMBER BOB KIRSCHER	1.00	Х						0.	0.	0
MEMBER DAVID KNUDSEN	1.00	Х		\dashv				0.	0.	0
MEMBER JAMES KOUTSOS	1.00	Х						0.	0.	0
MEMBER JUDITH KOUTSOS	1.00	Х						0.	0.	0
MEMBER	1.00	Х						0.	0.	0

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

Continuation Sheet for Form 990

OMB No. 1545-0047 Open to Public

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.

Inspection Employer Identification number

Name of the Organization

FLORIDA RESTAURANT AND LODGING ASSOC., INC

59-0571930 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Part	(A) Name and title	(B) Average hours	Posit	ion (c		C) k all t	hat app	lv)	(D) Reportable	from related organizations	other compensation from the organization and related
DOBBY KUCHINSKY									compensation from the organization		
MARK KUKULSKI	BOBBY KUCHINSKY		-								
MEMBER	MEMBER	1.00	X						0.	0.	0
BOB LEONARD		1				1					
MEMBER		1.00	X						0.	0.	0
RALPH LUPTON, JR. MEMBER 1.00 X 0. 0. JULIAN MACQUEEN MEMBER 1.00 X 0. 0. GENERAL MANAGER MEMBER 1.00 X 0. 0. VICTOR MARINELLO MEMBER 1.00 X 0. 0. SHANNON MCALEAVEY MEMBER 1.00 X 0. 0. KATHLEEN MCDOLE MEMBER 1.00 X 0. 0. JIM MCMANEMON MEMBER 1.00 X 0. 0. JOHN MCREYNOLDS MEMBER 1.00 X 0. 0. CARLOS MOLINET MEMBER 1.00 X 0. 0. CARLOS MOLINET MEMBER 1.00 X 0. 0. RAMOLA MOTWANI MEMBER 1.00 X 0. 0. REGIC NELSON MEMBER 1.00 X 0. 0. BERIC NELSON MEMBER 1.00 X 0. 0. ABE NG MEMBER 1.00 X 0. 0. JIM MCMERY MEMBER 1.00 X 0. 0. ABE NG MEMBER 1.00 X 0. 0. ABE NG MEMBER 1.00 X 0. 0. JIM OLIVER MEMBER 1.00 X 0. 0. MEMBER 1.00 X 0. 0. MEMBER 1.00 X 0. 0. ABE NG MEMBER 1.00 X 0. 0. ABE NG MEMBER 1.00 X 0. 0. MEMBER 1.00 X 0. 0. MEMBER 1.00 X 0. 0. ABE NG MEMBER 1.00 X 0. 0. ABE N		_					1				
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MEMBER		1.00	х						0.	0.	0
GENERAL MANAGER		1]					
MEMBER		1.00	X	Ш				<u> </u>	0.	0.	0
VICTOR MARINELLO	~	_									
MEMBER		1.00	X		<u></u>				0.	0.	_0
MEMBER		1.00	х						0.	0.	0
RATHLEEN MCDOLE MEMBER	SHANNON MCALEAVEY										
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JOHN MONETTI											
MEMBER 1.00 X 0. 0.		1.00	X.		_				0.	0.	0
RAMOLA MOTWANI			Ι.		ĺ				_		
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ERIC NELSON MEMBER 1.00 X 0. 0. ABE NG 0. 0. 0. MEMBER 1.00 X 0. 0. JIM OLIVER 0. 0. 0. MEMBER 1.00 X 0. 0. JOEY OLIVERIO 0. 0. 0. DAVID ONTKO 0. 0. 0.			١				ĺ				
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JOEY OLIVERIO MEMBER 1.00 X 0. 0. DAVID ONTKO		1.00	х						0.	0.	0
DAVID ONTKO		1.00	Х						0.	0.	0
		1.00	х							0.	0

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

Continuation Sheet for Form 990

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treesury Internal Revenue Service

➤ See the Instructions for Form 990.

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

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

Employees	_									
(A) Name and title	(B) Average hours	Posit	ion (c	(C heck		hat a pp	ly)	(D) Reportable	(E) Reportable	(F) Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
KEITH OVERTON CHAIR-ELECT	1.00	х		Х				0.	0.	0.
JIM PANCALLO MEMBER	1.00	Х						0.	0.	0.
SAMIR PATEL MEMBER	1.00	Х						0.	0.	
JOHN PELTIER MEMBER	1.00	Х						0.	0.	0.
GRANT PICHE MEMBER	1.00	Х						0.	0.	0.
TONY PORCELLINI MEMBER	1.00	Х						0.	0.	0.
DOUG RAKER MEMBER	1.00	Х						0.	0.	0.
DAVE REID SEC-TRES.	1.00	Х		Х				0.	0.	0.
ANDREW REISS MEMBER	1.00	Х						0.	0.	0.
JIM RIDENOUR MEMBER	1.00	Х						0.	. 0.	0.
DOUG RIDGE MEMBER	1.00	Х						0.	0.	0.
GREG RIEHLE MEMBER	1.00	Х						0.	0.	0.
CARLOS RIVES MEMBER	1.00	х						0.	0.	0 -
BILL ROBINSON MEMBER	1.00	Х						0.	0.	0.
JOSEPH ROONEY MEMBER	1.00	Х						. 0.	0.	0.
CHRISTOPHER RUSSO MEMBER	1.00	Х						0.	0.	0.
CHERI RUTLEDGE MEMBER	1.00	х						0.	0.	<u> </u>
MICHAEL SCHMIDT MEMBER	1.00	x						0.	0.	0.
JOEL SCHWARTZ MEMBER	1.00	Х						0.	0.	0.
DARYL SEATON MEMBER	1.00	Х						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.

Continuation Sheet for Form 990

OMB No. 1545-0047

2009
Open to Public Inspection

 \blacktriangleright 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)	(B)	Dasit	ina /a		C)	hat app	dua.	(D)	(E)	(F) Estimated
Name and title	Average hours per week	Individual trustee	-	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MSC)	amount of other compensation from the organization and related organizations
						藍				
SHAWN SHEPHERD	1 00	١,,							2	0
MEMBER JAMES SHIRLEY	1.00	Х	\vdash		-			0.	0.	
MEMBER	1.00	x						0.	0.	0.
BILL SHUMATE		 				 	1—			
MEMBER	1.00	Х						0.	0.	0.
GUS SILIVOS										
MEMBER	1.00	Х					_	0.	0.	
RICH SIMEONE										
MEMBER	1.00	X					_	0.	0.	
RAY SINGER		١.,								•
MEMBER	1.00	Х			\vdash	_		0.		0.
JUNE_SINGER MEMBER	1.00	X						0.	0.	0.
JOY SMATT	1.00	Λ					\vdash	0.		
MEMBER	1.00	x						o.	0.	0.
KEVIN SPEIDEL						 				
MEMBER	1.00	X						0.	0.	0.
ROBERT SPOTO										
MEMBER	1.00	Х						0.	. 0.	<u>0</u> .
WILLIAM STANTON								_		
MEMBER	1.00	X		_	<u> </u>		_	0.	0.	
JOHN STILLEY MEMBER	1.00	Х			ł			0.	0.	0.
TOBY SULLIVAN	1.00		-			\vdash		0.	0.	
MEMBER	1.00	х						0.	0.	0.
ALLEN SUSSER				 						
MEMBER	1.00	Х						0.	0.	0.
JON SWEEDE :										
MEMBER	1.00	X	_					0.	0.	0.
JAY TISCHENKEL		l								_
MEMBER	1.00	Х				<u> </u>	_	0.	0.	
RIP TOSUN	1 00	_v						0	0.	0
MEMBER JIM VALENTINO	1.00	X		-				0.		<u> </u>
MEMBER	1.00	x						0.	0.	0.
CATHY VALERIANO	0.110									
MEMBER	1.00	Х						0.	0.	0.
JEFF VANDIVER										
MEMBER	1.00	Х						0.	0.	0.
NICK VELARDO										_
MEMBER For Privacy Act and Paperwork Reduction Act Notice	1.00	X						0.	Schedule I-2 /	0.

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

Continuation Sheet for Form 990

OMB No. 1545-0047

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.

Open to Public Inspection

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	1			C) (ell (hat app	ly)	(D) Reportable	(E) Reportable	(F) Estimated amount of other compensation from the organization and related organizations
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MSC)	
GEORGE VENEZIA MEMBER	1.00	Х						0.	0.	
BART VIG MEMBER	1.00	Х						0.	0.	
NICK VOJNOVIC MEMBER	1.00	Х						0.	0.	
DAVID WARRINER MEMBER	1.00	Х						0.	0.	
JIM WHAPLES MEMBER	1.00	х						0.	0.	
DEIDRE WHITE MEMBER	1.00	Х						0.	0.	
MICHELLE WILSON MEMBER	1.00	Х						0.	0.	
PAUL WOHLFORD MEMBER	1.00	Х						0.	0.	
MONIQUE YEAGER MEMBER	1.00	Х						0.	0.	
CAROL DOVER PRESIDENT & CEO	40.00			Х				449,191.	. 0.	38,58
BOB DEARDEN CFO	40.00			Х				136,951.	0.	16,93
DAN MURPHY VP OF MEMBERSHIP	40.00			х				167,787.	0.	19,09
RICHARD TURNER VP OF GOV RELATIONS	40.00					. X		135,842.	· 0.	25,09
					<u></u>				_	

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

SCHEDULE O (Form 990)

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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

59-0571930

ATTACHMENT 1

PART VI: GOVERNING BODY AND MANAGEMENT

FLORIDA RESTAURANT AND LODGING ASSOC., INC

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

Schedule O (Form 990) 2009 Page 2

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 2

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 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.

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

2009

OMB No. 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. Attach to Form 990.

Employer Identification number Inspection

> See separate instructions. FLORIDA RESTAURANT AND LODGING ASSOC., INC Name of the organization Internal Revenue Service

59-0571930

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it
--

	(1)	Direct controlling
	(e)	Public charity status
	(P)	Exempt Code section
	(0)	Legal domicite (state
,	Ð.	Primary activity
had one or more related tax-exempt organizations during the tax year.	(a)	Name, address, and EIN of related organization
ב ב ב ב		

) Name, address, and Ell	(a) Name, address, and Eilv of related organization	(b) Primary activity	(c) Legal domicile (state or forelgn country)	(d) (e) Exempt Code section Public charity status (if section 501(c)(3))	(e) Public charriy status (if section 501(c)(3))	(f) Direct controlling entity
THE EDUCATION FOUNDATION OF THE FRLA, INC						
.o. Box 1779	TALLAHASSEE, FL 32302	EDUCATION	FL	501(C)(3)	6	N/A
FRLA PAC						
.0. BOX 1779	TALLAHASSEE, FL 32302	POLITICAL	FL	527(E)	N/A	N/A

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

8:28:29 AM

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(j) General or managing partner?	Yes No						
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)						orm 990, Part	
(h) Caproportents skretom?	Yes No					on Fo	
(g) Share of end-of-year assets	Υ					tion answered "Yes' e tax year.)	
(f) Share of total income					•	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	
(e) Predominant income (related, unrelated, excluded from lax under sections	512-514)					ration or Trust(Conreated as a corporate	
(d) Direct controlling entity						able as a Corpo	
(c) Legal domicile (state or foreign	//					ons Tax e relate	
(b) Primary activity						elated Organization it had one or mor	
(a) Name, address, and EIN of related organization						Part IV Identification of Re IV, line 34 because	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legał domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S carp, or frust)	(f) Share of total income	(9) Share of end-of-year assets	(h) Percentage ownership
REGULATORY COMPLIANCE SERVICES, INC59-3753330 P.O. BOX 1719 TALLAHASSEE, FL 32302-1779	TRAINING	11.	N/A	C CORP	-146,436,	866,248.	100.000
						Schedule R (Form 990) 2009	990) 2009

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Part V Transactions W	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)	36.)	2]
Note Complete line 1 if any	Note Complete line 1 if any antity is listed in Darts II III as IV of this sakedula	Yes	2
1 During the tax year, did th			4
a Receipt of (i) interest (ii)	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	13	×
	Gift, grant, or capital contribution to other organization(s)	ф 1	×
	~	10	×
d Loans or loan guarantees	Loans or loan guarantees to or for other organization(s)	× pt	
e Loans or loan guarantees	Loans or loan guarantees by other organization(s)	7 al	
			100
f Sale of assets to other or	Sale of assets to other organization(s)		× :
	other organization(s)	19	×
h Exchange of assets	Exchange of assets	4	×
i Lease of facilities, equipm	Lease of facilities, equipment, or other assets to other organization(s)	:	×
			5 ×
Lease or racinities, equipm	Lease of radiules, equipment, or other assets from other organization(s)	:	: ×
	Performance of services or membership or fundraising solicitations by other organization(s)	=	×
m Sharing of facilities, equip	Sharing of facilities, equipment, mailing lists, or other assets	Tm ×	
n Sharing of paid employee	Sharing of paid employees	1n ×	
		145	麗
	Reimbursement paid to other organization for expenses	4	×
p Reimbursement paid by o	Reimbursement paid by other organization for expenses	X dl	1875
a Other transfer of cash or r	Other transfer of cash or property to other organization(s)	1a X	50
١. ا	Other transfer of cash or property from other organization(s)	1-	×
z if the answer to any of the	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.	ction thresholds.	
	(a) Transaction Name of other organization (type (a-r)	Amount involved	
(1) REGULATORY COMPL	COMPLIANCE SERVICE	424,164.	
(2) EDUCATION FOUNDA	FOUNDATION OF THE FRLA, INC.	135,094.	
Con FPI n Dac		107	
מקעוז	3	•	1
(4)			
(5)			
(9)			
		Schedule R (Form 990) 2009	600

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Page 4

Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(9) ate Code V-UBI 7 amount in box 20 of Schedule K-1	(h) General or menaging partner?
			Yes No		Yes No		Yes No
							_
							_
					_		
				,		-	_
						Schedule R (Form 990) 2009	n 990) 2009

PAGE 39

Form 8866	3 (Rev. 4-2009)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and c	heck this bo	κ	X
Note. C	Only complete Part II if you have already been granted an automatic 3-month ext	ension on a p	reviously file	d For	m 8868.
• If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part I	Additional (Not Automatic) 3-Month Extension of Time. Only f	ile the origi	nal (no co	pies	needed).
Туре о	Name of Exempt Organization	Em	ployer Identi	ficatio	n number
print	FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.	. 59	-0571930		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.		IRS use only		
extended due date	230 SOUTH ADAMS STREET				
filing the	Clty, town or post office, state, and ZIP code. For a foreign address, see instructions.		4-1	110	企业的证明 要对
retum. Se instruction				· , , .	Complete Seguitation of the Section of
Check	type of return to be filed (File a separate application for each return):				
	Form 990 Form 990-PF	For	m 1041-A	Γ	Form 6069
F	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	For	m 4720	Γ	Form 8870
F	Form 990-EZ Form 990-T (trust other than above)	For	m 5227		-
STOPI	Do not complete Part II if you were not already granted an automatic 3-mon	th extension	on a previ	ously	filed Form 8868.
• The l	books are in the care of Bob Dearden				
Teler	phone No. ▶ 850-224-2250 FAX No. ▶ 85	0-224-92	13		
	organization does not have an office or place of business in the United States, c	heck this box			▶ 🗌
• If this	s is for a Group Return, enter the organization's four digit Group Exemption Number	er (GEN)	If	this is	
for the	whole group, check this box If it is for part of the group, check this	box ▶	and atta	ich a	
list with	the names and EINs of all members the extension is for.				
4 [r	request an additional 3-month extension of time until November 15, 201	.0			
5 F	or calendar year 2009, or other tax year beginning	and ending			
6 If		Final return	Chan	ge in :	accounting period
7 St	late in detail why you need the extensionInformation required to	complet	e return	has	not
_	yet been received.				
8a lf	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentative tax	, less any		
no	onrefundable credits. See instructions.			8a	\$
b If	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	credits and	estimated	1.5	
ta	x payments made. Include any prior year overpayment allowed as a credit	and any am	ount paid		
pr	reviously with Form 8868.			8b	\$
c B	alance Due. Subtract line 8b from line 8a. Include your payment with this form,	or, if require	d, deposit		
w	ith FTD coupon or, If required, by using EFTPS (Electronic Federal Tax Payment Sy	ystem). See ir	structions.	8c	\$
	Signature and Verification)			
	enalties of perjury, I declare that I have examined this form, including accompanying schedules an	d statements, ar	d to the best	of my	knowledge and belief,
it is true,	correct, and complete, and that I am authorized to prepare this form.				
					-1 1
Signature	> I Seborah Fernand Title CPA		Date	▶ °	0115018
				Form	8868 (Rev. 4-2009)

Form 8868

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal Revenue S	ervice		File a separ	ate application for e	ach return.				
 If you are f 	iling for an Automatic 3-	-Month E	extension, comp	olete only Part I a	nd check this	box			▶ X
	iling for an <mark>Additional (N</mark> te Part II unless you have								38.
Part I Auto	matic 3-Month Exten	nsion of	Time. Only su	bmit original (no	copies need	ded).			
	required to file Form 99						ox and com	plete	
-									▶ 🔲
	orations (including 112 ome tax returns.	20-C filers	s), partnerships	REMICs, and tru	usts must us	e Form 70	04 to req	uest an i	extension of
one of the re- electronically i returns, or a co	ng (e-file). Generally, yo turns noted below (6 i f (1) you want the add omposite or consolidate e details on the electron	months f ditional (r ed From s	for a corporation not automatic) 3 990-T. Instead,	on required to file 3-month extension you must submit	Form 990- n or (2) you t the fully com	F). However file Formspleted and	er, you car 990-BL, 60 I signed pa	nnot file 069, or 8 ge 2 (Par	Form 8868 8870, group rt II) of Form
Type or	Name of Exempt Organiz	ization					Employer	dentificati	ion number
print	FLORIDA RESTAUR	RANT &	LODGING A	SSOCIATION,	INC.		59-0571	930	
File by the	Number, street, and roor								
due date for	230 SOUTH ADAMS	S STRE	ET						
filing your return. See	City, town or post office,	e, state, and	d ZIP code. For a f	oreign address, see i	nstructions.				
instructions.	TALLAHASSEE, FL	32301							
Check type o	f return to be filed (file			r each return):					
X Form 990	,		rm 990-T (corpora	•		For	m 4720		
Form 990				1(a) or 408(a) trust)			m 5227		
Form 990		$\overline{}$	ırın 990-T (trust o			_	m 6069		
Form 990			rm 1041-A	1101 01011 000707			m 8870		
		<u> </u>							
 If the organ If this is for for the whole gnames and Ell I reques until Au 	No. ► 850-224-22 mization does not have a ra Group Return, enter the group, check this box. No of all members the est an automatic 3-magust 16, 20 reganization's return for:	an office of the organ catension	ization's four di If it is for part o will cover. months for	git Group Exemption f the group, check	States, check on Number (G this box •	EN) ▶ an	d attach a	list with	on of time
	3-								•
► <u>X</u>	calendar year 2009	or							
.	tax year beginning		<u>_</u>	, and e	nding				
2 If this tax	year is for less than 12	2 months,	check reason:	Initial return	Final	return	Change i	n accour	nting period
3a If this ac	plication is for Form 9	990-BL, 9	90-PF, 990-T, 4	1720, or 6069, e	nter the tent	ative tax.	less anv		
	dable credits. See instru		,				•	3a \$	
b If this ap	plication is for Form 99	90-PF or	990-T, enter an	v refundable cred	lits and estim	ated tax p	avments	1-1-1	
	clude any prior year ove			•			,	зь \$	
	Due. Subtract line 3b f				his form, or,	if required.	deposit		
	O coupon or, if requi								
instructio		,,	-	,		-,-10	, ,	3c \$	
	are going to make an e	electronic	c fund withdraws	al with this Form 8	868 see For	m 8453-F0) and Form		<u> </u>
for payment in	• •	SIGOLI OT IIL	, und milliawi	ing i UIII 0	Juo, Juo 1 01	0700-61	- uriu 1 UIII	307 G-LU	•
	ct and Paperwork Redu	uction Ac	ct Notice, see in	structions				Form RRES	8 (Rev. 4-2009)
									- (***** ** 2000)

EDBW 990, PABT VIII - GBOSS SALES AND COST OF GOODS SO	รดז.ก			ATTACHMENT 3				
		BEGINNING		SALARIES		MINUS: ENDING	COST OF	
DESCRIPTION	GROSS SALES	INVENTORY	PURCHASES	AND WAGES	OTHER COSTS	INVENTORY	GOODS SOLD	
VARIOUS TRAINING & EDUCATION MATERIALS	2,873,624.	110,192.	789,546.	0.		89,336.	810,402.	
TOTALS	2,873,624.	110,192	780,546	0	d	89.136	810, 402	

			··· .	
•				
		,		

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.

000 T			. T D. 4		1	OMB No	1545-0687
Form 990-T	Exempt Organization Business In				8033(e))	D(C	กกด
Department of the Treasury	For calendar year 2009 or other tax ye ending 12/31,20 0		- === === =========	<u>/01</u> ,2009, and	ł	Open to Pu	iblic Inspection Organizations Only
Internal Revenue Service Check box if	Name of organization (Check be				D Empl	over identifica	
address changed			to stanges and see monaction	,		yees' Irust, see institu	
B Exempt under section	FLORIDA RESTAURANT	AND :	LODGING ASSOC.,	INC	an page	,,	
X 501(C)(6)	Print Number, street, and room or suite no. I	_			59-0	571930	
408(e) 220(e)	or Type				l		s activity codes
408A 530(a)	Type P.O. BOX 1779				(See in	nstructions for Bit	ock E on page 9.)
529(a)	City or town, state, and ZIP code						
C Book value of all assets	TALLAHASSEE, FL 323	02-1	779		5418	00	
at end of year	F Group exemption number (See instructi	ons for	Block F on page 9.) ▶				
13,378,285.	G Check organization type ► X 501	(c) cor	poration 501(d	c) trust	401(a)	trust	Other trust
H Describe the organiza	ation's primary unrelated business activity.	► AD	VERTISING REVENU	E			
During the tax year, v	vas the corporation a subsidiary in an affiliate	d group	or a parent-subsidiary cor	strolled group?		▶∟	Yes X No
	ne and identifying number of the parent corp	oration.					
	of ▶ BOB DEARDEN		Telephor	ne number ▶ (850)2	24-2250	
Part Unrelate	d Trade or Business Income		(A) Income	(B) Exper	ses	(4	C) Net
1a Gross receipts or	sales						
b Less returns and allower							
	(Schedule A, line 7)	2					
•	act line 2 from line 1c	3				-	
	come (attach Schedule D)	<u>4a</u>				- -	
	14797, Part II, line 17) (attach Form 4797)	4b					
	tion for trusts	4c				_	
	artnerships and S corporations (attach statement)	5				_	
	edule C)	6		-			
	anced income (Schedule E)	7		-		1	
	s, royalties, and rents from controlled nedule F)	8					
	ne of a section 501(c)(7), (9), or (17)			-			
	edule G)	9					
	activity income (Schedule I)	10					
	e (Schedule J)	11		_			
	a page 10 of the instructions; attach schedule.)			_			
,	nes 3 through 12						
Part II Deduction	ns Not Taken Elsewhere (See pag	e 11	of the instructions for	limitations on	deduc	tions.)	
(Except fo	or contributions, deductions must b	e dire	ctly connected with th	ne unrelated b	usines	s income.)	
14 Compensation of	officers, directors, and trustees (Schedule K)				14		
	95						
	enance						
17 Bad debts					17	_	
18 Interest (attach sc	hedule)				. 18		
19 Taxes and license	s				. 19		
	utions (See page 13 of the instructions for lim						
	ch Form 4562)				J.		
	claimed on Schedule A and elsewhere on re				22b		
	eferred compensation plans						
	programs						
	penses (Schedule I)						
	costs (Schedule J)					-	
	attach schedule)					-	0.
			Subtract line 20 from line	43	20	+	0.
	s taxable income before net operating loss deduction (limited to the amount on line 30).				- [
	deduction (limited to the amount on line 30) s taxable income before specific deduction. S				l		0.
	(Generally \$1,000, but see line 33 instruction				. ,	 	
	ss taxable income. Subtract line 33 from line			• • • • • • • •			
	ler of zero or line 32	, UE. II I	oo is greater triair inse		34	1	0.

Form	990	-T (2009)	59-	057	1930	ı	Page 2
Par	t II	Tax Computation					
35		ganizations Taxable as Corporations. See instructions for tax computation on page 1 ontrolled group members (sections 1561 and 1563) check here	5.				
а	Er	ter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):					
b	Er	ster organization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2)	Additional 3% tax (not more than \$100,000)					
С		come tax on the amount on line 34	lack	35c			0
36	Τr	usts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax	on				
	the	e amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)		36			_
37	Pr	oxy tax. See page 16 of the instructions		37			
38		ernative minimum tax		38			
39		tal. Add lines 37 and 38 to line 35c or 36, whichever applies		39			0
Par	<u>t I\</u>	Tax and Payments					
40 a	Fo	reign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a					
b		her credits (see page 16 of the instructions)					
С		eneral business credit. Attach Form 3800	_				
ď	Cr	edlt for prior year minimum tax (attach Form 8801 or 8827)	_				
е		tal credits. Add lines 40a through 40d		40e			
41	Sι	btract line 40e from line 39	•	41			0
42		ner taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	· · F	42			
43	_	tal tax. Add lines 41 and 42	•	43			0
44 a		syments: A 2008 overpayment credited to 2009		- 1			
b		09 estimated tax payments	_				
C		x deposited with Form 8868	\dashv				
d		reign organizations: Tax paid or withheld at source (see instructions)	\dashv				
e		ckup withholding (see instructions)	\dashv				
f		her credits and payments: Form 2439 Total ▶ 44f					
45	L.	tal payments. Add lines 44a through 44f	\dashv	45			
46		timated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached	∸├	46			
47		x due. If line 45 is less than the total of lines 43 and 46, enter amount owed	╏	47			0
48		rerpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	•	48			0
49		ter the amount of line 48 you want: Credited to 2010 estimated tax	•	49		_	0
Par	t۷	Statements Regarding Certain Activities and Other Information (see instruction	ons	on pa	age 17)		
1	At	any time during the 2009 calendar year, did the organization have an interest in or a signature or other author				Yes	No
	ac	count (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.	1, R	eport	of Foreign		
	Ва	nk and Financial Accounts. If YES, enter the name of the foreign country here ▶					Х
2	Dι	ring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reig	n trus	t?		X
	If '	YES, see page 5 of the instructions for other forms the organization may have to file.					
3	Ęr	ter the amount of tax-exempt interest received or accrued during the tax year 🕒 💲					
<u>Sch</u>	ec	ule A - Cost of Goods Sold. Enter method of inventory valuation					
1	Inv	ventory at beginning of year . 1 6 Inventory at end of year	.	6			
2	Pu	rchases	e				
3	Co	st of labor	n				
4 a		ditional section 263A costs Part I, line 2	٠. ل	7			
			(with	ı te	spect to	Yes	No
_		her costs (attach schedule) , 4b property produced or acquired to					
5	To	tal. Add lines 1 through 4b · 5 to the organization?					X
0:	_	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	51 01	my k∩	owiedge and	penet, it	is true
Sign		DROTORUM (ORG			RS discuss thi		
Her	u	Signature of officer Date PRESIDENT/CEO Title		prepai ruction	er shown bek	w (see	No.
	- 1				·		/

THOMAS HOWELL FERGUSON P.A.

2615 CENTENNIAL BLVD.,

Title Date

SUITE 200

Form 990-T (2009)

Preparer's SSN or PTIN

59-3186310

850-668-8100

P00218358

Paid

Preparer's

Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP code

Check if self-employed

Рһоле по.

EIN

Form 990-T (2009) Schedule C - Rent Incom (see instructions on page 1		roperty a	and Personal Prop	erty		ith Real Prope	erty)	Page	
Description of property								_	
(1)									
a									
3)									
4)				_		_			
	2. Rent receive	ed or accru	ed						
(a) From personal property (if the property is more than 50%)	percentage of rent an 10% but not	(b) percent	From real and personal prop age of rent for personal prop r if the rent is based on profi	erty e	exceeds			ected with the income (attach schedule)	
1)									
2)					_	_			
3)									
4)									
otal		Total							
c) Total income. Add totals of conere and on page 1, Part I, line 6						(b) Total deduction Enter here and on Part I, line 6, colunt	page 1,		
Schedule E - Unrelated D	ebt-Financed I	ncome(s	ee instructions on pag	e 19))				
1. Description of de	bt-financed property		Gross income from allocable to debt-finance			ctions directly connect debt-financed ine depreciation	ected with or allocable to d property (b) Other deductions		
			property			schedule)	(attach schedule)		
1)			_	-					
2)				\dashv					
3) 4)				\dashv					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjus of or allocabl debt-financed p (attach sched	e to roperty	6. Column 4 divided by column 5	4 divided 7. Gross income				llocable deductions n 6 x total of columns 3(a) and 3(b))	
1)				%					
				%					
3)				%					
4)				%					
otals	tions included in col	umn 8	Rents From Contro		Part I, line 7,		Part I, I	page 20)	
		E	xempt Controlled Org	aniza	ations				
Name of controlled organization	2. Employer identification num	ber	Net unrelated income (loss) (see instructions)		otal of specified yments made	Part of column 4 included in the conorganization's gross	ıtrolling	Deductions directly connected with income in column 5	
1)								_	
2)					_				
3)									
4)									
Ionexempt Controlled Organ	izations								
7. Taxable Income	8. Net unrelated (loss) (see instr		9. Total of specifie payments made	ıí	include	of column 9 that is in the controlling tlon's gross income		I. Deductions directly inected with income in column 10	
1)									
2)									
3)									
4)									
					Enter here	is 5 and 10. and on page 1, 3, column (A).	Enter	olumns 6 and 11. here and on page 1, line 8, column (8).	

Form 990-T (2009)

59-0571930 Page **4**

Schedule G -Investment In	ncome of a Sec	tion 501(c)(7),	(9), or (17) Organ	izatio	n (see inst	ructi	ons on page	20)
1. Description of income	2. Amount of	income	Deductions directly connected (attach schedule)		4. Se (attach			5. Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)					_			
(3)							_	
(4)								
	Enter here and Part I, line 9, co		٦ -					Enter here and on page 1, Part I, line 9, column (B).
Totals	· · · · · · · · · · · · · · · · · · ·	Oth Ti	la ana Andrea antina ina an-					
Schedule I - Exploited Exe	mpt Activity int	come, Other II		ncom	e (see instruc	Ction	is on page 2	(1)
Description of exploited activity	2. Gross unrelated business income from trade or business	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.	from is n	Gross income n activity that not unrelated iness income	a	6. Expenses ttributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						Ι –		
(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		etions on nose ?						
Schedule J - Advertising I								
Part I Income From Per	riodicals Repor	ted on a Cons	olidated Basis			1		
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)			\neg			_		٦
(3)						_		
(4)						\vdash		-
<u></u>			 	_				
Totale (engule Best II line (E))								
Part II Income From Pe through 7 on a lin	riodicals Repor		arate Basis (For e	ach p	eriodical lis	sted	in Part II,	fill in columns 2
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)								<u> </u>
								
(4)	_							
(5) Totals from Part I		- -	_					
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, tine 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		irectors, and	Trustees/see instru	ctions	on page 21)			
1. Name			2. Title	0.10110	3. Percent of time devoted to business			sation attributable to lated business
						%		
				$\neg \vdash$		%		
						% %		
						-/º %		
Total. Enter here and on page 1, Page	art II. line 14					70		
		· · · · · · · · · ·	 	· · · ·	 			

Form 8868

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Intemal Revenue S				File a sep	arate applica	tion for each i	return.			
		Automatic 3-I	Month E	xtension, con	nplete only	Part I and ch	neck this t	oox		•
 If you are fi 	iling for an	n Additional (No Inless you have	lot Auton	matic) 3-Mont	th Extension	, complete	only Part	II (on pa	ge 2 of this eviously file	s form). ed Form 8868.
Part I Auto	matic 3	Month Extens	sion of	Time. Only s	submit oriai	nal (no cop	ies need	ed).		
		o file Form 990							box and co	mplete
Part I only	•					<i>.</i>				► X
All other corp time to file inco			0-C filers	s), partnership	os, REMICs,	and trusts	must use	Form 7	7004 to re	equest an extension o
one of the reference of	turns note if (1) you omposite	ed below (6 m want the addi	months fo litional (n ed From 9	for a corporation not automatic) 990-T. Instead	tion require) 3-month e d, you must	d to file Fo xtension or submit the f	rm 990-T (2) you fi fully comp). Howe le Forms leted an	ver, you c s 990-BL, (id signed p	xtension of time to fill cannot file Form 886 6069, or 8870, grou page 2 (Part II) of For Nonprofits.
Type or	Name of	Exempt Organiza	ation				-		Employe	r Identification number
print	FLORI	DA RESTAUR	& TMAS	LODGING	ASSOCIAT	CION, INC	C.		59-057	71930
File by the	Number.	street, and room	n or suite r	no. If a P.O. box	, see instruction	ns.				
due date for	230 SC	OUTH ADAMS	STREE	ĒТ						
filing your return. See	City, tow	n or post office,	state, and	d ZIP code. For a	a foreign addre	ess, see instru	ctions.			
instructions.	TALLA	HASSEE, FL	32301							
Check type o	f return t	o be filed (file a	a separa	te application	for each reti	ım):				
Form 990)		X For	rm 990-T (corpo	oration)			Fo	orm 4720	
Form 990	ı-BL		For	rm 990-T (sec.	401(a) or 4086	(a) trust)		Fo	rm 5227	
Form 990	-EZ		For	rm 990-T (trust	other than ab	ove)		Fo	rm 6069	
Form 990	-PF		For	rm 1041-A				Fo	rm 8870	
If the organ If this is for for the whole g names and Ell I reques until	nization do r a Group group, che Ns of all n st an al Novembe rganization	pes not have an Return, enter the eck this box per beginning and control of the extension o	n office on the organi oxtension value (6	ization's four of If it is for part will cover, months fo	siness in the digit Group to the group or a corpour or a corpour or a corpour	Exemption No. check this ration regu	umber (GE box ► ulred to for the org	file Fo	rm 990-T	
2 If this tax	year is fo	or less than 12	months,	check reason:	Initia	al return	Final r	eturn [Change	e in accounting period
	•	is for Form 99 dits. See instruc		90-PF, 990-T,	, 4720, or	6069, enter	the tenta	tive tax	, less any	3a \$ NO NE
		is for Form 990		QQQ-T enter	any refunds	hla cradite s	and getime	ted tev	navments	3a 3 10 5 10 10
	•	prior year over			•	ole oleulis a	110 G201012	IIOU IOX	paymonis	3ь \$
		tract line 3b fr				t with this f	orm, or, if	require	d, deposit	
with FT	D coupor	or, if requir								3c \$ 120NE
instructio		g to make an e	aloctron!-	fund withden	and with this	Form DRG0	con Form	0.8452.5	O and Fa-	
			SIECTLOUIC	; runa witharat	wai with this	FORII 8868,	, see rom	II 0403-E		111 001 3-EO
for payment in For Privacy A		perwork Redu	uction Ac	t Notice, see	 Instructions					Form 8868 (Rev. 4-200

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>	Expired	Carryforward
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)
Danneinin - NOI	A! - - - - - - - - - - - - - - - - -			(00.004)
Remaining NOL	Available at 12/31/09			(26,301)

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•

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

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.

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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 Bule 12C-1.031

805202009123100020050372359057193000006

For Cal Name Addre	FL R	09 or tax year beginning ESTAURANT & SOUTH ADAMS		have	ck here if any changes e been made to name ddress			
Addre		TALLAHASSEE,	ET 30	301				
	In IE LE IF				T			
	•	of Florida Net Inc		mergency Excise	e iax			
1.		axable income (see i			Chark har	a if acceptive		0
		iges 1 - 5 of federa				e if negative .		ŭ
2.		ome taxes deducted		-	-	e if negative		0
•	,	chedule)				e if negative		0
		to federal taxable li	•	•		e if negative		0
4.		ines 1, 2 and 3				e if negative		0
5.		ons from federal tax				e if negative .		0
6.	-	federal income (Line		•		e if negative .		0
7.		ortion of adjusted fe				e if negative .		0
8.		ess income allocate	,					0
9.		•						0
10.								
11.		5.5% of Line 10 or			5			0
10	•		•					0
12.	,		,					0
13.	_			•	due (see instructions).			Ō
14.					ue (see instructions)			
15.		y: F-2220		,		1: 4F T-4		0
16	,	t: F-2220		•	<u> </u>			0
17.	_							
17.	rayınenı		tax payment					0
10	Total amo		tax payment	- •	, enter amount due here	and an nove	ent equees	
16.				•	d/or Line 20	, ,		0
19.					estimated tax here and			
20.	Refund: E	nter amount of ove	rpayment to b	e refunded here ar	nd on payment соцрол			
		orporate Inc		ax Return			EAR ENDING 12/31/2009	тном F-1120
		To opens			Do Not Detach			R. 01/10
					unt, enclose your che 4th Month After Clo		return when mailing. axable Year	
Namı Addr Addr	ess	FLORIDA RE			ASSOCIATION,	INC. c	heck here if you transmitted funds ele	ectronically >
	State/ZIP	TALLAHASSE	E, FL	32301				
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FEIN 59~0571930

This return is considered incomplete unless a If your return is not signed, or improperly signed and verified, it will be subject to a penalty. T	
Your return must be completed in its entirety. Under penalties of perjury, I declare that I have examined this return, including accomposite. Declaration of preparer (other than taxpayer) is based on all information of	panying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and
Sign here Signature of officer (must be an original signature) Date	Title Preparer Preparer's
Paid preparers signature THOMAS HOWELL FERGUSON P.A. Firm's name (or yours if self-employed) and address TALLAHASSEE, FL 32308	til Check if self- employed PTIN P00167419 FEIN ▶ 59-3186310 ZIP ▶ 32308
All Taxpayers Are Required to Answer Questions AT A. State of incorporation: _FLORIDA B. Florida Secretary of State document number: C. Florida consolidated return? YES	Hrough M Below as Appropriate - See Instructions H-2. Part of a federal consolidated return? YES NO X 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 X L 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 X K Enter date of latest IRS audit: a) List years examined: N/A L Contact person concerning this return: BOB DEARDEN a) Contact person felephone number: 850-224-2250 M. Type of federal return filed 1120 1120S or 990-T Remember: V Make your check payable to the Florida Department of Revenue. V Write your FEI Number on your check. V Sign your check and return. V Attach a copy of your federal return. V Attach a copy of your Form F-7004 (extension of time) if applicable.



FEIN 59-0571930

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NAME FL RESTAURANT & LODGING ASSOC. INC

FEIN 59-0571930

TAXABLE YEAR ENDING 12/31/2009

- 0	phodule A. Computation of Emerganov Evoice Tay (for speats placed in convice 1/1/01 to	10/	24/96)
3	chedule A - Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to) <i>2 </i>	3 1/00)
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.	
Э.	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 12/31/85	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

Sc	hedule 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-11582)	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. 109(i), 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

11/08/2010 9:45:07 AM



NAME FL RESTAURANT & LODGING ASSESN 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			
Gross foreign source incom	e less attributable expenses										
(a) Enler s. 78, IRC income \$	(b) plus s. 8	162, IRC dividend	s \$								
(c) less direct and indirect e	xpenses \$				Total 🕨	1.	0	1.			
Gross subpart F income less (a) Enter s. 951, IRC subpart F income \$		s direct and lirect expenses \$	 i	_	Total •	2.		2.			
	ss autside Florida enter zero on Lia	es 3, lhrough 6, I	and complete \$	Sched	Jule IV.		0				
3. Florida net operating loss of	carryover deduction (see instruc	tions)		_		3.		3.			
4. Florida net capital loss can	yover deduction (see instruction	ns)				4.		4.			
5. Florida excess charitable o	contribution carryover (see instr	uctions)				5.		5.			
6. Florida employee benefit p	lan contribution carryover (see	instructions)				6.		6.			
7. Nonbusiness income (from	Schedule R, Line 3)					7.	0	7.			
8. Eligible net income of an in	nternational banking facility (se	e 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 instru	ctions)				10.		10.			
11. Other subtractions (attach s	statement)					11.		11.			
12. Total Lines 1 through 11 in Col Page 1, Line 5 (of the F-1120 re	umns (a) and (b). Enter totals for entern). Column (b) total is also enter			(a) to	ital is also entered on	12.	0	12.	0		
Schedule III - Apport	ionment of Adjusted	Federal II	ncome								
III-A For use by taxpayers doing				uran	ce or transportation	n servi	003.				
	(8) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERY (Denomin		,	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	500	(d) Weight Fary factor in Column (b) is zero, rote on Page 10 of the instructions.		(e) Weighted Factors Rounded to Six Docimal Places		
Property (Schedule III-B below)	0		0		0.000000			0.00000			
2. Payroll					0.000000	7 207001			0.000000		
3. Sales (Schedule III-C below)	0		0	_	0.000000				0.000000		
4. Apportionment fraction [Sun	n of Lines 1, 2, and 3, Column	(e)1. Enter her	e and on Sci	hedul	le IV. Line 2.				0.000000		
III-B For use in computing avera					LORIDA	TOTAL EVERYWHERE					
(use original cost).	age value of property	a. Beginning of year b. End of ye				ear c. Beginning of ye			d. End of year		
1. Inventories of raw material,	work in process, finished goods										
2. Buildings and other depreciat	ole assets				_						
3. Land owned											
Other tangible and intangible (line 4. (attach schedule)	ancial org. only) assets								_		
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 wit	hin Florida) .	. 6a.			0					
b. Add Line 5, Columns (c)									0		
7. Rented property (6 times net	annual rent)										
a. Rented property in Florida		<i>.</i> .	, 7a.								
b. Rented property Everywhe											
8. Total (Lines 6 and 7), Enter of	n Line 1. Schedule III-A, Colun	ins (a) and (b).									
Column (a) for total avera	and also enter on Schedule III- ge property in Florida and also enter on Schedule III-	K, LINE I,	. 8a.			0					
b. Enter Lines 6 b. plus 7 b. a	and also enter on Schedule III- ige property Everywhere	A, Line 1,					8ь.		0		
III-C Sales Factor	ga property Everywhere					(a) TOTAL WITHIN FLORIDA			(b) TOTAL EVERYWHERE		
1 Pales terras							(Numerator) N/A	+-	(Denominator)		
Sales (gross receipts) Sales delivered as abjected to	Florida purahasasa						1977	+	N/A		
Sales delivered or shipped to Other areas seed to		elicable;						 	1977		
3. Other gross receipts (rents,								-			
4. TOTAL SALES Enter on Schools III-D Special Apportionment Fra		ano (b)j	(a) W	/ITHII	N FLORIDA	(b) TOTAL EVERYWHERE			(c) FLORIDA Fraction [(a) ÷ (b)]		
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		_			Ro	ounded to Six Decimal Places		
Insurance companies (attach	copy of Schedule T-Annual Re	eport)						_	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) C Adjusted		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.	0	1.				
2.	Florida apportionment fraction [Schedule III-A, Line 4 or Schedule III-D, Column (c)]	2.	0.000000	2.	0.00000			
3.	Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.	0	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 through7)	В.	0	8.	0			
9.	Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.	0	9.	0			

Schedule V - Credits Against the Corporate Income/Franchise Tax		
Florida health maintenance organization credit (attach assessment notice)	1.	
2. Capital investment tax credit (attach certification letter)	2.	
Enterprise zone jobs credit (from Form F-1156Z attached)	3.	
4. Community contribution tax credit (attach certification letter)	4.	
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 ob tax credit (attach certification letter)	7.	
8. Emergency excise tax (EET) credit (see instructions and attach schedule)	θ.	
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

S	chedule 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.
7.	Florida portion of adjusted federal income (see instructions)	7.
8.	Nonbusiness income allocated to Florida (see instructions)	θ.
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

9W1F98QABG71 11/08/2010 9:45:07 AM



NAME FL RESTAURANT & LODGING ASSOC.FEIN 59-0571930

TAXABLE YEAR ENDING 12/31/2009

Conce	dule R – Nonbusiness Inc	.ome	
Line 1.	Nonbusiness income (lo	oss) allocated to Florida	Amount
		<u> </u>	
	Total allocated to Florida .		1
	(Enter here and on Page 1	, Line 8 or Schedule VI, Line 8 for AMT)	
Line 2.	Nonbusiness income (I	oss) allocated elsewhere	
	Туре	State/country allocated to	<u>Amount</u>
	Tatal allocated alcoupage		2
Line 3.	Total allocated elsewhere Total nonbusiness income		2.
LINE J.		# nd 2	3
	(Enter here and on Schedule II		·
	(Enter here and on ochoone in	, Line 17	
		Estimated Tax Worksheet	
	For Ta	xable Years Beginning On or After January 1,	2010
	Elecide increase asserted in term		. , , , , , 1. \$
	-	able year, , , ,	
	•	Line 1 less Line 2)	^
3. 4.		% of Line 3)*\$	
4.		\$	
			Ψ. Ψ
		rnative minimum tax must compute Florida alternative the greater of these two computations.	
5		X	5. \$
6.		y excise tax (Line 4 plus Line 5)	
•		o, file installment as computed on Line 7; if \$2,500 or less, no decla	
		,	
7.	Computation of installments:		
	Payment due dates and	Last day of 4th month - Enter 0.25 of Line 6	7a0
	payment amounts:	Last day of 6th month - Enter 0.25 of Line 6	7b0
		Last day of 9th month - Enter 0.25 of Line 6	7c0
		Last day of fiscal year - Enter 0.25 of Line 6	7d0
_	NOTE II		
	•	nould change during the year, you may use the amended computation ed amounts to be entered on the declaration (Form F-1120ES).	
	below to determine the amend	ed amounts to be entered on the decial ation (Form F-1120E5).	
1	Amended estimated tay		1. \$
	Less:		Ψ
۷.	(a) Amount of overpayment for	rom last year elected for credit	
		date 2a \$	
		ated tax declaration (F-1120ES) 2b \$	
			•
		e 2(c))	
		ded by number of remaining installments)	
	98 1.000	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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-1.851 Florida Administrative Code Effective 01/10

on to file - File this application		r Filing Form F-7004		F-700				
ayer's corporate income tax o	on or before the original due date of the r partnership return. Do not file before the end of	B. If applicable, state the reason you nee REQUIRED TO COMPLI	ed the extension:	INFORMATION NOT YET				
tax year.		BEEN RECEIVED.						
ile online go to www.myflorida			000 m					
	you are required to pay tax with this application, on of time and subject the taxpayer to penalties and	C. Type of lederal terusti filed.		LEONARD				
	etum(s) and pay all taxes due. There is also a penalty	Contact person for questions: DEE Telephone number: 850-668-		JEONARD				
nature - A person authorized b st be (a) an officer or partner o ctice before the internal Reven	by the taxpayer must sign Form F-7004. They of the taxpayer, (b) a person currently enrolled to ue Service (IRS), or (c) an attorney or Certified							
alic Accountant qualified to pro Have you filed Form 7004 with	actice before the IRS under Public Law 89-332. the IRS	Extension of Time Reque	st	Florida Income/Franchise Emergency Excise Tax Due				
or the taxable year?		1. Tentative amount of Florida tax for the	e taxable year	1. NONE				
extension for Florida tax pu	rposes may be granted, even though no federal show good cause. For more information, see IRS	2. LESS: Estimated tax payments for the	taxable year	2.				
nnouncements 60-90 and 63-		Balance due - You must pay 100% of tentatively determined due with this a		3. NONE				
LORIDA DEPARTIMENT	OF KEVENUE, SUSU W TENNESSEE STR		E					
		EET, TALLAHASSEE FL 32399-013	5					
9Y1104 1.000		EET, TALLAHASSEE FL 32399-013						
	Florida Tentative Income / Fr	EET, TALLAHASSEE FL 32399-013 anchise and Emergency Excise Tale Extension of Time to File Return		 ТНОМ F-7004				
FLORIDA RES	Florida Tentative Income / Fr TAURANT Return and Application for	ranchise and Emergency Excise Ta Extension of Time to File Return		тном F-7004 R. 01/10				
FLORIDA RES	Florida Tentative Income / Fr TAURANT G ASSOCIATION, INC.	anchise and Emergency Excise Tare Extension of Time to File Return FEIN 59-0571930		F-7004				
FLORIDA RES Name & LODGINO Address 230 SOUTH	Florida Tentative Income / Fr TAURANT G ASSOCIATION, INC.	ranchise and Emergency Excise Ta Extension of Time to File Return FEIN 59-0571930 Taxable Year End 12/09	x	F-7004 R. 01/10				
FLORIDA RES Name & LODGINO Address 230 SOUTH Address	Florida Tentative Income / Fr TAURANT Return and Application for G ASSOCIATION, INC. ADAMS STREET	ranchise and Emergency Excise Tare Extension of Time to File Return FEIN 59-0571930 Taxable Year End 12/09 FILING STATUS Corporate	x ion <u>X</u> Pa	F-7004 R. 01/10				
FLORIDA RES Name & LODGINO Address 230 SOUTH Address	Florida Tentative Income / Fr TAURANT Return and Application for G ASSOCIATION, INC. ADAMS STREET	ranchise and Emergency Excise Tare Extension of Time to File Return FEIN 59-0571930 Taxable Year End 12/09 FILING STATUS Corporate Check here if you transmitted in the second	x ion <u>X</u> Pa	F-7004 R. 01/10				
FLORIDA RES Name & LODGINO Address 230 SOUTH Address	Florida Tentative Income / Fr TAURANT Return and Application for G ASSOCIATION, INC. ADAMS STREET	ranchise and Emergency Excise Tare Extension of Time to File Return FEIN 59-0571930 Taxable Year End 12/09 FILING STATUS Corporate	x ion <u>X</u> Pa	F-7004 R. 01/10				
FLORIDA RES Name & LODGING Address 230 SOUTH Address City/State/ZIP TALLA	Florida Tentative Income / Fr TAURANT Return and Application for G ASSOCIATION, INC. ADAMS STREET	ranchise and Emergency Excise Tare Extension of Time to File Return FEIN 59-0571930 Taxable Year End 12/09 FILING STATUS Corporate Check here if you transmitted if	ion X Pa	F-7004 R. 01/10 rtnership				
FLORIDA RES Name & LODGING Address 230 SOUTH Address City/State/ZIP TALLAF Under penalties of perjury, and belief the statements is	Florida Tentative Income / Fr TAURANT Return and Application for G ASSOCIATION, INC. ADAMS STREET HASSEE, FL 32301 I declare that I have been authorized by the aberein are true and correct.	ranchise and Emergency Excise Tar Extension of Time to File Return FEIN 59-0571930 Taxable Year End 12/09 FILING STATUS Corporate Check here if you transmitted in Tentative Tax Due \$ 0 above named taxpayer to make this appropriate:	ion X Paunds electronical	F-7004 R. 01/10 rtnership				
FLORIDA RES Name & LODGING Address 230 SOUTH Address City/State/ZIP TALLAF Under penalties of perjury, and belief the statements is	Florida Tentative Income / Fr TAURANT Return and Application for G ASSOCIATION, INC. ADAMS STREET HASSEE, FL 32301	ranchise and Emergency Excise Tare Extension of Time to File Return FEIN 59-0571930 Taxable Year End 12/09 FILING STATUS Corporate Check here if you transmitted in Tentative Tax Due \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ion X Pa unds electronica	F-7004 R. 01/10 rtnership				
FLORIDA RES Name & LODGING Address 230 SOUTH Address City/State/ZIP TALLAF Under penalties of perjury, and belief the statements i Sign Here:	Florida Tentative Income / Fr TAURANT Return and Application for G ASSOCIATION, INC. ADAMS STREET HASSEE, FL 32301 I declare that I have been authorized by the anterior are true and correct: O O	ranchise and Emergency Excise Tare Extension of Time to File Return FEIN 59-0571930 Taxable Year End 12/09 FILING STATUS Corporate Check here if you transmitted in Tentative Tax Due \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ion X Pa unds electronica dication, that to	F-7004 R. 01/10 rtnership				
FLORIDA RES Name & LODGING Address 230 SOUTH Address City/State/ZIP TALLAF Under penalties of perjury, and belief the statements is Sign Here: 0 1 20091231	Florida Tentative Income / Fr TAURANT Return and Application for G ASSOCIATION, INC. ADAMS STREET HASSEE, FL 32301 I declare that I have been authorized by the and are true and correct: O O O O	ranchise and Emergency Excise Tare Extension of Time to File Return FEIN 59-0571930 Taxable Year End 12/09 FILING STATUS Corporate Check here if you transmitted if Tentative Tax Due \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ion X Paunds electronical	F-7004 R. 01/10 rtnership				
FLORIDA RES Name & LODGING Address 230 SOUTH Address City/State/ZIP TALLAF Under penalties of perjury, and belief the statements i Sign Here:	Florida Tentative Income / Fr TAURANT Return and Application for G ASSOCIATION, INC. ADAMS STREET HASSEE, FL 32301 I declare that I have been authorized by the anterior are true and correct: O O	ranchise and Emergency Excise Tare Extension of Time to File Return FEIN 59-0571930 Taxable Year End 12/09 FILING STATUS Corporate Check here if you transmitted in Tentative Tax Due \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ion X Pa unds electronica dication, that to	F-7004 R. 01/10 rtnership				

Form 8868

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Internal Revenue S		► File a separate application for each return.	
		3-Month Extension, complete only Part I and check this box	
If you are f Do not comple	iling for an Additional te Part II unless you ha	(Not Automatic) 3-Month Extension, complete only Part II (on page ve already been granted an automatic 3-month extension on a prev	2 of this form). iously filed Form 8868.
Part I Auto	matic 3-Month Exte	ension of Time. Only submit original (no copies needed).	
		90-T and requesting an automatic 6-month extension - check this bo	ox and complete
Part I only			X
	orations (including 11 ome tax returns.	20-C filers), partnerships, REMICs, and trusts must use Form 70	04 to request an extension of
one of the re- electronically i returns, or a c 8868. For mor	turns noted below (6 if (1) you want the ac omposite or consolida e details on the electro	you can electronically file Form 8868 if you want a 3-month automonths for a corporation required to file Form 990-T). However, diditional (not automatic) 3-month extension or (2) you file Forms ted From 990-T. Instead, you must submit the fully completed and onic filing of this form, visit www.irs.gov/efile and click on e-file for Completed an	er, you cannot file Form 8868 990-BL, 6069, or 8870, group signed page 2 (Part II) of Form harities & Nonprofits.
Type or	Name of Exempt Organ		Employer identification number
print		JRANT & LODGING ASSOCIATION, INC.	59-0571930
File by the		om or sulte no. If a P.O. box, see instructions.	
due date for filling your	230 SOUTH ADAM	e, state, and ZIP code. For a foreign address, see instructions.	
retum. See instructions.	TALLAHASSEE, FI		
Check type o		e a separate application for each return):	
Form 990			n 4720
Form 990			n 5227
Form 990		Form 990-T (trust other than above) Form	n 6069
Form 990	-PF	Form 1041-A Form	n 8870
If the organ If this is for for the whole gomes and Ell I reques until	a Group Return, enter group, check this box Ns of all members the st an automatic 3-	an office or place of business in the United States, check this box the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and extension will cover. month (6 months for a corporation required to file Form 010 to file the exempt organization return for the organization	
2 If this tax	year is for less than 1	2 months, check reason: Initial return Final return	Change in accounting period
3a If this ap	pplication is for Form	990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, I	ess any
	dable credits. See inst		3a \$ NONE
•	•	990-PF or 990-T, enter any refundable credits and estimated tax pages	
		erpayment allowed as a credit.	3b \$
		from line 3a. Include your payment with this form, or, if required,	
		ulred, by using EFTPS (Electronic Federal Tax Payment System	3c \$ NOWE
instructio		a cleater pia fund with desired with this Form 0.000 Form 0.450 FG	
for payment in		n electronic fund withdrawal with this Form 8868, see Form 8453-EC	A SUR LOUIT 00/A-EA
		duction Act Notice, see instructions.	Form 8868 (Rev. 4-2009)

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.

TALLAHASSEE, FL EIN 59-0571930 FYE: 12/31/2009

Form F-1120: Net Operating Loss Carryforward & Utilization

	Generated	Utilized	Expired	Carryforward
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 a	available at 12/31/09			(28,093)

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Open to Public

A I	or th	e 2008	caler	ıdar	year, or	tax y	ear beg	inning			1	2008, a	nd e	ending			, 20			
В	heck if ap	oplicable; P	lease	CN	ame of organ	ization	FLOR	IDA R	RESTA	URANT	& L	ODGING	3 A	ssoc.	D Emplo	yer identif	fication nun	ber		
	Addre		se IRS bel or	Do	oing Business	As									59-6	057193	30			
	Name	change p.	dnt or	N	umber and s	treet (or P.O. box	x if mail is	not deliv	vered to str	eet addr	ess)		Room/suite						
	Initial		type. See	Ρ.	о. вох	177	9								(850)224-2250					
	Termi		pecific struc-	Çi	ly or town, s	tate or	country, a	nd ZIP + 4	ş .						1	0,221				
	Amen	ided t		'ם יד	LLAHASS	EE	FT. 3	2302-	1779						G Gross	receipts \$	10	919	,487.	
\vdash	Applic	ation	F Na	me a	and addres	s of p	rincipal of	ficer: ~z	POL	B DO	77 F D		_		H(a) Is thi	s a group re	+0	Yes	X No	
_	pendi	- 1			UTH ADA							32301			affilia H(b) Are s	tes? ill affiliates ir	nduded?	Yes	No	
1	Tax-ex	empt statu		$\overline{}$	501(c) (6					a)(1) or		27			⊣		list. (see Instru	, ,		
J		_ `		_	LA.ORG	/ -	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	1017	4/(1/ 0.					┥		number 🕨	,		
<u>-</u>		of organiza			Corporation		Trust	Associa	tion	Other			Ti.	Year of form	ation: 194			micile:		
Đ:	art I	Sumi		_	Corporation		11001	Aaaocie	1011	Other				100,010	194	0 111 0121	to or regas de	miliono.	FL	
' '				_													<u> </u>			
	1	Briefly d	iescrii	be th	ie organiza	tion's	mission	or most :	significa	ent activiti	es:					-				
Se															VICE					
nar								FKTVP	S_AN	D_EXAI	15 13) <u> </u>	OF.	-EFORIT	A'S FO	<u> ΣΦ</u>				
Ver					TABLISH					- -										
Activities & Governance	2														% of its ass		1			
•ඊ ග	3	Number	of vo	ting	members o	of the	governin	g body (F	art VI,	line 1a)						3			<u>87</u>	
itie	4	Number	of ine	depe	endent votir	ig me	mbers of	the gov	erning	body (Par	t VI, lin	e 1b)				4			87	
÷	5	Total nu	ımber	of e	mployees (F	Part V	, line 2a)									5			49	
Ă					olunteers (e											6			4	
	7 a	Total gr	oss u	nrela	ated busines	ss rev	enue from	n Part VII	II, line 1	2, columi	1 (C)					7a		_		
_	b	Net unre	elated	bus	iness taxat	ole ind	come from	Form 9	90-T, li	ne 34			<u></u>						NONE	
															Prior \	<u>ear</u>	Cur	rent Ye	ar	
e	8	Contribu	ution a	and (grants (Parl	VIII,	line 1h) .							L					NONE	
enr	9	Program	n serv	ice r	evenue (Pai	rt VIII,	, line 2g) <u>.</u>							L	1,77	0, <u>739</u>	. 1	,541	,450.	
Revenue	10	Investm	ent in	сот	ie (Part VIII	, colu	mn (A), lir	nes 3, 4,	and 7d)				L	1,92	7,147.		329	,521.	
-	11	Other re	evenu	e (P	art VIII, col	umn ((A), lines 5	5, 6d, 8c,	, 9c, 10	c, and 11	e)			. <i>.</i> L	1,93	3,569	. 2	,577	,422.	
	12	Total re	venue	- a	dd lines 8 tl	hroug	jh 11 (mu:	st equal !	Part VII	I, column	(A), lin	e 12)			5,63	1,455	. 4	, 448	, 393.	
	13	Grants a	and si	imila	r amounts p	aid (l	Part IX, co	olumn (A)), lines	1-3)						NON	E		NONE	
	14	Benefits	paid	to o	r for membe	ers (P	art IX, col	umn (A)	, line 4)							NON	E ,		NONE	
Ś	4.5	Salaries	, othe	er co	mpensation	n, em	ployee bei	nefits (Pa	art IX, c	olumn (A), lines	5-10)			2,37	4,662.	. 2	,747	,801.	
nse	16a	Profess	ional 1	fund	raising fees	(Part	IX, colum	nn (A), lir	ne 11e)							NON			NONE	
Expenses	b				expenses, F									1						
ш	17	Other ex	xpens	es (l	Part IX, colu	ımn (A), lines 1	1a-11d,	11f-24t)					1,79	5,132.	. 1	.719	,111.	
	18	Total ex	pense	es. A	dd lines 13	-17 (must equa	al Part IX	, colum	n (A), line	25)		• •			9,794			,912.	
	19	Revenue	e less	exp	enses. Sub	tract	line 18 fro	m line 1	2							1,661.			,519.	
O.															Beginning			d of Ye		
Net Assets or Fund Balances	20	Total as	sets (l	Part	X, line 16)										16,00		. 13	.099	,824.	
ASS	21	Total lia	bilitie	s (Pa	art X, line 26											8,402			,607.	
Net	22	Net ass	ets or	fun	d balances.	Subl	tract line 2	1 from li	ne 20.						14,79				,217.	
	art II		ature				_						•	<u> </u>	117.7	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		, , , , ,	, 2 1 , .	
						eclare	that I hav	e evamin	ed this	return inc	ludina	accompan	vina	schedules a	nd statement	ts and to	the hest of	my ko	owledge	
															formation of					
5	ign																			
	lere	Si	gnatur	e of	officer								_		Da	te				
		Ty	pe or i	print	name and titl	e							_				_			
_			-		-1						D	ate _		Check if		Prepare	r's identifyin	g numbe	er	
Palo	ł	Prepare signatu			11-		- 4	AV	11			1/16.1	00	self- employe	. I	(see inst	tructions)			
Pre	parer's	Firm's n		or you	IS N miles	47 5	UMARY	r ppp	CUCO	M D 2		TICK!		Simpleyer	EIN		<u> P005989</u>			
Use	Only	if self-en address,	nploye	d),	1 HOP		HOWEL					EI 2220	10		Phone no.		<u>59-318</u>			
Ma	v the If				turn with th		NNIAL BL										850-668	$\overline{}$	No	

Form 990 (2008)

JSA 8E1020 1.000

(Expenses \$

including grants of \$

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

4e Total program service expenses ▶ \$

) (Revenue \$

(Must equal Part IX, Line 25, column (B).)

Pail	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No_
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4_		
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	5	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	6		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	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	_		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8		<u> </u>
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	nomed to Colombia D. Dod IV	9		U,
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10_		<u>X</u>
••	Pode VII VIII VIV or V or applicable	11	Х	
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	12		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	_	Х
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	14b		Х
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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		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	18	Х	<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
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	21	<u> </u>	_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	22	-	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
240	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			1
	24b-24d and complete Schedule K. If "No," go to question 25	244		١.,
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		_ X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		\vdash
Ū	to defense any try over-t hande?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	2.74		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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	27		X
JSA 8E1021	1.000	Form	990	(2008)

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:			
а	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)? If "Yes," complete Schedule L,			
	Part IV ,	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		Х
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? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	Х	
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	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		l x

Form 990 (2008)

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . L2a 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a 3b b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O Χ 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 4a b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c 6 a 6a Did the organization solicit any contributions that were not tax deductible?.............. If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . 7 b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7 c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. 9a 9b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against

Form 990 (2008)

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? - · ·

If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b

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

Sect	ion 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			
b	Enter the number of voting members that are independent 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		Х
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
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?	7 a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b_	Χ	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Χ	
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	Х	
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
Sect	ion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	No
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		Х	No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		No
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X	No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12b	X X	No
b c 13	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy?	12b 12c 13	X X X	No
b c 13 14	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	12b	X X	No
b c 13	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	12b 12c 13	X X X	No
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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:	12b 12c 13 14	X X X X	No
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official?	12b 12c 13 14	X X X X	No
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?	12b 12c 13 14	X X X X	No
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	12b 12c 13 14	X X X X	No
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a toyable on the during the year?	12b 12c 13 14 15a 15b	X X X X	
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14	X X X X	X
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	12b 12c 13 14 15a 15b	X X X X	
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	12b 12c 13 14 15a 15b	X X X X	
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	12b 12c 13 14 15a 15b	X X X X	
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? ion C. Disclosure	12b 12c 13 14 15a 15b	X X X X	
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? List the states with which a copy of this Form 990 is required to be filed	12b 12c 13 14 15a 15b	X X X X X	
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)).	12b 12c 13 14 15a 15b	X X X X X	
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? List the states with which a copy of this Form 990 is required to be filed	12b 12c 13 14 15a 15b	X X X X X	
b c 13 14 15 a b 16a b Sect	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply.	12b 12c 13 14 15a 15b 16a	X X X X X	
b c 13 14 15 a b 16a b Sect	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request	12b 12c 13 14 15a 15b 16a	X X X X X	
b c 13 14 15 a b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3): available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interestications.	12b 12c 13 14 15a 15b 16a 16b	X X X X X	
b c 13 14 15 a b 16a b Sect 17 18	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? In C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3): available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.	12b 12c 13 14 15a 15b 16a 16b	X X X X X	

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

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.

(A)	(B)			(((D)	(E)	(F)
Name and Title	Average hours per			chec 오		that app	ily)	Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	jhest o	Former	from the	from related organizations	other compensation
		al trus	nal tro		loyee	compe		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		66	ıstee			Highest compensated employee				and related organizations
SEE SCHEDULE J-2										
										_
	_									
					<u> </u>					
								_		

Pai	t VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	ligi	ne <u>st Compensat</u>	ed Employ	ees (c	ontinued)
	(A)	(B)			(0	•			(D)	(E)		(F)
	Name and title	Average hours per week	Individual trustee	c Institutional trustee	chec Officer	ਜ਼ੀ Key employee x	Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta compensa from rela organizat (W-2/1099-	ation ated ions	Estimated amount of other compensation from the organization and related organizations
	- ~ ~											
~ ~ -												
					_							
						_						
1 b 2	Total number of individuals (including thos organization ► 5										NONE mpens	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3 X
4	For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	0,00	10?	If "Y	es, '	" complete Sched	pensation lule J for	from such	4 X
5	Did any person listed on line 1a receiv services rendered to the organization? If "Yes,"											5 X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization.	compensat	ed in	ıdep	en	den	t con	trac	ctors that receive	d more th	an \$10	0,000 of
	(A) Name and business add	ress	_					\perp	(B) Description of se	rvices	_ c	(C) Compensation
_						_		+				
_						_		+				
2	Total number of independent contractors (compensation from the organization	including the	nose	in	1)	who	rece	eive	d more than \$10	00,000 in		

NONE

Page 9

Par	t VIII	Statement of Revenu	ie	7.0		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	1 a b c d e f	Federated campaigns Membership dues Fundralsing events Related organizations	1b 1c 1d tions) 1e					
trib		and similar amounts not included	above . 1f					
Con	g	Noncash contributions included in						
	h	Total. Add lines 1a-1f	· · · · · · · · · · ·	Business Code	NONE			
ent	_	Chancabelline		900099	264,218.		Control of the Contro	264,218.
rice Rev	2a b c	SPONSORSHIPS MEMBERSHIP DUES		900099	1,277,232.	1,277,232.		204,218.
Program Service Revenue	d e							
Progra	f g	All other program service reversely. Add lines 2a-2f		<u>.</u> .	1,541,450.		加克尼亚的 拉	A CONTRACTOR
	3	Investment income (including other similar amounts) Income from investment of ta	ax-exempt bond p	roceeds ►	325,686.			325, 686.
	5	Royalties · · · · · · · . [() Dool	(ii) December	275,533,	THE PARTY OF THE P	IXIx	275, 533.
				(II) Personal				
	6a	Gross Rents	3,749.					
	b	Less: rental expenses	NONE					
	d d	Rental income or (loss)	3,749.		3,749.	COLUMN TO SERVICE DE LA COLUMN	THE RESTRICTION AND PARTY OF THE PARTY OF TH	3,749.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities 5, 324, 783.	(ii) Other				
	b	Less: cost or other basis and sales expenses	5,320,948.					
	c d	Gain or (loss)			3,835.			3,835.
Other Revenue	8 a	Gross income from frevents (not including \$ of contributions reported on See Part IV, line 18	line 1c).	361,918.				
her	b	Less: direct expenses		276,120.		MERCH STRATEGY		
ŏ	C	Net income or (loss) from fur		<u></u> ▶	85,798.	CAMBRICAL STATE OF STATE	MINISTER AND ASSESSED.	85,798.
	9 a	See Part IV, line 19	а					
	b C	Less: direct expenses Net income or (loss) from ga	ming activities	<u>.</u> . >	NONE	AND ALCOHOLD STREET	SOURCE OF THE STATE OF	ST STREET, ST. ST. ST. ST.
	10a	returns and allowances	a	2,980,110.	HOLD SALES OF THE			
	b c	Less: cost of goods sold Net income or (loss) from sal Miscellaneous Reven	les of inventory	773,026. STMT 2▶ Business Code	2,207,084.	2,207,084.	A	
	11a	MISCELLANEOUS		900099	5,258.	5,258.		
	ь							
	С							
	d	All other revenue			5,258.	But to the same and the		
	12	Total Add lines 11a-11d Total Revenue. Add lines 1h.			5,258.	THE PERSON NAMED IN COLUMN		The Parket of the Control of the Con
	-	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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	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)	<u>89,845.</u>			
9	Other employee benefits	161,001.			
10	Payroll taxes	<u> </u>			
11	Fees for services (non-employees):				
	Management	NONE			
	Legal	40,809.			
	Accounting	46,629.			
	Lobbying	105,793.			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	25,423.			
g 12		20,120. 110,296.			
13	Advertising and promotion	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.)				
	PUBLIC_RELATIONS	12,900.			
	REPAIRS_&_MAINTENANCE	39,309.			
	DUES_&_SUBSCRIPTIONS	37,132.	 -		
	CHAPTER_EVENTS TAXES	24,738. 24,614.			
	All other expenses	113,237.			
	Total functional expenses. Add lines 1 through 24f	4,466,912.			
	Joint Costs. Check here ▶ If following				
TSA	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Page **11**

Pa	ırt X	Balance Sheet						
			(A) Beginning of year			(E End c	3) of yea	r
	1	Cash - non-interest-bearing	4,601.	1			2,	710
	2	Savings and temporary cash investments	1,143,660.	2		- {	326,	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						
	ĺ	of Schedule L		6				
ts	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sales or use	88,239.	8			110,	192
⋖	9	Prepaid expenses and deferred charges	1,461.	9			23,	896
		Land, buildings, and equipment: cost basis 10a 2,950,915.						
	b	Less: accumulated depreciation. Complete						
		Part VI of Schedule D	<u>1,776,203.</u>	-		_1,6	689 <u>,</u>	690
	11	Investments - publicly traded securities	8,329,126.					952
	12	Investments - other securities. See Part IV, line 11	<u>2,376,315.</u>			1,9	97 <u>2,</u>	803
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets	314,528.					583
	15	Other assets. See Part IV, line 11	1,834,324.					769
_	16_	Total assets. Add lines 1 through 15 (must equal line 34)	16,007,765.					824
	17	Accounts payable and accrued expenses	54 <u>6</u> ,274.				167,	676
	18 19	Grants payable	<u></u>	18 19				470
	20	Tax-exempt bond liabilities	619,515.	20			006,	470
	21	Escrow account liability. Complete Part IV of Schedule D		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		21				
ij		highest compensated employees, and disqualified persons. Complete Part II						
Ľ		of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties	11,408.					874
	24	Unsecured notes and loans payable	11/400.	24				014
	25	Other liabilities. Complete Part X of Schedule D	31,205.				71.	587
	26	Total liabilities. Add lines 17 through 25	1,208,402.	$\overline{}$		1.		607
es		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.						
anc	27	Unrestricted net assets	14,799,363.	27		11.	953,	217
Bal	28	Temporarily restricted net assets		28	-			
5	29	Permanently restricted net assets		29				
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.						
ŝ	30	Capital stock or trust principal, or current funds		30				
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32				
Z	33	Total net assets or fund balances	<u>1</u> 4,799,363.	33		11,	953,	217
	34 Total liabilities and net assets/fund balances							824
Pa	rt XI	Financial Statements and Reporting						
1	Acco	ounting method used to prepare the Form 990: Cash X Accrual Other	er				Yes	No
2a	<u> </u>							
b		e the organization's financial statements audited by an independent accountant? \dots			[2b		Х
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	•					
_		, review, or compilation of its financial statements and selection of an independent account			ا ٠ ٠ ٠	2 c		
3a		result of a federal award, was the organization required to undergo an audit or audits as s			ĺ			
L		Single Audit Act and OMB Circular A-133?				3 a		X
IJ	11 16	es," did the organization undergo the required audit or audits?				3b		1

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

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2008
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(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) or	rganizations: Complete Part III.	ax, tien		
Nε	me of organization FLOR	DA RESTAURANT AND LODG	ING	Employer identi	fication number
	SOCIATION, INC.			59-05	571930
Pa		d by all organizations exemptons for Schedule C for details.	under section 50	1(c) and section 527 or	ganizations.
1		ne organization's direct and indirect	t political campaign	activities in Part IV	
2	Political expenditures			> \$	
3					
Pa		d by all organizations exempt ons for Schedule C for details.	under section 501	I(c)(3).	
1	Enter the amount of any e	xcise tax incurred by the organizat	ion under section 49	955 ▶ \$	
2	Enter the amount of any e	xcise tax incurred by organization	managers under sed	ction 4955 🏲 🖣	
3		d a section 4955 tax, did it file Forr			
4a b	If "Yes," describe in Part IV				Yes No
		d by all organizations exemp	t under section 50	01(c), except section 50)1(c)(3).
		ons for Schedule C for details.			
1		expended by the filing organizatio			
	activities				
2		ing organization's funds contribute			
3	Total of direct and indirect	exempt function expenditures. Ad	d lines 1 and 2 and	enter here and	
Ū	on Form 1120-POL, line 1	7b			
4		file Form 1120-POL for this year? .			
5		s and employer identification num			
		nount paid and indicate if the am			
		d promptly and directly delivered to ittee (PAC). If additional space is ne			sparate segregated fund
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(4) (12.110	(2). (3).	(0, =	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If none, enter -0
_					Tione, enter-o-:
			-		
]		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 8E1264 1.000

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

Pa	To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for			Form	1		
	(7)	(a			(b)		
		Yes	No		Amou	ınt	
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 b	Volunteers? 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? Grapts to other organizations for lobbying purposes?	-					
f	Chants 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 other means?						
İ	Other activities? If "Yes," describe in Part IV						
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 If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
c d	If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	rt III-A To be completed by all organizations exempt under section 501(c)(4), se	ction	501	(c)(5)	Or		
,	section 501(c)(6). See the instructions for Schedule C for details.			(0)(0)	,, 0.		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		Χ
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?					Χ	
Pa	rt III-B To be completed by all organizations exempt under section 501(c)(4), so						
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "Nequestion 3 is answered "Yes." See Schedule C instructions for details.	10" U	K II	Part .	⊪-A,		
1	Dues, assessments and similar amounts from members		_	1	1 ′	277,	232
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amort				<u> </u>	- 11,	232
_	political expenses for which the section 527(f) tax was paid).			.			
a	Current year			2a	8	321,	053
b	Carryover from last year		[2b			698
С	Total			2 c		907,	751
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es .		3		538 ,	<u>616</u>
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I	-	-				
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		• • •	5		269,	135
	rt IV Supplemental Information	•••	• • •				
	replete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C	lina			II D. II	- 4:	
	e, complete this part for any additional information.	, me	5 and	ran	II-D, III	ie 11.	
							-
	~						

Schedule C (F	Form 990 or 990-EZ) 2008	59-0571930	Page 4
Part IV	Supplemental Information (continued)		
		•	
			- -
			
~			
			-

Supplemental Financial Statements

OMB No. 1545-0047 2000 O

Department of the Treasury Internal Revenue Service

▶ 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

2.	Inspection
	Open to Public

Name of the organization Employer identification number FLORIDA RESTAURANT AND LODGING ASSOCIATION, 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 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of certified historic structure 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 2b Number of conservation easements on a certified historic structure included in (a) C 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 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 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. 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: 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:

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

Par	t III Organizations Maintaining Collec	tions of Art, Hi	storical	i reasures,	or Oth	er Similar As	sets (c	ontinuea)	
•	Using the organization's accession and other	ropords shook s	nu of the	following th	ot are a	cianificant usa	of its c	ollection	
3		records, check a	iny or the	iollowing til	at are a	significant use	3 01 165 6	Ollection	
	items (check all that apply):	a .		l oon ar ava	hanga ni	ograms			
а	Public exhibition	d	Н	Loan or exc	nange pi	Ograms			
þ	Scholarly research	e		Other					
C	Preservation for future generations	laatiana and ava	laia bawa	have from have	, , ,	nizationia avoi	mat aur	one in	
4	Provide a description of the organization's col	rections and exp	iain now i	ney luttiler	ine orga	mzation's exer	ութւ բալ	Jose III	
_	Part XIV. During the year, did the organization solicit or	rossius denstis	nn of ort	hintorical tr	a a cura c	or other simila	-		
5	assets to be sold to raise funds rather than to							Yes	- No
Dor									No
Par	Part IV, line 9, or reported an amo				on ansv	vereu res t	O FUIII	550,	
	Tartiv, fine o, or reported arrante	Jane on Form o	00, 1 011	1110 211					
1 a	Is the organization an agent, trustee, custodia	n or other interm	nediary fo	r contributio	ns or ot	ner assets not			
٠	included on Form 990, Part X?							Yes	No
h	If "Yes," explain the arrangement in Part XIV a								
	The foot of opposite the arrangement are account of			,	-	Ar	nount		
С	Beginning balance			<i></i> †	1 c				
	Additions during the year					_			
	Distributions during the year								
f	Ending balance				_				
2a	Did the organization include an amount on Fo	orm 990, Part X,	line 21?	- 				Yes	No
	If "Yes," explain the arrangement in Part XIV.						_		
Par		organization an	swered '	Yes" to Fo	rm 990,	Part IV, line	10.		
	(a) Currer	nt Year (b) Pr	ior year	(c) Two yea	ırs back	(d) Three year	s back	(e) Four yea	rs back
1a	Beginning of year balance								
b	Contributions								
C	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities .								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	end balance hel	d as:						
а	Board designated or quasi-endowment >	%							
b	Permanent endowment ▶ %								
	Term endowment ▶%								
3a	Are there endowment funds not in the posse	ssion of the orga	anization	hat are held	and ad	ministered for	ine	14	
	organization by:							Ye	s No
	(i) unrelated organizations							3a(i)	
h	(ii) related organizations							3a(ii) 3 b	+
_	Describe in Part XIV the intended uses of the							36	
4 Par	t VI Investments - Land, Buildings, an				t X line	10			
rai	Description of investment	(a) Cost or other ba			$\overline{}$			d) Dankarka	
	Description of investment	(investment)	sis (t) Cost or other basis (other)	(c)	Depreciation		d) Book value	
1 a	Land				_				
b	Buildings			2,271,72	0.	<u>65</u> 6,394.		<u>l,615,</u>	326.
C	Leasehold improvements				_ _				
d	Equipment	. <u> </u>		<u>36</u> 3,46		312,455.			010.
	Other			315,73		292,376.			354.
Tota	II. Add lines 1a-1e. (Column (d) should equal F	orm 990, Part X,	column (3), line 10(c)	.)	<u></u> ▶		1,689,	690.

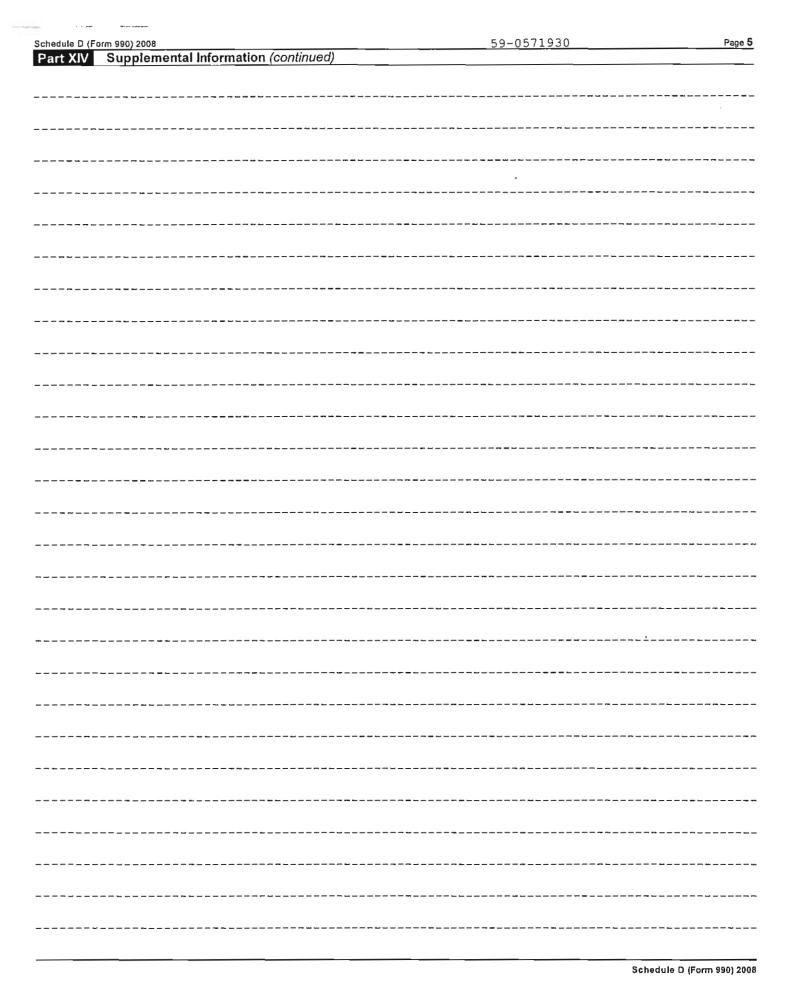
Schedule D (F			59-0571930	Page 3
Part VII	Investments - Other Securities. See	Form 990, Part X, line	12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
Financial der	ivatives and other financial products			
Closely-held	equity interests			
Other_PRIV	/ATE_CAPITAL_INVESTMENTS	1,972,803.	<u>EM</u> V	
			·	
	(b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See			
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
_				
Total, (Column	(b) should equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX	Other Assets. See Form 990, Part X			
T dit ix		a) Description		(b) Book value
INTEREST	r in Culinary Corner			,,,, _ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
111111111111111111111111111111111111111	CONDO ASSOCIATION			145,812.
DEPOSITS				13,818.
	INTEREST			20,950.
	M RELATED PARTY			455,716.
INVESTME	ENT IN RCS			776,473.
Total (Column	n (b) should equal Form 990, Part X, col. (B) line 15.)			1 412 760
Part X	Other Liabilities. See Form 990, Par		· · · · · · · · · · · · · · · · · · ·	_1,412,769.
raitA	(a) Description of liability	(b) Amount		San
Federal incor		(2) / 11112111		
DUE TO F	RELATED PARTY	71,587		
		100		
		(a)		
iotal, (Column	n (b) should equal Form 990, Part X, col. (B) line 25.)	· 71.587.		HEROTECH PROPERTY OF THE PERSON NAMED IN

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.

Schedule D (Form 990) 2008 59-0571930 Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements 1 Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) 2 Excess or (deficit) for the year. Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Other (Describe in Part XIV) 8 8 Total adjustments (net). Add lines 4-8 9 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9...... Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Donated services and use of facilities _______2b 2e 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part Vill, line 7b c Add lines 4a and 4b 4 c Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) . . Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2b c Losses reported on Form 990, Part IX, line 25 2 c d Other (Describe in Part XIV) e Add lines 2a through 2d 2e 3 3 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 b Other (Describe in Part XIV) c Add lines 4a and 4b ... Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) 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.

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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17,

18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

OMB No. 1545-0047

Open To Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FLORIDA RESTAURANT AND LODGING

Employer identification number 59-0571930

ASSOCIATION, INC. 59-0571930

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990. Part IV. line 17

art	Tulidraising Activities: 0011						
ı	Indicate whether the organization rai	sed funds through a		_			
а	Mail solicitations	е	$\overline{}$		non-government g		
b	Email solicitations	f	Solic	itation of	government grants	S	
С	Phone solicitations	g	Spec	ial fundra	ising events		
d	In-person solicitations						
2a b	Did the organization have a written of or key employees listed in Form 990 of "Yes," list the ten highest paid indi-), Part VII) or entity viduals or entities (f	in connec	tion with p s) pursuar	professional fundra	aising activities?	Yes No
	to be compensated at least \$5,000 t	(ii) Activity	(III) Dld fun	draiser have	(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vI) Amount paid to (or retained by)
	or entity (fundraiser)			utions?	Hom activity	fundraiser listed in col. (i)	organization
			Yes	No			
				_			
			 				
						<u> </u>	
		_					
		<u></u>					
Γota	<u> </u>		<i></i>				
3 Li	st all states in which the organizat				cit funds or has	been notified it is	exempt from
		-					
		-					
			- -				
	•						

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

Schedule G (Form 990 or 990-EZ) 2008

62596.0

Schedule G (Form 990 or 990-EZ) 2008 59-0571930 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other Events (a) Event #1 (d) Total Events (Add col. GOLF EVENT (a) through col. (c)) FISHING TOURNA. (total number) (event type) (event type) 113,715. 171,002 77,201. 361,918. 2 Less: Charitable 3 Gross revenue (line 1 171,002. 77,201. 361,918. 4 Cash prizes Direct Expenses 5 Non-cash prizes 6 Rent/facility costs 68,073. 57,512. 33,000. 158,585. 7 Other direct expenses 93,167. 14,607. 9,761. 117,535. 276,120.) 85,798. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add (c) Other gaming Revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo col. (a) through col. (c)) **1** Gross revenue 2 Cash prizes Direct Expenses 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor Nο 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 Νo 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? 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: Does the organization operate gaming activities with nonmembers? 11 11

Schedule G (Form 990 or 990-EZ) 2008

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

Sched	dule G (Form 990 or 990-EZ) 2008	<u>59-05</u> 71930			Page 3
				Yes	No
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Provide the name and address of the person who prepares the organiza and records:	ation's gaming/special e	vent books		
	Name >	·			
	Address ►				
15 a	Does the organization have a contract with a third party from whom revenue?				
b					
	amount of gaming revenue retained by the third party ▶ \$		-		
С	If "Yes," enter name and address:				
					ĺ
	Name >				
	Address ►				
16	Gaming manager information:				
	Name -				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent co	ntractor			
17	Mandatony distributions:				

a Is the organization required under state law to make charitable distributions from the gaming proceeds to

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 G (Form 990 or 990-EZ) 2008

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23. FLORIDA RESTAURANT AND LODGING

Employer Identification number

ASSOCIATION,

59-0571930

Part	Questions Regarding Compensation			
	\cdot		Yes	No
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.			
	First-class or charter travel			
	X Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account 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	1 b	X	
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?	2	Х	
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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X
	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	 -	-
þ	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:			
	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	7	<u> </u>	
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	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.

	\mid							
		(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
9	\$	295,000.	178,492.		1	15,099.	488,591	
CAROL B. DOVER	<u>e</u>	NONE		NONE	NONE		NON	NON
	€	125,000.	56,787.			9,716.	191,503.	
DAN MURPHY (ii	Œ)	NONE		NONE	NONE	NONE		NONE
	€ €	1						
	€ €		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	ε							
i)	(E)							
	€ €				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	5							
1)	<u> </u>			 				
3	ε	1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			
(t)	(3)							
0	€							
D	<u>e</u>						-	
9	(3)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6	(ii)							
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1		
1)	Œ							
3)	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(i)	€							
<u> </u>	€	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			
3	€ €							
0	: 6							
	=							
D	€							
9)	€ €			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
2							Sche	Schedule J (Form 990) 2008

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-	7
	Schedule

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the Organization

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

Inspection

ASSOCIATION, INC

FLORIDA RESTAURANT AND LODGING

Employer Identification number 59-0571930

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

Employees										
(A)	(B)			(0	5)			(D)	(€)	(F)
Name and Title	Average hours per week	-	íon (k all	that app		Reportable	Reportable	Estimated
	ры жеек	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
PATTI BLAYLOCK CHAPTER REPRESENTATIVE	1.	х						NONE	NONE	NONE
JASON BOGAN DIRECTOR	1.	Х						NONE	NONE	<u>NON</u> E
JACQUELINE BOZZUTO CHAPTER REPRESENTATIVE	1.	Х						NONE	NONE	NONE
TOM BRANDT DIRECTOR	1.	X						NONE	NONE	NONE
HARLAN_BUTLERCHAPTER REPRESENTATIVE	1.	Х						NONE	NONE	NONE
GABE_CASTRILLIONCHAPTER REPRESENTATIVE_	1.	Х						NONE	NONE	NONE
MIKE_CHOURI DIRECTOR	1.	Х						NONE	NONE	NONE
PHIL COFFEY ACTIVE AT-LARGE LODGING DIRECT	1.	X						NONE	NONE	NONE
RICK_COFFEYCHAPTER REPRESENTATIVE	1.	Х						NONE	ИОЙЕ	NONE
SUSAN_MCONNELLYAT-LARGE/CORP.RESTAURANT_DIREC	1.	х						NONE	NONE	NONE
KAY_ACORIOAT-LARGE/CORP.RESTAURANT DIREC	_	Х						NONE	NONE	NONE
JEFF_COYLECHAPTER_REPRESENTATIVE	1.	х						NONE	NONE	NONE
BRUCE CRAUL CHAPTER REPRESENTATIVE	1.	Х						NONE	NONE	NONE
WENDY DAMSKER ACTIVE AT-LARGE LODGING DIRECT	1.	х						NONE	NONE	NONE
FRED_DELUCAAT-LARGE/CORP.RESTAURANT DIREC	1.	Х						NONE	NONE	NONE
BERNARD DERAAD AT-LARGE/CORP.RESTAURANT DIREC	1.	Х						NONE	NONE	NONE
JACOB_DIPIETRE AT-LARGE/CORP.RESTAURANT DIREC		Х						NONE	NONE	NONE
MITCH DOREN DIRECTOR	1.	Х						NONE		NONE
BRUCE DUNBAR ACTIVE AT-LARGE LODGING DIRECT	1.	х						NONE		NONE
FRANK_EUCALITO CHAPTER REPRESENTATIVE	1.	Х						NONE	NONE	
FRED_EULERCHAPTER_REPRESENTATIVE	1.	x						NONE		

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

Continuation Sheet for Form 990

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

FLORIDA RESTAURANT AND LODGING

Employer Identification number

ASSOCIATION,

Name of the Organization

59-0571930

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

Employees										
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week		ion (k all	that ap		Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ALAN FINDLAY CHAPTER REPRESENTATIVE	1.	х					_	NONE	NONE_	NONE
JAY_GALBRAITH AT-LARGE/CORP.RESTAURANT DIREC	1	Х		_				NONE	NONE	NONE
TONY GALLO CHAPTER REPRESENTATIVE	1	Х						NONE	NONE	NONE
JUAN GARCIA AT-LARGE/CORP.RESTAURANT_DIREC	1.	х						NONE	NONE	NONE
AL_GARDNERCHAPTER REPRESENTATIVE	1.	Х						NONE	NONE	NONE
JAMES GELFAND ACTIVE AT-LARGE LODGING DIRECT	1.	Х						NONE	NONE	NONE
JOHN G. GIRAGOS CHAPTER REPRESENTATIVE	1.	х						NONE	NONE	NONE
GEORGE E. GLOVER CHAPTER REPRESENTATIVE	1.	Х						NONE	NONE	NONE
RICHARD GONZMART AT-LARGE/CORP.RESTAURANT DIREC	1.	Х						NONE	NONE	NONE
TERRY GRABER DIRECTOR	1.	х				_		NONE	NONE	_
JEFF GRAYSON PAST STATE CHAIRMAN	1.	х	_			_		NONE		
GRIFF_GRIFFITS	1.		_	L				NONE	NONE	
CHAPTER REPRESENTATIVE STEVEN GROVER		X	-							
AT-LARGE/CORP.RESTAURANT DIREC	1	Х			-			NONE	NONE	NONE
AT-LARGE/CORP.RESTAURANT DIRECTLY JIM HARRIS	1	Х			-		+	NONE	NONE	NONE
DIRECTOR MARY K. HAYES	1.	Х		\vdash	-		\vdash	NONE	NONE	<u> NON</u> E
PAST STATE CHAIRMAN TOM HIETPAS	1.	Х			-			NONE	NONE	NONE
DIRECTOR	1.	х			_		ļ	NONE	NONE	NONE
STEPHEN A. HILLIARD ACTIVE AT-LARGE LODGING DIRECT	1	Х		_				NONE	NONE	NONE
JULIE HILTON ACTIVE AT-LARGE LODGING DIRECT	1.	Х			_			NONE	NONE	NONE
GEORGE HOCH	1.	Х			<u> </u>			_ NONE	NONE	NONE
ANDREAS_IOANNOUCHAPTER_REPRESENTATIVE	_1,	Х					L	NONE	NONE	NONE
For Privacy Act and Panerwork Reduction A	Act Notice see	the In	stri	ıctic	ากร	for F	orm	990.	Schodula	J-2 (Form 990) 2008

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

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the Organization

FLORIDA RESTAURANT AND LODGING

Employer Identification number

59-0571930 ASSOCIATION, INC Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part i

Employees							•			
(A)	(B)			(0	2)			(D)	(E)	(F)
Name and Title	Average hours per week	Posit	ion (chec	k all	that ap	· · ·	Reportable	Reportable	Estimated
	her week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DEBBIE JORDAN										_
DIRECTOR	1.	Х	<u> </u>					NONE	NONE	NONE
JOE KADOW										
AT-LARGE/CORP.RESTAURANT DIREC	1	Х		<u> </u>			ļ.,	NONE	NONE	NONE
BOB_KIRSCHER										
DIRECTOR	1.	X			L			NONE	NONE	NONE
DAVID W. KNUDSEN					ļ					
CHAPTER REPRESENTATIVE	1	Х						NONE	NONE	<u>NONE</u>
JAMES KOUTSOS						1				
DIRECTOR	1.	Х			L			NONE	NONE	NONE
MARK KUKULSKI										
CHAPTER REPRESENTATIVE	1.	Х						NONE	NONE	NONE
CATHY MANZON										
CHAPTER REPRESENTATIVE	1.	Х						NONE	NONE	NONE
VICTOR MARINELLO										
AT-LARGE/CORP.RESTAURANT DIREC	1.	X						NONE	иоие	NONE
KATHLEEN MCDOLE							Γ_			
CHAPTER REPRESENTATIVE	1.	Х						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.	Х						NONE	NONE	NONE
KEITH OVERTON										_
ACTIVE AT-LARGE LODGING DIRECT	1.	Х						NONE	NONE	NONE
JOHN M. PELTIER										
CHAPTER REPRESENTATIVE	1.	Х						NONE	NONE	NONE
GRANT W. PICHE	-									
CHAPTER REPRESENTATIVE	1	X						NONE	NONE	NONE
DAVE REID										
AT-LARGE/CORP.RESTAURANT DIREC	_1.	Х		L				NONE	NONE	NONE
ANDREW REISS	<u>-</u>									
CHAPTER REPRESENTATIVE	1.	Х			L			NONE	NONE	<u>N</u> ONE
GREG RIEHLE										
ACTIVE AT-LARGE LODGING DIRECT	1.	X	L					NONE	NONE	<u>NON</u> E
PATRICK J. SHEEHY										
AT-LARGE/CORP.RESTAURANT DIREC	1.	Χ.						NONE	NONE	NONE
For Privacy Act and Paperwork Reduction A		the In	str	ectio	าทร	for F) FITT	990	Schodula	J-2 (Form 990) 2008

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

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Continuation Sheet for Form 990

OMB No. 1545-0047

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 Employer Identification number 59-0571930

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

Employees (A)								15.		
Name and Title	(B) Average hours	Posit	ion (C) kall	that ap	nlv)	(D) Reportable	(E) Reportable	(F) Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	estimated amount of other compensation from the organization and related organizations
SHAWN SHEPHERD DIRECTOR	1.	x						NONE	NONE	NONE
BILL SHUMATE	1.	Α						NONE	NONE	NONE
PAST STATE CHAIRMAN	1.	X						NONE	NONE	NONE
RAY SINGER							<u> </u>	110112	NONE	HONL
PAST STATE CHAIRMAN	1.	X						NONE	NONE	NONE
JUNE SINGER								110112	110,112	
PAST STATE CHAIRMAN	1.	X						NONE	NONE	NONE
JOY_SMATT				_					110212	
CHAPTER REPRESENTATIVE	1.	x						NONE	NONE	NONE
PETER SOSTHEIM						l —				
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.	Х						NONE	иоие	NONE
TOBY SULLIVAN										
CHAPTER REPRESENTATIVE		X						NONE	NONE	NONE
BRYAN SUTTON										
CHAPTER REPRESENTATIVE	1.	Х			_			NONE	NONE	NONE
JON_SWEEDE										
AT-LARGE/CORP.RESTAURANT DIREC	1.	X						NONE	NONE	NONE
RIP_TOSUN										
PAST STATE CHAIRMAN	_1.	Х						NONE	NONE	NONE
JIM_VALENTINO										
CHAPTER REPRESENTATIVE	1	Х					_	NONE	NONE	<u>NON</u> E
CATHY_YALERIANO										
CHAPTER_REPRESENTATIVE	<u> 1.</u>	Х					_	NONE	N <u>ON</u> E	<u>NON</u> E
TED_WATERBURY										
PAST STATE CHAIRMAN	1	Х		Щ			ļ	NONE	NONE	NONE
BARBARA_WEISS										
CHAPTER REPRESENTATIVE	1.	Х						NONE	NONE	NONE
JIM_WHAPLES										
CHAPTER REPRESENTATIVE		Х						NONE	NONE	NONE
DAVID WHITE										
DIRECTOR	1	X	<u> </u>				_	NONE	NONE	NONE
DEIDRE WHITE		,.						,		
CHAPTER REPRESENTATIVE	1.	X						NONE		
For Privacy Act and Paperwork Reduction A	ct Notice, see t	the Ins	stru	ctio	กร (or Fo	rm	990.	Schedule	J-2 (Form 990) 2008

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

Continuation Sheet for Form 990

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization FLORIDA RESTAURANT AND LODGING

Employer Identification number

ASSOCIATION, INC.

59-0571930

Employees (A)	/D)	$\overline{}$						(D)	- T	
(A) Name and Title	(B) Average hours	Posit	ion ()) 		that ap	-lu	(D)	(E)	(F)
Name and Hue	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MICHELLE WILSON										
CHAPTER REPRESENTATIVE	1	X				ļ <u>-</u> -		NONE	NONE	NONE
CAROL B. DOVER										
PRESIDENT & CEO	40.			Х				473,492.	NONE	15,099.
KIPPER GREIST										
<u>CHAIRMAN</u>	1.	<u> </u>		Х	L_			NONE	NONE	NONE
ANDY_HAAS										
CHAIRMAN ELECT				Х		<u> </u>		NONE	NONE	NONE
BOB_DEARDEN										
CFO	40.			Х				139,321.	NONE NONE	<u>8,096</u> .
DAN_MURPHY										
VP OF MEMBERSHIP	40.			X				181,787.	NONE NONE	9,716.
RICHARD TURNER										
VP OF GOV RELATIONS	40.	_				X	ļ_	124,842.	NONE	<u> 15,099.</u>
FRANK BONE										
VP OF REGULATORY SERVICES	<u>4</u> 0.	_				X		109,167.	NONE	<u>13,534.</u>
					_					
									_	
	_								_	
								_		

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

Supplemental Information to Form 990

OMB No. 1545-0047 90**10**

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

FLORIDA RESTAURANT AND LODGING

<u> </u>
Open to Public
Inspection

Employer Identification number

ASSOCIATION, INC.	59-0571930
SUPPLEMENTAL INFORMATION .	.
PART I, LINE 6	
THE 4 VOLUNTEERS REPRESENT 4 STUDENT INTERNSHIPS. THE INTERNS SE	RVE_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 RE	QUIRES
THE OFFICERS, DIRECTORS, CHIEF EMPLOYED EXECUTIVE AND CHIEF EMPLO	YED
_ FINANCE_EXECUTIVE_TO_ANNUALLY_DISCLOSE_POTENTIAL_CONFLICTS_OF_THE	MSELVES
AND THEIR FAMILY MEMBERS ON A FORM DISTRIBUTED BY THE ASSOCIATION	THE
CHAIRMAN OF THE BOARD ENSURES THAT ALL FORMS ARE COMPLETED, REVIE	WS_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 M	EMBERS

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.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
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.

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 20**08**

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

Inspection

Employer identification number

▶ See separate instructions. FLORIDA RESTAURANT AND LODGING Name of the organization Department of the Treasury Internal Revenue Service

59-0571930

Identification of Disregarded Entities Part

ASSOCIATION, INC.

(A)	(B)	(c)	(a)	9	(F)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)		End-of-year assets	Direct controlling entity
					,

Organizations
elated Tax-Exempt
of Related
Identification (
ar I

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

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

Schedule R (Form 990) 2008

37

Schedule R (Form 990) 2008

59-0571930

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EiN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Outproportorate aboutora?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
11							Yes No		Yes No
					Í				
									-

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp. or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
REGULATORY COMPLIANCE SERVICES, INC59-3753330	TRAINING	FL	N/A	CCORP	-306,981.	1,160,612.	100.0000
	,						

Part V Transactions With Related Organizations

	Note Commission and its contraction in Endon in Danta II III and IV		Α.	Yes No	
-	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?			超過	Second.
๙			4	×	
Ω	b Gift grant, or capital contribution to other organization(s)		1p	×	
י י			10	×	
7			1d	×	
9 0			10		
ע					1
4	Sala of accate to other organization(e)		16	×	
		•	10	: ×	1
ב מ			1	×	
=	It have of facilities an imment or other assate to other organization(s)		Ę	×	
•		•		器器	
-	Lease of facilities, equipment, or other assets from other organization(s)		1j	×	
, <u>~</u>	k Performance of services or membership or fundraising solicitations for other organization(s)		1k	×	
~	Performance of services or membership or fundraising solicitations by other organization(s)		7	×	
E			1 m	_	
_			1n		
:					l
0	o Reimbursement paid to other organization for expenses		10	×	
Ω	Reimbursement paid by other organization for expenses		10	×	
•			理解		
ь	q Other transfer of cash or property to other organization(s)		19	×	
-			11	×	
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relation	transaction thre	sholds.		
			(0)		
1	Name of other organization(s) type (3-r)	, Атоп	il involved		
3					
(2)					
3					1
2					
(4)					
(2)					
(9)					
		Schedule R (Form 990) 2008	R (Form 9	90) 2008	m

59-0571930 Schedule R (Form 990) 2008

Page 4

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

	10/	9	. 6	(8)	Œ	(9)	Ξ
אס (אי) Name, address, and ElN of entity	(B) Primary activity	nicile	Are all partners	Share of	Disproportionate	Coc	General or managing
			501(c)(3) organizations?				partner?
			Yes No		Yes No	_	Yes No
							_
							-
						-	_
			-				
						Schedule R (Form 990) 2008	990) 2008

Form 8868

(Rev. April 2008)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Internal Revenue S		► File a separate application for each return.		
		Automatic 3-Month Extension, complete only Part I and check this box		X
		n Additional (Not Automatic) 3-Month Extension, complete only Part il (on pag niess you have aiready been granted an automatic 3-month extension on a pre-		
Part I Auto	matic 3-	Month Extension of Time. Only submit original (no copies needed).		
		o file Form 990-T and requesting an automatic 6-month extension - check this b	oox and comp	lete
time to file inco	ome tax re		•	
one of the ret electronically is returns, or a co	turns note f (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month autoed below (6 months for a corporation required to file Form 990-T). However want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated From 990-T. Instead, you must submit the fully completed and on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Constant.	er, you can 990-BL, 60d signed pag	not file Form 8868 69, or 8870, group e 2 (Part II) of Form
Type or	Name of	Exempt Organization	Employer in	lentification number
print	Florid	a Restaurant & Lodging Association, Inc.	59-05719	30
File by the	Number,	street, and room or suite no. If a P.O. box, see instructions.		
due date for filing your		uth Adams Street		
return. See		n or post office, state, and ZIP code. For a foreign address, see instructions.		
		assee,FL 32302-1779		
		be filed (file a separate application for each return):		
X Form 990			m 4720	
Form 990			m 5227	
Form 990-			m 6069	
Form 990-	-1-1-	Form 1041-A For	m 8870	
 If the organ If this is for for the whole gnames and EIN 1 I request until Aud for the org X 	nization do a Group I proup, che ls of all re an autom gust 17 ganization calendar tax year	nembers the extension will cover. atic 3-month (6 months for a corporation required to file Form 990-T) extension	of time	If this is list with the
3a If this ap	plication	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less anv	
		dits. See instructions.	- 1	3a \$
b If this app	plication i	s for Form 990-PF or 990-T, enter any refundable credits and estimated tax p	ayments	
c Balance I with FTC instruction	Due, Subt Dicoupon ns.	prior year overpayment allowed as a credit. tract line 3b from line 3a. Include your payment with this form, or, if required, or, if required, by using EFTPS (Electronic Federal Tax Payment System	, deposit m). See	3b \$ 3c \$
Caution. If you for payment Ins		to make an electronic fund withdrawal with this Form 8868, see Form 8453-E0	o and Form 8	879-EO
		perwork Reduction Act Notice, see Instructions.	Fo	om 8868 (Rev. 4-2008)

Form 886	8 (Rev. 4-2009)				Page 2
If yo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only	y Part II a	ind check this box		× X
Note.	Only complete Part II if you have already been granted an automatic 3-month ex	tension o	n a previously filed	Form 88	868.
If yo	u are filing for an Automatic 3-Month Extension, complete only Part I (on page	1).			
Part	Additional (Not Automatic) 3-Month Extension of Time. Only	file the	original (no cor	ies ne	eded).
	Name of Everynt Organization my	Inc.	Employer identifi		
Type o	c/o Thomas Howell Ferguson P.A.	A WE WILL	59-0571930		
File by th	Number, street, and room or suite no. If a P.O. box, see instructions.	753	For IRS use only		
extended	2615 Centennial Blvd. Ste. 200		V		
due date filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	e 4-19 12	and the second		建构造 图 2 10 基
return. Si instructio		a ghaistá		- H	
	type of return to be filed (File a separate application for each return):				med aberlant marifule to have a
	Form 990 Form 990-PF		Form 1041-A		Form 6069
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 4720		Form 8870
	Form 990-EZ Form 990-T (trust other than above)		Form 5227	ш.	
	Do not complete Part II if you were not already granted an automatic 3-more	nth exter		usly file	d Form 8868.
	books are in the care of ▶ Bob Dearden			,	
	phone No. ▶ 850-224-2250 FAX No. ▶ 850	-224-9	9213		
	e organization does not have an office or place of business in the United States, or				▶□
	s is for a Group Return, enter the organization's four digit Group Exemption Numb			his is	
	whole group, check this box	, ,			
	n the names and EINs of all members the extension is for.	, , ,	. Pand attac	л а	
	request an additional 3-month extension of time until November 16, 200	9			
	or calendar year 2008, or other tax year beginning	and en	dina		
	· —	_,and en Final retu		e in acco	ounting period
	state in detail why you need the extension Information required to				• •
	peen received.	, o p c	oo zoouzi. iid	<u> </u>	101
_		·-			
_					
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	tentativ	e tax less any		_
	onrefundable credits. See instructions.	, tornair	o tax, icas any	8a \$	
_	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable	e credits	and estimated	34.7 34.7	
	ax payments made. Include any prior year overpayment allowed as a credit				
	reviously with Form 8868.	and any	, amount paid	8b \$	
_	salance Due. Subtract line 8b from line 8a. Include your payment with this form	or if re	quired deposit	00 4	
	vith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S			8c \$	
	Signature and Verification		oo manadadaa.	19614	
Under p	enalties of perjury, I declare that I have examined this form, including accompanying schedules ar		nts, and to the hest o	f mv knov	vledge and helief
	correct, and complete, and that I am authorized to prepare this form.	•••••		,	ga ena pondi
Signatur	■ Llevah hemand THE > CPF	4	Date 1	دا ۲ ح	8 2009
	The second secon				68 (Rev. 4-2009)

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.

000 T	I_			T . D .					L	OMB No	1545-0887
Form 990-T		ot Organization Business In			-				e))	න (ากร
Department of the Treasury		For calendar year 2008 or other tax ye						nd	\vdash	Open to Pr	iblic Inspection
Internal Revenue Service		ending 12/31,2008			<u> </u>		structions.	D E	m nlos	for 501(c)(3) (Organizations Only
A Check box if address changed				ne changed and se	e instru	ictions	.)			•	Ituations for Block O
		FLORIDA RESTAURANT	AND	LODGING				on.	Page S	3.)	
B Exempt under section	Duina	ASSOCIATION, INC.						-			
X 501(C)(6)	Print or	Number, street, and room or suite no. I	faP.O	. box, see page 9 of	โกรเกเ	ctions.				<u>571930</u>	
408(e) 220(e)	Туре										s activity codes ock & on page 9.)
408A530(a)	•	P.O. BOX 1779						``	,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	son 2 on pugo on
528(a)		City or town, state, and ZIP code									
C Book value of all assets at end of year		TALLAHASSEE, FL 32						54	<u>418</u>	00	
at ond of year	F Gro	up exemption number (See instruct	ions fo	r Block F ол раде	9.)	-					
13,099,824.	G Che	eck organization type 🕨 X 501	(c) co	rporation	5	01(c	trust	401	l(a) 1	trust	Other trust
H Describe the organia	zation's p	rimary unrelated business activity.	► ADV	VERTISING	REV	ENU	<u> </u>				
I During the tax year.	was the	corporation a subsidiary in an affili	ated g	roup or a parent-s	ubsid	іагу с	ontrolled grou	p?			Yes X No
		identifying number of the parent cor				•					_
J The books are in care					Tele	phon	e number 🕨	(850)	122	4-2250	
		or Business Income		(A) Incor			(B) Exp		,		C) Net
1a Gross receipts or							, , , , , ,			<u> </u>	·
			1¢								
b Less returns and allows		lule A, line 7)	2							_	
_	•		3								
•		2 from line 1c				_	_				
		attach Schedule D)	4a			_				-	
		Part II, line 17) (attach Form 4797)	4b			-					_
 Capital loss dedu 	iction for t	trusts	4 c								
	•	ps and S corporations (attach statement)	5								
			6								
7 Unrelated debt-fi	nanced in	come (Schedule E)	7								
8 Interest, annuitie	es, royal	ties, and rents from controlled									
organizations (Sc	hedule F)		8								
9 Investment inco	me of a	section 501(c)(7), (9), or (17)									
organization (Sch	edule G)		9								
		ncome (Schedule I)	10								
		dule J)	11								
		of the instructions; attach schedule.)	12								
,	,	ough 12									
Part II Deduction	ons No	t Taken Elsewhere (See pag	ie 11	of the instru	ction	s foi	limitations	on de	duc	tions.)	
		tributions, deductions must b									.)
		directors, and trustees (Schedule K)							14		
									15		
								\dots	16	1	
									17		
									18	1	
									19		
		See page 13 of the instructions for I									
	•							Г	20		
		4562),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					[ONE			110115
·		on Schedule A and elsewhere on re							22b		NONE
									23	-	
		compensation plans							24		
		5							25	_	
26 Excess exempt ex	xpenses (Schedule i)							26		
		Schedule J)							27		
		schedule)							28		
		es 14 through 28							29		NONE
30 Unrelated busine	ss taxabl	e income before net operating loss	dedu	ction. Subtract lin	e 29 t	rom l	ne 13	[30		NONE
		ion (limited to the amount on line 30							31		
		le income before specific deduction							32		NONE
		rally \$1,000, but see line 33 instruc							33		
		ole income. Subtract line 33 from lin									
		ero or line 32							34		NONE

Form 990-T (2008)

TALLAHASSEE, FL

18077K M726 11/10/2009 14:28:02

Schedule C - Rent Income (see instructions on page 2)		roperty a	and Personal Prop	erty ——	Leased W	ith Real Prop	erty) -	
1 Description of property							_	
(1)								
(2)								
(3)				_	•			
(4)								
	2 Rent receiv	ed or accru	ied					
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percent	From real and personal pro tage of rent for personal pro or if the rent is based on pro	operty	exceeds	3(a) Deductions of columns 2(directly con a) and 2(b)	nected with the income in (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of c here and on page 1, Part I, line 6		b). Enter				(b) Total deduce Enter here and of Part I, line 6, cold	on page 1.	
Schedule E - Unrelated D			ee instructions on pa	nge 1	9)		(=/;	
		1001110 (3	2 Gross income from	οι		ictions directly con debt-finance		or allocable to
1 Description of de	рт-ппапсев ргорепу		allocable to debt-finant property	ced		l line depreciation schedule)		Other deductions attach schedule)
(1)								
(2)								
(3)								
(4)		_	_					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4 Amount of average adjusted basis of acquisition debt on or allocable to debt-financed debt-financed property		6 Column 4 divided by column 5		7 Gross ind (column 2	come reportable 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals Total dividends-received deduct	lops included in co	olumn 8		•	Part I, line 7	and on page 1, ', column (A).		nere and on page 1, line 7, column (B).
Schedule F - Interest, Ann			Pents From Contro	lled	Organizat	ione (see inetri	retions or	2 222 20)
Concadie 1 - Interest, Ain	luides, Moyalli		xempt Controlled Or			ions (see msm	10112 01	i paye 20)
1 Name of controlled organization	2 Employer identification nu		3 Net unrelated income (loss) (see instructions)	4 T	otal of specified syments made	5 Part of colum- included in the organization's gro	controlling	6 Deductions directly connected with income in column 5
(1)							_	
(2)								
(3)				T				_
(4)								
Nonexempt Controlled Organ	nizations						_	<u> </u>
7 Taxable Income	8 Net unrelate (loss) (see inst		9 Total of specifie payments made		includ	t of column 9 that is	cor	1 Deductions directly nected with income in column 10
(1)			 		organiz	ation's gross income	-	COMMITTED
(2)			 -		_		_	
					_		 	
(3)			-				-	
(4)		_			<u> </u>		<u> </u>	
					Enter here	nns 5 and 10. and on page 1, a 8, column (A).	Enter	olumns 6 and 11. here and on page 1, line 8, column (B).
Totals	<u> </u>				<u> </u>			Form 990-T (2008

Schedule G - Investment In	come of a Sec	ction 501(c	(7),		nizati	on (see inst	truct	ions on pag	e 21)
1 Description of income	1 Description of income 2 Amount of		3 Deductions directly connected (attach schedule)			4 Set (altach	-aside		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)									, ,
(2)	_								
(3)									
(4)									
_	Enter here and Part I, line 9, co			1					nter here and on page 1, Part I, line 9, column (B).
Totals ▶								1	
Schedule I - Exploited Exe	empt Activity In	come, Othe	r Tha	an Advertising In	com	e (see instru	ctior	s on page	21)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly conne with production	nrelated business column 3). If a gain, business income		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)									147
(2)									
(3)									
(4)							\vdash		
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Par line 10, col. (1.		J	_			Enter here and on page 1, Part II, line 26,
Totals ▶ Schedule J - Advertising In	oomo (ooo i-et-		2:	()					_
Part I Income From Per	lodicais Repor	ted on a Co	nsoti	dated 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)							\vdash		-
(4)									+
					_	_	-		
Tatala (asses) to Dark H. San (5))									
Totals (carry to Part II, line (5)) >				. D:- /C	_ -		1 :	De delle Cl	lin and an analysis
Part II Income From Per			parai	te Basis (For ea	cn pe	eriodical liste	ea ir	Part II, fil	in columns 2
through 7 on a line	e-by-line basis.)		_	_		_			
1 Name of periodical	2 Gross advertising income	3 Direct advertising co	osts	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 page 1, Par line 11, col. (t I						Enter here and on page 1, Part II, line 27.
Schedule K - Compensatio	n of Officers D	iractore an	ıd Te	retoes (see instri	ıction	OD DOGO 22	١		
1 Name	ii oi oincers, b	mectors, ar		2 Title	CHOIR	3 Percent of time devoted to			sation attributable to lated business
		 -			+	business			
					\dashv		<u>%</u>		
		 -			-		%		
					$\overline{}$		%		
Total Fater 1							%		
Total. Enter here and on page 1, P	art II, line 14	· · · · · · <u>· · · · · · · · · · · · · </u>		<u></u>	. <u></u> .				

$_{\text{Form}}\,8868$

Application for Extension of Time To File an

(Nev. April 2000)		Exempt Organization Return	OMB No. 1545-1709
Department of the Internal Revenue S		► File a separate application for each return.	
		3-Month Extension, complete only Part I and check this box	
		(Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this ve already been granted an automatic 3-month extension on a previously filed	
Part I Auto	matic 3-Month Exte	ension of Time. Only submit original (no coples needed).	
A corporation Part I only • •		990-T and requesting an automatic 6-month extension - check this box and cor	mplete X
	orations (including 112 ome tax retums.	20-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	extension of
one of the re- electronically i returns, or a co	turns noted below (6 f (1) you want the ac omposite or consolida	you can electronically file Form 8868 if you want a 3-month automatic existence of months for a corporation required to file Form 990-T). However, you can diditional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6 ated From 990-T. Instead, you must submit the fully completed and signed provided in this form, visit www.irs.gov/efile and click on e-file for Charities &	annot file Form 8868 8069, or 8870, group age 2 (Part II) of Form
Туре ог	Name of Exempt Organ	nization Employer	r identification number
print	Florida Restau	rant & Lodging Association, Inc. 59-057	1930
File by the		orn or suite no. If a P.O. box, see instructions.	
due date for	230 South Adams	s Street	
filing your return. See	City, town or post office	e, state, and ZIP code. For a foreign address, see Instructions.	
instructions.	Tallahassee, FL	32302-1779	
Check type o	f return to be filed (file	e a separate application for each return):	
Form 990)	X Form 990-T (corporation) Form 4720	
Form 990	-BL	Form 990-T (sec. 401(a) or 408(a) trust) Form 5227	
Form 990	-EZ	Form 990-T (trust other than above) Form 6069	
Form 990	-PF	Form 1041-A Form 8870	
 If the organ If this is for for the whole g 		an office or place of business in the United States, check this box the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box and attach	
		(6 months for a corporation required to file Form 990-T) extension of time	
•		009 to file the exempt organization return for the organization named abo	we. The extension is
	ganization's return for:	·	ve. The extension is
► X	calendar year 2008	or	
	tax year beginning	, and ending	
2 If this tax	_		in accounting period
	•	990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
	dable credits. See inst		3a \$
	•	990-PF or 990-T, enter any refundable credits and estimated tax payments	
		erpayment allowed as a credit.	\$b_\$
		from line 3a. Include your payment with this form, or, if required, deposit	
instructio		uired, by using EFTPS (Electronic Federal Tax Payment System). See	
		a clastronia fund withdrawal with this Form 9969 and Form 9453 FO	3c \$
		n electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	II 00/9-EU
for payment in		duction Act Natice see Instructions	C 9969 (D / 2222

Form 8868 (Rev. 4-2008)

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>	Expired	Carryforward
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			<u>-</u> _	(26,301)
Remaining NO	DL Available at 12/31/08	3		(26,301)

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
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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

BW 1191 1.000 THOM F-1120, R. 01/09 Rule 120-1.05t Floride Administrative Code Effective 01/09

894502008123100020050378359057193000006

or Calendar year 2008 or tax year beginning. Name FLORIDA RESTAUF Address ASSOCIATION, IN Address P.O. BOX 1779 City/State/ZIP TALLAHASSEE	ANT & LODGING	ng Check here if any changes have been made to name or address		
Computation of Florida Net I	ncome and Emergency Exc	sise Tax		
Federal taxable income (se	e instructions)			
Attach pages 1 - 4 of fede	*	Check here	if negative	
State income taxes deduct		e income	- <u></u>	
			if negative	
Additions to federal taxable			if negative	0
		· · ·	If negative	0
· ·	taxable income (from Schedule I		if negative	28093
	line 4 minus Line 5)		If negative X	-28093
7. Florida portion of adjusted	federal income (see instructions	S) Check here	if negative X	-28093
Nonbusiness income alloc	ated to Florida (from Schedule P	Check here	if negative	0
9. Florida exemption				
•	plus Line 8 minus Line 9)			-28093
11. Tax due: 5.5% of Line 10 of	•			
	ule VI)	_		0
12. Credits against the tax (from	•			0
•	(from Schedule A)			0
· .	nchise and emergency excise			0
15. a) Penalty: F-2220				
c) Interest: F-2220	·		Line 15 Total ▶	0
16. Total of Lines 14 and 15 ·		<u></u> .		0
17. Payment credits: Estimat	ted tax payments 17a \$			
Tentati	ve tax payment 17b \$			0
18. Total amount due: Subtrac	t Line 17 from Line 16. If posi	tive, enter amount due here	and on payment coupon.	
19. Credit: Enter amount of over		r's estimated tax here and e		0
Florida Corporate I	ncome Tax Retur	n Do Not Detach	YEAR ENDING 12/31/2008	ТНОМ F-1120 R. 01/09
	ure proper credit to your ac Return is Due 1st Day of t	-	ck with tax return when mailing. se of the Taxable Year	
Name FLORIDA RI Address ASSOCIATIO Address P.O. BOX City/State/ZIP TALLAHASSI	1779	G	Check here if you transmitted funds elec	tronically
590571930	0	0	0	
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00000000	1.000000	Ö	Ö	
012	2809300	Ö	Ö	
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0	Ö	Ö	Ö	
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	FEIN59-0571930		
	This return is considered incomplete un is not signed, or improperly signed and verified, it will be subject to a persust be completed in its entirety.		of the federal return is attached. te of limitations will not start until your return is properly signed and verified.
	Under penalties of perjury, I declare that I have examined this return, including complete. Declaration of preparer (other than taxpayer) is based on all informations.		chedules and statements, and to the best of my knowledge and belief, it is true, correct, and sparer has any knowledge.
Sign here	Signature of officer (must be an original signature) Date		Title
Paid preparers only	Preparer's signature THOMAS HOWELL FERGUSON Firm's name (or yours if self-employed) and address TALLAHASSEE, FL 32308	P.A.	Preparer check if self-employed PTIN P00598969 FEIN ▶ 59-3186310 ZIP ▶ 32308
	All Taxpayers Are Required to Answer Questions	A Throug	h M Below as Appropriate - See Instructions
B. Florida Sec C. Florida con: D. Initia E. Taxpayer el Elect F. Principal Bi G. A Florida e H-1. Corporation	corporation: FLORIDA cretary of State document number; 708602 solidated return? YES NO X If return Final return (final federal return filed) dection section (s.) 220.03(5), Florida Statutes (F.S.) X General Rule tion A Election B usiness Activity Code (as pertains to Florida) 1 8 0 0 xtension of time was timely filed? YES X NO n is a member of a controlled group? YES NO X If yes, attach list.	H-3. The L Loc City J. Tax K. Enl a) L. Coi M. Typ	It of a federal consolidated return? YES NO X If yes, provide: IN from federal consolidated return: me of corporation: a federal common parent has sales, property or payroll in Florida? YES NO cation of corporate books: 230 S. ADAMS STREET y: TALLAHASSEE State: FL ZIP: 32301 Expayer is a member of a Florida partnership or joint venture? YES NO X ter date of latest IRS audit: N/A Ust years examined: N/A Tust years examined: N/A Contact person concerning this return: BOB DEARDEN Contact person (elephone number: (850) 224-2250 De of federal return filed 1120 1120S or 990-T
	to Send Payments and Returns	F	Remember:
Flori 5050	ck payable to and send with return to: ida Department of Revenue 0 W Tennessee Street	<i>,</i>	Make your check payable to the Florida Department of Revenue.
Talla	ahassee FL 32399-0135	/	Write your FEI Number on your check.
Flori	requesting a r efund (Line 20), send your return to: ida Department of Revenue Box 6440	<i>J</i>	Sign your check and return.
Talla	ahassee FL 32314-6440		Attach a copy of your federal return.
		/	





-2809300

FEIN 59-0571930

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DATA Page 1



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NAME FRLA FEIN 59-0571930 TAXABLE YEAR ENDING12/31/2008

			· / / / / / / / -
S	chedule A - Computation of Emergency Excise Tax (for assets placed in service 1/1/81 to	o 12/3	1/86)
1.	Total depreciation expense deducted on lederal 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)	з.	
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	В.	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
Interest excluded from federal taxable income (see instructions)	1.	1.
Undistributed net long-term capital gains (see instructions)	2.	2.
Net operating loss deduction (attach schedule)	3	3.
4. Net capital loss carryover (attach schedule)	4.	4.
Excess charitable contribution carryover (attach schedule)	5.	5.
Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Form F-1156Z)	7.	7.
Ad valorem taxes allowable as enterprise zone property tax credit (Form F-1158Z)	8.	в.
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 17.



NAME

FRLA

FEIN 59-0571930

TAXABLE YEAR ENDING12/31/2008

Schedule II - Subtrac	Schedule II - Subtractions from Federal Taxable Income Column (a) For several 1 Column (b) For several 1 Column (b) For several 1 Column (b)									
Concadic ii Cabiiao		i water in the				,	For page 1		r	For Schedule VI, AMT
Gross foreign source incom										
	(b) F	lus s. 862, IRC	dividends \$					0		
(c) less direct and indirect expenses \$ Total ▶ 1. 0 1.										
Gross subpart F income less attributable expenses										
(a) Enter s. 951, IRC subpa	rt F income \$									
(b) less direct and indirect e					Total 🕨	2.		0	2.	
	siness outside Florida enter ze					T	,			
3. Florida net operating loss of	carryover deduction (see instru	ictions)	SEE ST	ATE.	MENT 1	3.		28093	3.	
4. Florida net capital loss carr	yover deduction (see instructi	onsj				4.			4.	
5. Florida excess charitable o	ontribution carryover (see inst	ructions)				5.			5.	
6. Florida employee benefit p	lan contribution carryover (se	e instructions)				6.			6.	
7. Nonbusiness income (from	Schedule R, Line 3)					7.		0	7.	
8. Eligible net income of an in	nternational banking facility (s	ee instructions)				8.			8.	
9. Other subtractions (attach s	tatement)					9.			9.	
10. Total Lines 1 through 9 in Colu	mns (a) and (b). Enter totals for a	ach column on Lin	e 10. Column (a) total	l is also entered on	10.			10.	_
Page 1, Line 5 (of the F-1120 re	aturn). Column (b) total is also ent	ered on Schedule	VI, Line 5.		_	10.		28093	10.	0
Schedule III - Apport										
III-A For use by taxpayers doin	g business outside Florida, (a)	except those p	roviding in:	suran I	ce or transportati	on serv	lces. (d)			(e)
	WITHIN FLORIDA (Numerator)	TOTAL EVERY		ي ا	Col. (a) ÷ Col. (b) Nounded to Six Decimal		Weight # any factor in Column ()	al is more		Weighted Factors Rounded to Six Decimal
		(DOIDHIN)			Places	506	note on Page 10 of the	instructions.		Placos
Property (Schedule III-B below)	θ		0_		0.000000	_	X 25% or		0.00000	
2. Payroll					0.000000	<u> </u>	X 25% or			0.000000
3. Sales (Schedule III-C below)	0		0	ļ	0.000000)	X 50% or			0.000000
4. Apportionment fraction [Sur	m of Lines 1, 2, and 3, Colum	n (e)]. Enter hei	e and on Sc	heđul	e IV, Line 2.					0.000000
III-B For use in computing ave	rage value of property		WITH	IIN FL	LORIDA			ΤŌ	TAL EVE	RYWHERE
(use original cost).		a. Beginn	ling of year		b. End of ye	ear	c. Begir	ning of ye	ar	d. End of year
1. Inventories of raw material, v	vork in process, finished good	s								
2. Buildings and other depreciate	le assets									
3. Land owned										
Other tangible and intangible 4. (attach schedule)	(linancial org. only) assets									
5. Total (Lines 1 through 4)				0			0		0	0
6. Average value of property										
a. Add Line 5, Columns (a) a	and (b) and divide by 2 (for wi	hin Florida)	. 6a			0	_			
b. Add Line 5, Calumns (c)	and (d) and divide by 2 (for to	al everywhere)					61	o		0
7. Rented property (8 times net	аплиal rent)									
a. Rented property in Florida			. 7a				.			
b. Rented property Everywher 8. Total (Lines 6 and 7). Enter or	······································						71	o		
8. Total (Lines 6 and 7). Enter or a. Enter Lines 6a. plus 7 a. ar	Line 1. Schedule III-A, Colu	nns (a) and (b).								
Column (a) for total average	e property in Florida		. 8a			0				
Column (b) for total average	nd also enter on Schedule III-/ ge property Everywhere • • •	A, LINE 1,					81	э		<u>0</u>
` ' '					Average	Florida			Ave	rage Everywhere
l						TO	(a)	DIDA		(b)
IIFC Sales Factor	III-C Sales Factor TOTAL WITHIN FLORIDA TOTAL EVERYWHERE (Numerator) (Denominator)									
Sales (gross receipts)	NI/A									
2. Sales delivered or shipped to Florida purchasers N/A										
3. Other gross receipts (rent	s, royalties, interest, etc. whe	applicable)								
4. TOTAL SALES [Enter on S	chedule III-A, Line 3, Column	s (a) and (b)]						0		0
III-D Special Apportionment Fr	actions (see instructions)		(a) W	/ITHIN	N FLORIDA	(b)	TOTAL EVERYW	HERE		LORIDA Fraction [(a) ÷ (b)] nunded to Six Decimal Places
Insurance companies (atta	ch copy of Schedule T - Anni	ial Report)				-				0.000000
Transportation services									0.00000	



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)]	128093	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)	з28093	з. 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 through7)	в. 0	8. 0							
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	g28093	9. 0							

Sc	hedule 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.
З.	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 lob 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 (AM	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

Schec	lule R – Nonbusiness Ir	come			
ine 1.	Nonbusiness income (loss) allocated to Florida		Amount	
	Total allocated to Florida		1		(
	•	1, Line 8 or Schedule VI, Line 8 for AMT)			
.ine 2.		(loss) allocated elsewhere			
	<u>Туре</u>	State/country allocated to		<u>Amount</u>	
				-	
ine 3.	Total nonbusiness incon				
	Grand total. Total of Lines 1 (Enter here and on Schedule	and 2 ,	3		
	For T	Estimated Tax Worksheet axable Years Beginning On or After January 1,	2009		
1.	Florida income expected in ta	axable year	1.	\$	
		embers of a controlled group, see instructions on Page 15 of F-1120N).	2.	\$	_
3.	Estimated Florida net income	(Line 1 less Line 2)		\$	0_
		.5% of Line 3)*			0
			4.	\$	<u> </u>
		ternative minimum tax must compute Florida alternative r the greater of these two computations.		•	
5.		tax	5.	\$	
_		cy excise tax (Line 4 plus Line 5)			0
		00, file installment as computed on Line 7; if \$2,500 or less, no decla		-1120ES) is require	ed.
7.	Computation of installments:				
	Payment due dates and	Last day of 4th month - Enter 0.25 of Line 6	7a.		0
	payment amounts:	Last day of 6th month - Enter 0.25 of Line 6			0
		Last day of 9th month - Enter 0.25 of Line 6	, 7c.		0
		Last day of fiscal year - Enter 0.25 of Line 6	7d.		0
	•	should change during the year, you may use the amended computation			
	Delow to determine the amen	ded amounts to be entered on the declaration (Form F-1120ES).	_		
_		· · · · · · · · · · · · · · · · · · ·	1.	\$	_
	Less:	from last year elected for credit			
	` '	o date			
		nated tax declaration (F-1120ES) 2b \$			
	(c) Total of Lines 2(a) and 2(l	o)	2c.	\$	0_
3.	Unpaid balance (Line 1 less Li	ne 2(c))	3.	\$	0_
		rided by number of remaining installments)		\$	

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	B. If applicable, state the reason you need the extension: INFORMATION
taxpayer's corporate income tax or partnership return. Do not file before the end of	REQUIRED TO COMPLETE RETURN HAS NOT
the tax year.	BEEN RECEIVED.
To file online go to www.myflorida.com/dor	000 m
Penalties for failure to pay tax - If you are required to pay tax with this application.	C. Type of lederal remit med.
fallure to pay will void any extension of time and subject the taxpayer to penalties and	Contact person for questions: DEBORAH LEONARD
interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty	Telephone number: 850-668-8100
for a late filed enter when an tay is due	

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

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

Make checks payable and mail to:

for a late-filed return when no tax is due.

A. Have you filed Form 7004 with the IRS

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

announcements 60-90 and 63-113.

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.

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

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

3Y1104 1.000				·
FLORIDA RESTA	- 4	ome / Franchise and Emer ation for Extension of Time		THOM F-7004
Name & LODGING	ASSOCIATION, INC.	FEIN 59-0	571930	R. 01/09
Address 230 SOUTH A	DAMS STREET	Taxable Year 9	End 12/08	
Address		FILING STATU	S Corporation X	Partnership
City/State/ZiP TALLAHA	SSEE, FL 32302-1779	Check here if	you transmitted funds electr	ronically
		Tentative Tax	Due \$ -6	•
Under penalties of perjury, I pellef the statements herein Sign Here:	declare that I have been authorize are true and obrrect:	NUM	er to make this application, the	nat to the best of my knowledge and
590571930	0	0	0	
1	0	0	0	
20081231	0	0	0	
0	0	0	0	
012	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	

Form 8868

(Rev. April 2008)

Application for Extension of Time To File an Exempt Organization Return

COPY

OMB No. 1545-1709

Form 8868 (Rev. 4-2008)

Department of the ' Internal Revenue Si					▶ Fi	ile a se	epara!	te app	lication	for ea	ch retu	ım.									
 If you are fl 		Automatic 3-	-Mont	th E									his b	ox						▶	
 If you are find the second of t	iling for an	Additional (N	lot Au	uton	matic)	3-Moi	nth E	xten	sion, d	comp	iete o	nly F	art II	l (on	page prev	e 2 of t lously	this fo	orm). Form	8868	3.	
Part I Auto	matic 3-l	Month Exten	nsion	of '	Time.	. Only	/ sub	mit o	rigina	ıl (no	copie	es ne	ede	d).							
A corporation r Part I only	required to	file Form 99	0-T a	nd r		sting a							- che	eck tl	his b	ox and	com	plete			X
All other corpo time to file inco	•	_	-C file	ers),	partne	erships	s, RE	MICs	, and t	rusts	must i	use F	-orm	7004	l to r	equest	an e.	xtens	ion o	f	
Electronic Filir one of the ret electronically in returns, or a co 8868. For more	turns note f (1) you omposite (d below (6 r want the add or consolidate	month ditiona ed Fro	hs fo al (n om 9	for a contract not aut 990-T.	corpor tomati . Instea	ration ic) 3- ad, y	requent montour	uired h exte ust su	to file ensior ibmit	Form or () the fu	m 99 2) ya Iliy ca	90-T). ou file ompl	. Ho e Fo eted	weve rms and	er, you 990-Bl signe	ı can L, 60 d pag	nnot 1 069, 1 ge 2	file F or 88 (Part	orm 870, <u>9</u>	8868 group
Type or	Name of	Exempt Organiz	zatlon													Emple	оуег і	denti	licatio	ก คนก	ber
print	Florida	a Restaura	ant	&]	Lodg:	ing	Ass	ocia	tion	ı, I:	nc.					59-0	571	930			
File by the		street, and roor																			
due date for	230 Soi	ith Adams	Str	eet	t																
filing your return, See	City, towr	or post office,	, state,	, and	ΣIP α	ode. Fo	or a for	reign a	ddress	, see i	nstruct	ions.									
	Tallaha	assee,FL 3	3230	2	1779																
Check type of	f return to	be filed (file :	a sep	ara:	te app	olicatio	on for	each	return):		•									
Form 990)	•	X	For	rm 990)-T (cor	rporati	on)							For	m 4720	ŀ				
Form 990	-BL			For	rm 990)-T (sec	c. 401	(a) or	408(a)	trust)					For	m 5227					
Form 990	-EZ			For	rm 990)-T (tru	ust oth	er thai	above	e)					Fon	m 6069	J				
Form 990-	-PF			For	rm 104	1-A									Fon	m 8870	J				
 If the organ If this is for for the whole gnames and Eli 	nization do a Group F group, che Ns of all m	Return, enter to ck this box	in offici he org	gani] ilon v	ization . If it is will cov	n's fou Is for p ver.	ır digi part o	ess in it Gro of the	up Exe group	nited emption, chec	State: on Nur ok this	box	eck tř (GEI	nis bo	ox .	and att		a list		his is the	
until Nove	ember 1 ganization calendar	,	09		file th	-		•	izatior		rn for							e. Th	ıe exti	ensior	n is
	tax year i	Jegii II III g					— '	'	—' '	anu c i	iuii iy						— '	-	— .		
2 If this tax	year is fo	r less than 12	! mont	ths,	check	reaso	n: [i	nitial r	eturn] Fir	nal re	aturn] Chai	nge i	n acc	count	ing pe	eriod
3a If this ap	-	s for Form 9 lits, See instru			90-PF,	, 990-	T, 4	720,	or 60	69, e	enter i	the t	entar	tive	lax,	less ar	пу	3 a	s		
		s for Form 99			990-T,	, ente	r any	refu	ndable	cred	lits an	nd es	tima	ted t	ах р	aymen	ıts				
•	•	orior year over					•									-		3ь	\$		
		ract line 3b f							nent v	vith t	his fo	rm, c	or, if	requ	ired,	depos	sit				
		or, if requi																			
instructlo	-																	3с			
Caution. If you	are going	to make an e	electro	onic	fund v	withdr	rawal	with	this F	orm 8	868,	see F	orm	845	3-E0	and F	-orm	8879	-EO		_

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 F-1120: Net Operating Loss Carryforward & Utilization

	Generated	Utilized	Expired	<u>Carryforward</u>
12/31/03	(28,093)	-	-	(28,093)
12/31/04	<u>.</u>	-	-	(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			(28,093)

Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 Open to Public Inspection

~ .		2007 Calendar year, or tax year beginning , 2007, and ending			
B Cr	eck if appl Address	use IRS		DE	Employer Identification number
	change	ndet es		59	9-0571930
-	Name c	type. Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite		Telephone number
—	Termina	Specific 1:0: BOX 1779			350) 224-2250
1	Amende	instruction town, state or country, and zir + 4		. 5	nethod: Cash X Accrua
\vdash	return Applicat	TALLARASSEE, FL 32302-1779			Other (specify)
	pending	trusts must attach a completed Schodule A /Form 000 av 000 EZV			le to section 527 organizations.
G 1	Mahalta	11(4) 13 11			rn for affiliates? Yes X N
					ber of affiliates
		tation type (check only one) ► X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527			uded? Yes N t. See instructions.)
	Check h	High terms of game and its gross High terms			n filed by an
				-	by a group ruling? Yes X N
	o ille a i				lumber >
	·	AND THE RESIDENCE AND ADDRESS OF THE PROPERTY	ar an area are	_	if the organization is not required
Par	ACCURATE STATE			B (F	orm 990, 990-EZ, or 990-PF).
	_	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	s.)	T.Co.	
	1	Contributions, gifts, grants, and similar amounts received:			
		Contributions to donor advised funds			
	b	10/11/11/11/11/11			
	C	10			
	d	(3) (1	-		
		Total (add lines 1a through 1d) (cash S)	1 e	
	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
	6 a	Gross rents			
	b		50000	-26	
	С	(100), 000,000,000,000,000,000,000,000,000		6c	3,982
ä	7	Other investment income (describe)	7	
Revenue	8 a	Gross amount from sales of assets other (A) Securities (B) Other			
œ	1	than inventory			
	b	Less: cost or other basis and sales expenses 6,875,440. 8b			941
	С	17103,731.			9 7 9
	d	games (see a) a constitution of constitution (1) and (b)	<u>.</u>	8d	1,405,731.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here			
	а	Gross revenue (not including \$ of		45.0	
			737.		
		Less: direct expenses other than fundraising expenses 9b 189,	643.	755	
	С	Net income or (loss) from special events. Subtract line 9b from line 9a		9с	56,094.
		Gross sales of inventory, less returns and allowances STMT. 2. 10a 3,056,	998.		
	b	Less: cost of goods sold	286.		
	С	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.
	13	Program services (from line 44, column (B))		13	
Ses	14	Management and general (from line 44, column (C))		14	
Expenses	15	Fundraising (from line 44, column (D))	L	15	
Ä	16	Payments to affiliates (attach schedule)	[16	
	17	Total expenses. Add lines 16 and 44, column (A)		17	4,169,794.
ets	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18	1,461,661.
188	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	13,913,098.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	T. 3.	20	-575,396.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21	14,799,363.
For Pr	ivacy	Act and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2007)

For	m 990 (2007)			59-(0571930	Page 2
P	Functional Expenses organ		ations must complete columns and section 4947(a)(1)			
	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
22	a Grants paid from donor advised funds (attach schedule)					是在大學的 美国
	(cash \$noncash \$ If this amount includes foreign grants,	.)				
221	check here ▶ ∟	22a	1			
22	b Other grants and allocations (attach schedule)			NO.		
	(cash \$noncash \$) 22b				
23	Specific assistance to individuals	221	<u> </u>			
	(attach schedule)	23				
24	Benefits paid to or for members					
	(attach schedule)	24				
25	Compensation of current officers,				DEMONSTRACES WITH THE PROPERTY OF THE	A SASSIMANUS AND AND SASSIMANUS CO.
	directors, key employees, etc. listed in					
	Part V-A	25a	398,230.			
ŀ	Compensation of former officers,				CONC. IN CONC. CONC.	The share of the same of the s
	directors, key employees, etc. listed in		1			
	Part V-B	25b				
	Compensation and other distributions, not includ-					
	ed above, to disqualified persons (as defined under section 4958(f)(1)) and persons described					
	in section 4958(c)(3)(B)	25c		100000	- Carlottine (CA 1) - 5 (COMP o (MARKODO - COARDO)	and the state of t
26	Salaries and wages of employees not					
	included on lines 25a, b, and c	26	1,708,308.			
27	Pension plan contributions not					
	included on lines 25a, b, and c	27	78,716.			
28	Employee benefits not included on				3	
10000	lines 25a - 27	28	189,408.			
29	Payroll taxes	29	137,632.			
30	Professional fundraising fees	30				
31	Accounting fees	31	35,728.	The second secon		
32	Legal fees	32	17,551.			
	Supplies	33	80,994.			
25	Telephone	34	83,887.	····		
	Postage and shipping	35	64,776.			
37	Occupancy	37	45,946.			
	Printing and publications	38	37,630.			
	Travel	39	463,630.			
40		40	11,148.	·		
41		41	974.			
42		42	102,160.			
	Other expenses not covered above (itemize):			10 2		
	STMT_4	43a	713,076.			
b		43b			23 20 11000	e entre de té
С		43c				
d		43d				3.00
е		43e			5.5.739	
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing				Personal de lagrad 2001 Pérson de	
	columns (B)-(D), carry these totals to lines					
	13-15)		4,169,794.			<u> </u>
	nt Costs. Check ▶ ☐ if you are follow	9.00				. 🗆 🗀
	any joint costs from a combined educational					
	es," enter (i) the aggregate amount of these jo he amount allocated to Management and ger			■ 7	ated to Program services llocated to Fundraising \$	a ;
	The amount anocated to Management and ger	ici al Þ		, and (iv) the amount a	nocated to Fundraising \$	Form 990 (2007)
LSΔ						rum 330 (2007)

Fo pa or	orm 990 is available for public inspection and, for some people, serves as the primary or sole source carticular organization. How the public perceives an organization in such cases may be determined by the notice return. Therefore, please make sure the return is complete and accurate and fully describes, in Par	information presented
0.755	ograms and accomplishments.	
VV	hat is the organization's primary exempt purpose? ▶SEE STATEMENT 5	Program Service Expenses
All	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(Required for 501(c)(3) and
10	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(4) orgs., and 4947(a)(1) trusts; but optional for
or	ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	others.)
а	PROVIDING TRAINING PROGRAMS AND SEMINARS, CERTIFICATIONS,	
	AND EDUCATIONAL MATERIALS TO MEMBERS AND TO ALL FLORIDA	
	RESTAURANTEURS; PROVIDING NETWORKING OPPORTUNITIES TO ITS	
	5,553 MEMBERS.	
	(Grants and allocations \$) If this amount includes foreign grants check here	
£	, white and the lagring artifact for the control of	
a	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.	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
С	REPRESENTING ITS 5 553 MEMBERS ON LECTSLATIVE AND	
	REGULATORY ISSUES ON THE LOCAL, STATE AND FEDERAL LEVEL.	
	(Grants and allocations \$) If this amount includes foreign grants, check here	
	, while amount includes locally grants, check halo	
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	nile.
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	•
f	Total of Program Service Expenses (should equal line 44, column (B) Program services)	

Form 990 (2007)

F	orm 990	(2007)	59-0571930		Page 4
	Part I		33 0371330		, -5-
	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
	45	Cash - non-interest-bearing	3,477	. 45	4,601
	46	Savings and temporary cash investments	1,429,157	_	1,143,660
	47a	Accounts receivable			
	Ь	Less: allowance for doubtful accounts		170	120 220
	~	77 b	82,335	. 476	139,308
	48a	Pledges receivable			
		Less: allowance for doubtful accounts		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		310.5325	5 W 10 C.
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
ts	57a	Other notes and loans receivable (attach		12.5	
Assets	h	schedule)			
ä		Inventories for sale or use	72 000	51c	
	53	Prepaid expenses and deferred charges	73,008		88,239
		Investments - publicly-traded securities S.TMT . 6 ▶ Cost X FMV	27,811 7,865,397		1,461 6,494,933.
	b	Investments - other securities (attach schedule) Cost X FMV	3,278,743.	1	4,210,508
	55a	Investments - land, buildings, and	STMT 7	1434	4,210,500.
		equipment: basis	, ,		
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment: basis 57a 2,927,460.			
	D	Less: accumulated depreciation (attach		Best	
	58	Schedule)	1,858,723.	57c	1,776,203.
	30	Other assets, including program-related investments (describe ► STMT 8)	404 000		
	59	Total assets (must equal line 74). Add lines 45 through 58	426,030.	58	2,148,852.
	60	Accounts payable and accrued expenses	15,044,681. 505,622.	59 60	16,007,765.
	61	Grants payable		61	546,274.
	62	Deferred revenue	507,185.		619,515.
es	63	Loans from officers, directors, trustees, and key employees (attach	551,7255.	deld.	019,313.
Ē		schedule) ,		63	
Liabiliti	64a	Tax-exempt bond liabilities (attach schedule)		64a	
_		Mortgages and other notes payable (attach schedule) STMT. 9	21,384.	64b	11,408.
	65	Other liabilities (describe ►	97,392.	65	31,205.
	66	Total liabilities, Add lines 60 through 65			
\dashv	-	Total liabilities. Add lines 60 through 65	1,131,583.	66	1,208,402.
	o, gu	67 through 69 and lines 73 and 74.			
es	67	Unrestricted	13,913,098.	67	14,799,363.
anc	68	Temporarily restricted	13,913,090.	68	14, 199, 303.
Bal	69	Permanently restricted		69	
Fund Balances		nizations that do not follow SFAS 117, check here and complete lines 70 through 74.			
5	70	Capital stock, trust principal, or current funds		70	
Net Assets or	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
SSe	72	Retained earnings, endowment, accumulated income, or other funds		72	
Į.	73	Total net assets or fund balances. Add lines 67 through 69 or lines		5.51	
Se		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.

For	n 990 (2007)		59-05719:	30	Page 5
Pa	Reconciliation of Revenue per Audited I instructions.)	Financial Stateme			e the
а	Total revenue, gains, and other support per audited finar	ncial statements		a	6,466,988.
b	Amounts included on line a but not on Part I, line 12:			Day 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	Net unrealized gains on investments		b1	-404,742.	
2	Donated services and use of facilities				
3	Recoveries of prior year grants				
4	Other (specify):SEE_STATEMENT_11			(1) (1) (1) (2)	
			<u>b4</u> 1	,240,275.	
	Add lines b1 through b4				835,533.
C .	Subtract line b from line a			C	5,631,455.
ď	Amounts included on Part I, line 12, but not on line a:		11		
1	Investment expenses not included on Part I, line 6b				
2	Other (specify):		7,732	25	
	Add lines d1 and d2	·		d	
е	Total revenue (Part I, line 12). Add lines c and d			u	5,631,455.
Pa	rt IV-B Reconciliation of Expenses per Audited	Financial Stateme	ents With Expens	ses per Return	3,031,433.
а	Total expenses and losses per audited financial statement	ls		a	5,580,723.
b	Amounts included on line a but not on Part I, line 17:			823	5,555,.25.
1	Donated services and use of facilities		b1		
2	Prior year adjustments reported on Part I, line 20				
3	Losses reported on Part I, line 20		b3		
4	Other (specify): - SEE STATEMENT 12				
			b4 1,	410,929.	
	Add lines b1 through b4				1,410,929.
С	Subtract line b from line a			<u>c</u>	4,169,794.
d	Amounts included on Part I, line 17, but not on line a:		ÎÎ	2.5	
1	Investment expenses not included on Part I, line 6b				
2	Other (specify):			561	
	Add lines d4 and d2				
е	Add lines d1 and d2. Total expenses (Part I, line 17). Add lines c and d		::::::::::	: e	4,169,794.
Pa	rt V-A Current Officers, Directors, Trustees, and	Key Employees (List each person v	vho was an officer	, director, trustee,
	or key employee at any time during the year ever	n if they were not co	ompensated.) (See	the instructions.)	
	(A) Name and address	(B) Title and average hours per	(C) Compensation (If not paid, enter	(D) Contributions to employee benefit plans & deferred	(E) Expense account and other allowances
		week devoted to position	-0)	compensation plans	and other allowances
SEE	STATEMENT 13		398,230.	27,891.	12,600.
		-			
		-			
		-			
**					
		-			
		504-24-10-10-10-10-10-10-10-10-10-10-10-10-10-	ga pisana dina	25. h. h.	
and the second second					
		1			<u> </u>
					Form 990 (2007)

JSA

Form 990 (2007)

Form 990 (2007) 59-0571930		F	age 7
Part VI Other Information (continued)		Yes	
82 a 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?	82a		x
b If "Yes," you may indicate the value of these items here. Do not include this amount	11/24	10-1	
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/	Д
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
b If "Yes," did the organization include with every solicitation an express statement that such contributions or			
gifts were not tax deductible?	84b	N/	Δ
65a 507(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		Х
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		Х
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	1847	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 10 141
received a waiver for proxy tax owed for the prior year.			
c Dues, assessments, and similar amounts from members			
d Section 162(e) lobbying and political expenditures			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
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	400 ESTATES	Х
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	SP(t),E	257745-	JECK
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	x	A STATE
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	- 1	^	2014
b Gross receipts, included on line 12, for public use of club facilities			
87 501(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.)			
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 32 If IVes II	00-		206
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the	88a	\dashv	X
meaning of section 512(b)(13)? If "Yes," complete Part XI	006	a l	
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	88Ь	Section 1	Х
section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
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	Berell I	DAIRE S	
a statement explaining each transaction c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	89Ь	N/A	99550
sections 4912, 4955, and 4958 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?	178.5	SEE	
transaction?	89e		<u>X</u>
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the	89f	61 A-12 A	X
- 1, 0 5			
supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	MEED W	Q123	
at any time during the year? O a List the states with which a copy of this return is filed	89g		<u>X</u> _
h Number of employees employees employed in the new role of the time to the time to the time to the new role of the time to th			
72 W V7 ND ND ND ND ND ND ND ND ND ND ND ND ND	90ь		
1 a The books are in care of ► BOB DEARDEN Telephone no. ► (850) 22		250	
Located at ► 230 S ADAMS STREET, TALLAHASSEE, FL ZIP+4 ► 32302-177	9		
h At any time during the selection and state.	_		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		<u>X</u>
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Form 990				59	-0571930	Page 8
Part V	- title interination (soritina					Yes No
c At	any time during the calendar year,	did the org	anization maintain	an office outside	of the United States?	91c X
lf '	"Yes," enter the name of the foreign	n country	X			20 M 200
92 Se	ection 4947(a)(1) nonexempt charit	lable trusts i	filing Form 990 in lie	eu of Form 1041 -	- Check here	▶□
an	nd enter the amount of tax-exempt i	interest rece	eived or accrued di	uring the tax year	▶ 92	N/A
Part V	Analysis of Income-Production	ing Activit	ties (See the inst	ructions.)	TOWN NO.	
	ter gross amounts unless otherwise	Unre	lated business incom	e Excluded b	y section 512, 513, or 514	(E)
indicated	1.	(A)	(B)	(C)	(D) Amount	Related or exempt function
93 Pr	ogram service revenue:	Business code	Amount	Exclusion code	Amount	income
a R	OYALTIES			15	269,861.	
b <u>S</u>	PONSORSHIPS			42	333,581.	
c						
d						The second secon
е						
f Me	dicare/Medicaid payments					
	es and contracts from government agencies .					
	embership dues and assessments					1,167,297.
	rest on savings and temporary cash investments			14	13,706.	1,107,297.
	vidends and interest from securities	,	3.1	14	507,710.	
	t rental income or (loss) from real estate:	Carlotte and All Control	artikle i da borer	The state of the s	307,710.	
	ot-financed property				A ALBOY STATESTING THE PROPERTY OF	SALES TO CARLOS PLEASED IN COLUM
	debt-financed property			16	3,982.	
	rental income or (loss) from personal property			10	3,962.	
	ner investment income					
				10	1 405 721	
200000000000000000000000000000000000000	or (loss) from sales of assets other than inventory t income or (loss) from special events.			18	1,405,731.	
				01	56,094.	
	ss profit or (loss) from sales of inventory			<u> </u>		1,865,712.
	TECELLA NEOUS	-				
-	ISCELLANEOUS	F 41 000				4,989.
V/10-	DVERTISING REVENUE	541800	2,7	/92.		
e	atatal (add asless of P) (D) and (E))	- 12-8 °		electricism (
	ototal (add columns (B), (D), and (E))					3,037,998.
lote: Lin	al (add line 104, columns (B), (D), and (E e 105 plus line 1e, Part I, should equal th	:))			· · · · · · •	5,631,455.
Part V					70 11 1 1 1	
Line No	 Explain how each activity for whi organization's exempt purposes (ot 	ch income is	s reported in column	(E) of Part VII co	ontributed importantly to t	he accomplishment of the
		Their thair by p	Toviding runds for su	un purposes j.		
	STMT 14					
	-					
Don't IV	Information Describer T					
Part IX	Information Regarding Taxa (A)	ible Subsi			s (See the instructions	<u>s.)</u>
	Name, address, and EIN of corporation, partnership, or disregarded entity	r	(B) Percentage of Nownership interest	(C) lature of activities	(D) Total income	(E) End-of-year assets
			%			
			%			
			%			
			%			
Part X	Information Regarding Tran	sfers Asso	ociated with Pers	onal Benefit C	ontracts (See the inst	tructions.)
(a) Did	the organization, during the year, receive					
	the organization, during the year,					
	f "Yes" to (b), file Form 8870 and Fo					
						Form 990 (2007)

		res	NO
	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?		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 and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has Signature of officer	of my kno any knov	wledge wledge.
Paid Preparer Jse Only	Firm's name (or yours THOMAS HOWELT PRESCUENT TO THE STATE OF THE STAT	58	nst. X)
Jae Only	if self-employed), address, and ZIP + 4 THOMAS HOWELL FERGUSON P.A. Phone no. > 850-668		

FL

TALLAHASSEE,

7E 1051 1 000

32308

Form 990 (2007)

Form 8868

(Rev. April 2008)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

OMB No. 1545-1709

Internal Revenue			le a separate application for					
If you are	filing for an Automatic	3-Month Extensi	on, complete only Part	and check this	box			▶ X
 If you are Do not complete 	filing for an Additional ete Part II unless you ha	(Not Automatic) ave already been	3-Month Extension, cor granted an automatic 3-	nplete only Par month extensio	rt II (on pa in on a pr	ge 2 of this	s form). ed Form 8868.	
Part I Auto	omatic 3-Month Ext	ension of Time.	Only submit original (no copies nee	ded).			
A corporation Part I only • •	required to file Form 9	990-T and reques	ting an automatic 6-mon	th extension - o	check this			▶ □
unia to me inc	come tax returns.		rships, REMICs, and trus					
electronically returns, or a c 8868. For mo	if (1) you want the accomposite or consolidate the details on the electrons.	dditional (not aut ated From 990-T. onic filing of this f	cally file Form 8868 if corporation required to omatic) 3-month extens Instead, you must subm orm, visit www.irs.gov/ei	file Form 990- ion or (2) you it the fully com	T). Howe file Forms	ver, you c s 990-BL, ud signed r	annot file Form	m 8868
Type or	Name of Exempt Organ	nization			8 W	Employe	r identification n	umber
print	Florida Restaut	rant & Lodqi	ng Association,	Inc.		59-057		
File by the	Number, street, and ro	om or suite no. If a f	P.O. box, see instructions.	21101		133-037	1930	
due date for	P.O. Box 1779							
filing your return. See		e state and ZIP co	de. For a foreign address, se	instructions				
Instructions.	Tallahassee,FL		ic. For a foreign address, ser	e instructions.				
Chook tune								
	of return to be filed (file							
X Form 990			T (corporation)		Fo	rm 4720		
Form 990)-BL	Form 990-	T (sec. 401(a) or 408(a) trus	1)	Fo	rm 5227		
Form 990)-EZ		T (trust other than above)		Fo	rm 6069		
Form 990	-PF	Form 1041				rm 8870		
					<u>۱</u> ,,			
If the organIf this is for	No. ▶ 850-224-225 nization does not have a Group Return, enter group, check this box	an office or place the organization's	FAX No. I of business in the Unite s four digit Group Exemp for part of the group, ch	d States, check tion Number (Gi	this box		. If this i	
names and Ell	Ns of all members the	extension will cove	ſ				i a list with the	.
1 I request	an automatic 3-month		orporation required to file					
		to file the	exempt organization ret	urn for the orga	anization r	named abo	ve. The extensi	on is
for the org	ganization's return for:							
× X	calendar year 2007 tax year beginning	or	, and o	ending				
2 If this tax	year is for less than 12	2 months, check re	eason: Initial return	n Final r	eturn	Change	in accounting p	period
3a If this ap	plication is for Form 9	990-BL, 990-PF.	990-T, 4720, or 6069,	enter the tents	ative tax	less anv	TI = -	
nonrefund	lable credits. See instru	uctions.				20	3a \$	
b If this app	olication is for Form 99	90-PF or 990-T, e	enter any refundable cre	dits and estima	ated tax p	ayments		
C Ralance F	lude any prior year ove	npayment anower	as a credit.				3b \$	
o Dalance L	Jue. Subtract line 30 f	irom line 3a. incli	ude your payment with	this form, or, if	required	deposit		
with FID	coupon or, it requi	ired, by using E	FTPS (Electronic Fede	ral Tax Payme	ent Syste	m). See		
instruction					that was	LT SQUARES	3c \$	
		electronic fund wi	thdrawal with this Form t	3868, see Form	1 8453-E0	and Form	8879-EO	
or payment ins								
or Privacy Ac	t and Paperwork Redu	uction Act Notice	, see Instructions.				Form 8868 (Rev.	4-2008)

	8868 (Rev. 4-2008)		Page 2
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check this box	▶ X
Note	e. Only complete Part II if you have already been granted an automatic 3-month ext	ension on a previously filed	Form 8868.
•	you are filing for an Automatic 3-Month Extension, complete only Part I (on page).	
Pa	Additional (Not Automatic) 3-Month Extension of Time. You m		
Тур	e or Name of Exempt Organization	Employer identific	ation number
prin	florida Restaurant & Lodging Association, Inc.	59-0571930	
File b	121 Part Col 100 (100 (100 (100 (100 (100 (100 (100	For IRS use only	
	late for E.O. BOX 1779		
filing return	Sea		A PERSONAL PARK
*********	ctions. Tallahassee, FL 32302-1779		
	ck type of return to be filed (File a separate application for each return):		
X	Form 990-PF	Form 1041-A	Form 6069
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust)	Form 4720	Form 8870
	Form 990-EZ Form 990-T (trust other than above)	Form 5227	
STO	P! Do not complete Part II if you were not already granted an automatic 3-mon	th extension on a previou	sly filed Form 8868.
	ne books are in the care of 🕨 Bob Dearden		
	elephone No. ▶ 850-224-2250 FAX No. ▶ 850	-224-9213	
e If	the organization does not have an office or place of business in the United States, c	neck this box	
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number	er (GEN) . If th	ols is
for t	he whole group, check this box	box > and attach	na
	vith 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	3	The second secon
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	inal 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.		art <u>reg</u> ione
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.	1 20	8a \$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable		37
	tax payments made. Include any prior year overpayment allowed as a credit		
	previously with Form 8868.		8b \$
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form,		Vi.e.
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax P	avment System) See	
	instructions.	AND 1.2	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 tru	e, correct, and complete, and that I am authorized to prepare this form.		
Signat	ure > Starul T. Kalla Title > CP	Å. Date ▶	7/30/08
			orm 8868 (Rev. 4-2008)

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

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

STATEMENT

FLORIDA RESTAURANT AND LODGING

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

						MINUS:	
		BEGINNING		SALARIES		ENDING	COST OF
DESCRIPTION	GROSS SALES	INVENTORY	PURCHASES	AND WAGES	OTHER COSTS	INVENTORY	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.
		=======================================					

STATEMENT 2

62596.0

575,396.

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

DESCRIPTION	TOTAL
	1 1 1 1
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	
CONSULTING	22,015.
DATA PROCESSING	1,344.
	40,651.
PUBLIC RELATIONS	
TAXES	22,871.
TIZAT	34,472.
BAD DEBT EXPENSE	2,536.
INTERNET	16,111.
SPONSORSHIP EXPENSE	38,634.
TOTALS	713,076.

STATEMENT

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 COMMON STOCK & OPTIONS GOVERNMENT BONDS		3,608,152. 3,108,004. 1,149,241.	3,250,912. 2,200,194. 1,043,827.	FMV FMV FMV
	TOTALS	7,865,397.	6,494,933.	

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

DESCRIPTION	BEGINNING	ENDING	COST
	BOOK VALUE	BOOK VALUE	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.
	==========	

19

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

AUTOMOBILE - FORD TAURUS

SECURITY PROVIDED: PURPOSE OF LOAN: PURCHASED AUTOMOBILE FOR ASSOCIATION BUSINESS

BEGINNING BALANCE DUE 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

PURPOSE OF LOAN: PURCHASED F

AUTOMOBILE - FORD VAN

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.

==========

PTODTO	RESTAURANT		
PIATE I IIA	RESTATIRANT	$\Delta NIII$	1 ()1)(2 1 N(2

59-0571930

FORM 990, PART IV - OTHER LIABILITIES

	BEGINNING		ENDING	
DESCRIPTION		BOOK VALUE	BOOK VALUE	
DHE WO DELAMED DADWY				
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 SPECIAL EVENTS EXPENSES REIMBURSED OVERHEAD	1,191,286. 189,643. 30,000.
TOTAL	1,410,929.

FLORIDA RESTAURANT AND LODGING

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

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

STATEMENT 13

62596.0

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
102	THEIR MEMBERS INFORMED ON INDUSTRY-RELATED ISSUES. 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)

Capital Gains and Losses

OMB No. 1545-0092

▶ 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). Department of the Treasury Internal Revenue Service Name of estate or trust Employer identification number FLORIDA RESTAURANT AND LODGING ASSOCIATION, INC.

Note: Form 5227 filers need to complete only Parts I and II. 59-0571930

_						
Pa		sses - Assets	Held One Ye	ar 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						
	and the second s					
						A 90
					1,000	
	TAN TAN			L		
b	Enter the short-term gain or (loss), if any, for	rom Schedule D)-1, line 1b		<u>1b</u>	
2	Short-term capital gain or (loss) from Form	ıs 4684, 6252,	6781, and 882	4	2	
3	Net short-term gain or (loss) from partners	hips, S corpora	itions, and other	estates or trusts		
4	Short-term capital loss carryover. Enter the	amount, if any	y, from line 9 of	the 2006 Capital Loss		
5	Carryover Worksheet		lin column (f)	Enter here and on line	4	()
3	column (3) on the back	s ra unough 4		Enter nere and on line	5	
Par	t II Long-Term Capital Gains and Losse					1
	(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, ут.)	(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		(, 22), j,				33311331 (2)
	And the second s					
					-	
-			2 1111	2 28	2 5=	
	NW-					
b	Enter the long-term gain or (loss), if any, fro	om Schedule D-	1, line 6b		6b	1,405,731.
7	Long-term capital gain or (loss) from Forms	e 2439 4684 i	6252 6781 an	nd 8824	-	
•					1	
8	Net long-term gain or (loss) from partnersh	ips, S corporat	ions, and other	estates or trusts	8	
9	Capital gain distributions				9	
0	Gain from Form 4797, Part I				10	
1	Long-term capital loss carryover. Enter the	amount, if any	, from line 14 o	f the 2006 Capital Loss	s	
2	Carryover Worksheet	Sa through 11	in column (f)	Enter here and on line		()
2	column (3) on the back	oa unougn 11	in column (f).	Enter here and on line	▶ 12	1.405.731.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041. JSA 7F1210 2.000

Schedule D (Form 1041) 2007

Schedule [D (Form 1041) 2007				Dono
Part III	Summary of Parts I and II Caution: Read the instructions before completing this par	t.	(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
13 Net	t short-term gain or (loss)	13		ARTON TO CASCOMOSTO	
	t long-term gain or (loss):				
		14a			1,405,731.
		14b			27.007.01.
		14c	4		
	al net gain or (loss). Combine lines 13 and 14a ▶	15			1,405,731.
Note: If Ii to Part V, a	ine 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Forn and do not complete Part IV. If line 15, column (3), is a net loss, complete Pa	n 990- art IV a	T, Part I, line 4a). If lines nd the Capital Loss Carr	s 14a and 15, column yover Worksheet, as r	(2), are net gains, go necessary.
Part IV	Capital Loss Limitation				
16 Ente	er here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Pa	art I, lir	ne 4c, if a trust), the sm	aller of:	
a The	e loss on line 15, column (3) or b \$3,000			16 (
Note: If the	e loss on line 15, column (3) or b \$3,000 he loss on line 15, column (3), is more than \$3,000, or if Form 1041, page Worksheet on page 42 of the instructions to figure your capital loss carryove	1, line	e 22 (or Form 990-T, lin	e 34), is a loss, comp	lete the Capital Loss
Part V	Tax Computation Using Maximum Capital Gains Rates		The second second		
Form 104 there is a Caution: Either Both F Form 990 of Form 9	41 filers. Complete this part only if both lines 14a and 15 in colur in entry on Form 1041, line 2b(2), and Form 1041, line 22, is more Skip this part and complete the worksheet on page 43 of the instruction 14b, col. (2) or line 14c, col. (2) is more than zero, or form 1041, line 2b(1), and Form 4952, line 4g are more than zero. 0-T trusts. Complete this part only if both lines 14a and 15 are 990-T, and Form 990-T, line 34, is more than zero. Skip this part	than ctions	zero. : if: s. or qualified divide:	nds are included in	n income in Part I
either line	e 14b, col. (2) or line 14c, col. (2) is more than zero.		No New York		
	er taxable income from Form 1041, line 22 (or Form 990-T, line 34 er the smaller of line 14a or 15 in column (2))	. 17		
	not less than zero				
120020 8865	er the estate's or trust's qualified dividends		od plan		
	n Form 1041, line 2b(2) (or enter the qualified		H. A.T.	16 A. L.	
	lends included in income in Part I of Form 990-T) 19			77.26.77	
1220년 - 10 HO	lines 18 and 19 20		REAL PROPERTY.		
21 If the	e estate or trust is filing Form 4952, enter the	INS.			
	ount from line 4g; otherwise, enter -0 > 21	22*		100-7	
22 Sub	tract line 21 from line 20. If zero or less, enter -0		. 22		
23 Subi	tract line 22 from line 17. If zero or less, enter -0		. 23		
24 Ente 25 Is th	er the smaller of the amount on line 17 or \$2,150		. 24		
23 15 111	e amount on line 23 equal to or more than the amount on line 24?			1979 •	
1	Yes. Skip lines 25 through 27; go to line 28 and check the "No" to				
اللا	No. Enter the amount from line 23		2 5		
	tract line 25 from line 24		. 26	\$19.00 \$19.00	
27 Mult 28 Are i	tiply line 26 by 5% (.05)			27	
	Yes. Skip lines 28 thru 31; go to line 32. No. Enter the smaller of line 17 or line	22	28	1 25 a 25 2 7 2 2 5	
29 Ente	er the amount from line 26 (If line 26 is blank, enter -0-)	* * *	. 29		
30 Subt	tract line 29 from line 28		. 30	12 13 1 18 13 1	
31 Multi	iply line 30 by 15% (.15)			31	

Schedule D (Form 1041) 2007

32

33

34

35

31

32

33

Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the

Add lines 27, 31, and 32

Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the

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).............

Name of es	tate or trust as shown on Form 1041. Do r	ot enter name and emp	loyer identification numb	er if shown on the other sid	Employer identif	ication number
FLOR	IDA RESTAURANT AND LOD	GING			59-057193	30
Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year						
	(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 40 of the instructions)	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a CAPI	TAL CITY	VARIOUS	VARIOUS	119,968.	120,008.	-40.
SMIT	H BARNEY	VARIOUS	VARIOUS	8,161,203.	6,755,432.	1,405,771.
		VIII(1000	VIII(1005	0,101,203.	0,733,432.	1,405,771.
						W 30-5MPC 377
				1,000	W. W 3/2/3	W 14 (1)
				322 75: 3		
•						
		12				
,						
101/0. 23 1 52						
					-	10
<u> </u>						
) (3.11 - 12 (3.11)				-
						41
					200-200-200	5865-1
6b. Total.	Combine the amounts in column (f). Enter here and	on Schedule D, line	e 6b		1,405,731.
					Schedule D	0-1 (Form 1041) 2007

EIN:

59-0571930

FYE:

12/31/2007

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

Description	Cost	Accumulated Depreciation	Net Book Value
Land		NONE	
Land Improvements Buildings Leasehold Improvements	2,271,720.	599,243.	1,672,477.
Equipment Furniture & Fixtures	340,010. 315,730.	262,929. 289,085.	77,081. 26,645.
Turniture & Fixtures	0	Annual Colores (1965)	
Property, Plant & Equipment	<u>2,927,460.</u>	<u>1,151,257.</u>	1,776,203.
Construction in Progress		NONE	
Total Fixed Assets, line 57	2,927,460.	1,151,257.	1,776,203.

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		and the second s

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

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.

Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						OMB	No. 1545-0687
Departm	nent of the Treasury	For calendar year 2007 or other tax year beginning $01/01$,2007, and							<u> </u>
Internal	Revenue Service (77)		ending 12/31,200					Open to Public Inspection for 501(c)(3) Organizations Only	
A L	Check box if address changed		N 		me changed and see instruction	is.)	(Emplo	yees' Irust, see	ication number instructions for Block D
B Exen	npt under section		FLORIDA RESTAURANT ASSOCIATION, INC.	ANI	LODGING		on pag	# 9.)	
	501(C)(6)	Print	Number, street, and room or suite no.	If a P.C	, box, see page 9 of instructions	s	E0 /	0571930	2
	108(e) 220(e)	or	7						ess activity codes
	108A 530(a)	Type	P.O. BOX 1779						Block E on page 9.)
	529(a)		City or town, state, and ZIP code		****				
	value of all assets		TALLAHASSEE, FL 32	302-	1779		5418	800	
at en	d of year	F Gro	up exemption number (See instruc						
16	,007,765.	G Che	ck organization type ► X 501	(c) co	poration 501(c	c) trust	401(a)	trust	Other trust
H Des	scribe the organiz	ation's p	rimary unrelated business activity.	AD'	VERTISING REVENU	E			
I Dur	ing the tax year,	was the	corporation a subsidiary in an affil	ated g	oup or a parent-subsidiary of	controlled group?			Yes X No
-			identifying number of the parent co	rporation	on. ▶	75.00		7 10 1547	
			BOB DEARDEN		Telephor	e number ▶ (8.	50)22	24-2250)
Part			or Business Income		(A) Income	(B) Expense	9 S		(C) Net
	Gross receipts or s								
			C Balance ▶	The second					
			ule A, line 7)	_2			190	E HEALT	A DESCRIPTION
			2 from line 1c	3					
			ttach Schedule D)	4a					
			art II, line 17) (attach Form 4797)	4b					
c (Japital loss deduc	tion for t	rusts	4c					
			s and S corporations (attach statement)	5					
7 l	Inrelated debt-fin	ancod in	come (Schedule E)	<u>6</u> 7			23-25-	-	
			es, and rents from controlled						-
			es, and rents from controlled	8					
			section 501(c)(7), (9), or (17)	0			-111		
				9				i	
10 E	Exploited exempt	activity in	come (Schedule I)	10				-	
11 /	Advertisina incomi	e (Sched	ule J)	11	2,792.	72 22	NONE		2,792.
12 (Other income (See	nage 11	of the instructions; attach schedule.)	12	2,132.		NOME	1	4,132.
13 T	otal. Combine lin	es 3 thro	ough 12		2,792.		NONE		2,792.
Part			Taken Elsewhere (See pag			r limitations on			
	(Except fo	or cont	ributions, deductions must b	e dir	ectly connected with t	he unrelated bu	usines	s income	∍.)
14 (Compensation of o	officers, o	directors, and trustees (Schedule K)				14		
15 5	Salaries and wages	·			**********		15		
16 F	Repairs and mainte	enance .					16		
17 E	Bad debts						17		
18 li	nterest (attach sch	nedule) .					18		
19 T	axes and licenses				****		19		
			ee page 14 of the instructions for li				20		
21	Depreciation (attac	ch Form	4562)		21	NONE			
			on Schedule A and elsewhere on re			, .	22b		NONE
23 D	Depletion						23		
24 C	Contributions to de	eferred c	ompensation plans				24		
25 E	:mployee benefit p	programs	<u>, , , , , , , , , , , , , , , , , , , </u>				25		
26 E	xcess exempt exp	enses (S	chedule I)				26	 	
27 E	xcess readership	costs (Sc	hedule J)				27		NONE
28 C	uner deductions (attach so	thedule)				28		110115
29 T	oral deductions.	tovoble	14 through 28	 	tion Cultimat ! 20 f- "		29		NONE
30 U 31 N	let operating lass	dodusti-	income before net operating loss	ueauc '	tion. Subtract line 29 from li	ne 13	30		2,792.
31 N 32 U	ler operating loss	ubuuCii0	n (limited to the amount on line 30 income before specific deduction.	CL.	act line 21 from line 20		37		1,792.
			income before specific deduction.						1,000.
33 S	prelated business	delibra	iny \$1,000, but see line 33 instruction in income. Subtract line 33 from lin	UIS 10	f line 33 is greater than "an		33		1,000.
			or line 32				34		
	_, _,				<u> </u>		34		

Par	t 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):	A Participant
	(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)	
С	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	NONE
	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	20
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	36
Par	Tax and Payments	NONE
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	are d
	Other credits (see page 17 of the instructions)	
	General business credit. Check here and indicate which forms are attached:	
		2 Table 7
d		
e	Credit for prior year minimum tax (attach Form 8801 or 8827)	(Additional Control of the Control o
41	Total credits. Add lines 40a through 40d	40e
	Subtract line 40e from line 39	41 NONE
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	42
	Total tax. Add lines 41 and 42	43 NONE
44 a	Payments: A 2006 overpayment credited to 2007	
b	2007 estimated tax payments	
С	Tax deposited with Form 8868	
	Foreign organizations: Tax paid or withheld at source (see instructions) 44d	
	Backup withholding (see instructions)	
f	Other credits and payments: Form 2439	
	Form 4136 Other Total ▶ 44f	49.0
	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	C C C C C C C C C C C C C C C C C C C	s on page 18)
	At any time during the 2007 calendar year, did the organization have an interest in or a signature or	
1	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization ma	ay have to file
	Form TD F 90-22.1. If YES, enter the name of the foreign country here	х
_	burning the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign ti	rust? X
	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 ▶ \$	
	edule A - Cost of Goods Sold. Enter method of inventory valuation ▶	
	Inventory at beginning of year . 1 6 Inventory at end of year	6
	Purchases	
	Cost of labor	
	Additional section 263A costs Part I, line 2	7
	A CONTRACTOR OF THE PROPERTY O	th respect to Yes No
	Other costs (attach schedule) , 4b property produced or acquired for	resale) apply
5	Fotal. Add lines 1 through 4b · 5 to the organization?	X
٠.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	my knowledge and belief, it is true,
Sign		y the IRS discuss this return with
Here	the	preparer shown below (see
	Signature of officer Date Title inst	ructions)? X Yes No
Paid	Preparer's Date	Preparer's SSN or PTIN
Palo Prepa	prorise signature / Jacob Company (111, 10) Self-employed	P00218358
Use C		3186310
	1 Joans II dell'employed,	58-8100
	TALLAHASSEE, FL 32308	Form 990-T (2007)

(1) (2)								
(2)				-	Marinia III			
J-/		######################################						
					194)			
(4)								
	2 Rent receiv	ed or accru	ed					
for personal property is more than 10% but not percenta			rom real and personal pro age of rent for personal p r if the rent is based on p	operty	exceeds			ected with the income in) (attach schedule)
(1)					-			
(2)								
(3)	1701-04-50							
(4)	74.00							
Total		Total		3-31				11111111
Total income. Add totals of colo			100 B 100 B			Total deductions here and on page		
here and on page 1, Part I, line	6, column (A)	. ▶				line 6, column (B) b	•
Schedule E - Unrelated D	Debt-Financed In	come (se	e instructions on pa	ige 2				
4 December - All			2 Gross income from		3 Dedu	ctions directly coni debt-finance	nected with	or allocable to
1 Description of a	ebt-financed property		allocable to debt-finan property	ced		line depreciation	(t) Other deductions
///			- ' ' '		(attach	schedule)	(attach schedule)	
(1)								
(3)		10.00						
(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)				%			500000000000000000000000000000000000000	
(2)				%				
(3)				%				
(4)	1			%			- 14 may	
Fotal dividends-received deduc	tions included in co	lumn 8 🔒		>	Part I, line 7	and on page 1, , column (A).	Part I,	nere and on page 1, line 7, column (B).
Schedule F - Interest, An	nuities, Royaltie	s, and Re	ents From Contro	led	Organizati	ons (see instru	ctions o	n page 21)
	2	Ex	empt Controlled Or	ganiz	ations			
Name of Controlled Organization	2 Employer Identification Num	(C) (C)	Net unrelated income (loss) (see instructions)		tal of specified yments made			6 Deductions directly connected with income in column 5
(1)								
2)								
3)								
4)				3 MIN 3 W				
Nonexempt Controlled Organ	nizations							
7 Taxable Income	8 Net unrelated (loss) (see instru		9 Total of specifier payments made	j	include	of column 9 that is d in the controlling ation's gross income		1 Deductions directly nected with income in column 10
1)								
2)								
3)								
4)								
					Enter here	ns 5 and 10. and on page 1, 8, column (A).	Enter	olumns 6 and 11. here and on page 1, line 8, column (B).

7E1630 2.000

Form 990-T (2007) Schedule G - I (see instruction	Investment Incomons on page 22)	ne of a Section 501((c)(7), (9), or (17	59-05 ') Organization	71930	Page 4
1 Descript	ion of income	2 Amount of income	3 Deduc directly cor (attach sci	nnected	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3
(1)			(attacii sci	redule)		plus col. 4)
(2)						
(3)						
(4)		Entar have and as asset				
Schedule I - E	▶	Enter here and on page 1, Part I, line 9, column (A).		ising Income		Enter here and on page 1, Part I, line 9, column (B).
(see instruction	ons 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)	200		// // - // - // - // - // - // - // -			The state of the s
(2)				AT A STATE OF THE		
(3)						
(4)						AND AND AND AND AND AND AND AND AND AND
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.
	Advertising Incom	e (see instructions on	nage 22)	Control of the second		
		als Reported on a C		is	- V- UV-	
		The stop of the st	onocination bas			30-31
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)	8.0-200-8					R. D. Barrellon, M. C.
(2)			VC 803867407 Ven			Cauting a production
(3)			A CHARLES	, , , , , , , , , , , , , , , , , , ,	1	ar is reliable or ex-
(4)						医型性性性
Totals (carry to Part II, line (5))						
Part II Incor	me From Periodic nns 2 through 7 o	als Reported on a Sen a line-by-line basis.	eparate Basis (F)	or each periodic	al listed in Part II, fi	ll in
(1) STMT 1 (2)	2,792.	NONE	2,792.	NONE	NONE	NONE
(3)	Name of State					
4)						
5) Totals from Part I		1			TO MUST PROPERTY.	
Totals, Part II	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.
lines 1-5) ▶	2,792.	NONE Officers, Directors, a	nd Trustees (se	n instructions on -	ago 23\	NONE
Silvadio It o	1 Name	omocio, Directors, d		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

Form 8868

(Rev. April 2008)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

internal Revenue		File a separate application for each		
If you are	filing for an Automatic 3	Month Extension, complete only Part I and	check this box	
Do not comple	ete Part II unless you hav	ot Automatic) 3-Month Extension, completed already been granted an automatic 3-mon	th extension on a pre	ge 2 of this form). viously filed Form 8868.
		sion of Time. Only submit original (no c		
Part I only • •		O-T and requesting an automatic 6-month ex	* * * * * * * * * * *	▶ 🔼
All other corp time to file inc	orations (including 1120 come tax returns.	C filers), partnerships, REMICs, and trusts m	ust use Form 7004 to	request an extension of
electronically returns, or a c	eturns noted below (6 if (1) you want the add composite or consolidate	u can electronically file Form 8868 if you nonths for a corporation required to file litional (not automatic) 3-month extension of From 990-T. Instead, you must submit the cfiling of this form, visit www.irs.gov/efile a	Form 990-T). Howev or (2) you file Forms e fully completed and	er, you cannot file Form 8868 990-BL, 6069, or 8870, group
Type or	Name of Exempt Organia			Employer identification number
print	Florida Restaur	nt & Lodging Association, Inc	1.	59-0571930
File by the	1	or suite no. If a P.O. box, see instructions.		
due date for filing your	P.O. Box 1779			
return. See instructions.	No. of the second secon	state, and ZIP code. For a foreign address, see inst	ructions.	
	Tallahassee, FL			
		separate application for each return):		
Form 99		X Form 990-T (corporation)		m 4720
Form 990		Form 990-T (sec. 401(a) or 408(a) trust)		m 5227
Form 990		Form 990-T (trust other than above) Form 1041-A		m 6069
		Form 1041-A	For	m 8870
If the organ If this is for for the whole on the mames and Eli I request until No.	r a Group Return, enter the group, check this box ▶ Ns of all members the e	office or place of business in the United State organization's four digit Group Exemption If it is for part of the group, check to tension will cover. months for a corporation required to file Form to file the exempt organization return to the state of the state	Number (GEN) this box Image:	
2 If this tax	year is for less than 12		Final return	Change in accounting period
nonrefun	dable credits. See instru			3a S NONE
		-PF or 990-T, enter any refundable credits eayment allowed as a credit.	and estimated tax p	ayments 3b \$ NONE
		m line 3a. Include your payment with this	form, or, if required,	deposit
with FTI	D coupon or, if requir	ed, by using EFTPS (Electronic Federal		m) See
instructio	ns.			30 \$ NONE
Caution. If you	are going to make an e	ectronic fund withdrawal with this Form 886	8, see Form 8453-E0	and Form 8879-EO
for payment in:	structions.			
For Privacy A	ct and Paperwork Redu	tion Act Notice, see Instructions.		Form 8868 (Rev. 4-2008)

59-0571930

SCHEDULE J - PART II, ADVERTISING INCOME REPORTED ON A SEPARATE BASIS

7.	EXCESS	READERSHIP	COSTS	n n n n n n n n n n n n n n n n n n n	NONE	NONE	
	9.	READERSHIP	COSTS	11 11 11 11	NONE	NONE	
	ς,	CIRCULATION	INCOME		NONE	 NONE	
	4.	ADVERTISING	GAIN OR LOSS		2,792.	2,792.	
3.	DIRECT	ADVERTISING	COSTS	=====	NONE	NONE	
2.	GROSS	ADVERTISING	INCOME		2,792.	 2,792.	
			NAME OF PERIODICAL		FLORIDA RESTAURANT AND LODGING	COLUMN TOTALS	

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.

TALLAHASSEE, FL EIN 59-0571930 FYE: 12/31/2007

Form 990-T: Net Operating Loss Carryforward & Utilization

	Generated	<u>Utilized</u>	Expired	Carryforward
12/31/03	(28,093)	:	_	(28,093)
12/31/04	<u> </u>	-	-	(28,093)
12/31/05	.	-	1 -	(28,093)
12/31/06	.	(1988)	2.00	(28,093)
12/31/07	-	1,792		(26,301)
Remaining NO	L Available at 12/31/07			(26,301)

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

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FILING PROCEDURE....

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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

7W1191 3.000 F-1120 R. 01/08 THOM Rule 12C-1.031 Florida Administrative Code Effective 01/08

884302007123100020050376359057193000006

For Calen	indar year 2007 or tax year beginning 01/01 , 2007 ending 12/31/2007	ybillan Encluy Breine Breining Breining Breining
Name	PEORIDA RESIAURANI & LODGING have been made to name	
Address		
Address		
City/Sta	tate/ZIP TALLAHASSEE, FL 32302-1779	
Comp	outation of Florida Net Income and Emergency Excise Tax	
1. F	Federal taxable income (see instructions)	
F	Attach pages 1 - 4 of federal return Check here if negative	•
2. 8	State income taxes deducted in computing federal taxable income	
((attach schedule)	•
3. A	Additions to federal taxable income (from Schedule I) Check here if negative	. 1792
4. T	Total of Lines 1, 2 and 3	. 1792
5. 5	Subtractions from federal taxable income (from Schedule II) Check here if negative	. 0
6. A	Adjusted federal income (Line 4 minus Line 5) Check here if negative X	. 1792
7. F	Florida portion of adjusted federal income (see instructions) Check here if negative X	. 1792
8. N	Nonbusiness income allocated to Florida (from Schedule R) Check here if negative	. 0
9. F	Florida exemption	. 5000
10. F	Florida net income (Line 7 plus Line 8 minus Line 9)	-3208
	Tax due: 5.5% of Line 10 or amount from Schedule VI, Line 11, whichever is greater	
(:	(see instructions for Schedule VI)	. 0
	Credits against the tax (from Schedule V, Line 18)	_
13. E	Emergency excise tax due (from Schedule A, Line 20)	. 0
	Total corporate income/franchise and emergency excise tax due (see instructions)	
	a) Penalty: F-2220 b) Other	•
	c) Interest: F-2220 d) Other Line 15 Total >	0
16. T	Total of Lines 14 and 15 · · · · · · · · · · · · · · · · · ·	. 0
	Payment credits: Estimated tax payments 17a \$	
	Tentalive tax payment 17b \$. 0
18. S	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
	Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon	
_20R	Refund: Enter amount of overpayment to be refunded here and on payment coupon	
Florid	ida Corporate Income Tax Return YEAR ENDING 12/	/31/2007 THOM
	Do Not Detach	F-1120 R. 01/08
	To ensure proper credit to your account, enclose your check with tax return when m	
	Return is Due 1st Day of the 4th Month After Close of the Taxable Year	aming.
Name		insmitted funds electronically
Addres	ss ASSOCIATION, INC.	
Addres	ss P.O. BOX 1779	
City/St	state/ZIP TALLAHASSEE, FL 32302-1779	
5905	371930	
2007	70101 0 0 0	
2007	71231 179200 0 0	
0000	00000 1.000000 0 0	
012	0 0 0	
201	0 0 0	
0	0 0 0	
0	500000 0 0	





FEIN_59-0571930

This calcus is a said and is a said	
A return that is not signed, or improperly signed and verified, will be subject to a penalty. This return must be completed in its entirety.	ess a copy of the federal return is attached. The statute of limitations period will not start until the return is properly signed and verified.
Under penalties of perjury, I declare that I have examined this return, including a complete. Declaration of preparer (other than taxpayer) is based on all information	ccompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and on of which preparer has any knowledge.
Sign here Signature of officer (must be an original signature) Date	Title
Paid Preparer's Signature Dubrahaman Date V	1101-01-01-01-01-01-01-01-01-01-01-01-01
preparers only Firm's name (or yours if self-employed) and address THOMAS HOWELL FERGUSON, 2615 CENTENNIAL BLVD., STALLAHASSEE, FL	
	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 X D. Initial return Final return (final federal return filed) E. Taxpayer election s. 220.03(5), F.S. X General Rule Election A Election B Principal Business Activity Code (as pertains to Florida) 5 4 1 /8 0 0 G. A Florida extension of time was timely filed? YES X NO If yes, attach copy of Florida Form F-7004. 1-1. Corporation is a member of a controlled group? YES NO X If yes, attach list.	H-2. Part of a federal consolidated return? YES NO X 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 Location of corporate books: 230 S. ADAMS STREET, TALLAHASSEE, FL 32302-1799 J. Taxpayer is a member of a Florida partnership or joint venture? YES NO X K. Enter date of latest IRS audit N/A List years examined N/A L. Contact person and telephone for questions concerning this return: BOB DEARDEN (850) 224-2250 M. Type of federal return filed 1120 1120A 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	Remember: ✓ Make your check payable to the Florida Department of Revenue. ✓ Write your FEI Number on your check.
If you are requesting a refund (Line 20), send your return to: Florida Department of Revenue PO Box 6440 Tallahassee FL 32314-6440	✓ Sign your check and return. ✓ Attach a copy of your federal 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
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
1	0	0	0
2	0	0	0
2	179200	0	0
2	0	0	0.000000
2	0	0	0.00000
0000000	0	0	0.00000
0	0	0	0.000000
0	0	0	0.00000
0	0	0	0.000000
0	0	0	0.000000



FEIN <u>59-0571930</u>

DATA Page 2

THOM F-1120 R. 01/08

590571930	0	179200	0
0	0	0	0
0	0	179200	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
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0	0.00000	0	0
0	0.00000	0	0
0	0	0	0
0	0	0	0
0	179200	0	0





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 t	o 12/3	1/86)
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.	
 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	В.	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

Sc	hedule I - Additions and/or Adjustments to Federal Taxable Income		olumn (a) or page 1	Column For Schedule	
1.	Interest excluded from federal taxable income (see instructions)	1.		1.	
2.	Undistributed net long-term capital gains (see instructions)	2.	-40	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.	1792	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.	1792		





NAME

FRLA

FEIN 59-0571930

TAXABLE YEAR ENDING12/31/2007

Schedule II - Subtrac	tions from Federal	Taxable Incor	me			Column (a) For page 1		Column (b) For Schedule VI, AMT	
Gross foreign source incom (a) Enter s. 78 I.R.C. income \$_ (c) less direct and indirect e	(b)	olus s. 862 I.R.C. div	vidends \$_	Total ▶	1.	0	1.		
2. Gross subpart F income les	The state of the s								
(a) Enter s. 951 I.R.C. subp	A SCHOOL STATE OF THE SCHOOL STATE OF THE SCHOOL SCHOOL					_			
(b) less direct and indirect e				Total -	2.		2.		
Note: Taxpayers doing but		000			ete Line 4 o				
3. Florida net operating loss of			STATEM	ENT 1	3.	0.00	3.		
4. Florida net capital loss can	yover deduction (see instruct	ions)			4.		4.	· · · · · · · · · · · · · · · · · · ·	
Florida excess charitable a	ind/or employee benefit plar	contribution carryov	ver (see in:	structions)	5.		5.		
6. Nonbusiness income (from	Schedule R, Line 3)				6.	0	6.		
Eligible net income of an in	nternational banking facility (s	ee instructions)			7.		7.		
8. Other subtractions (attach s	tatement)				8.		8.		
9. Total Lines 1 through 8 in Colu	mns (a) and (b). Enter totals for e	ach column on Line 9. (Column (a)	total is also entered on					
Page 1, Line 5 (of the F-1120 re	etum). Column (b) total is also en	ered on Schedule VI, L	ine 5.		9.	0	9.		0
Schedule III - Apport	ionment of Adjuste	d Federal Inco	ome	Employee The		医进程性 美国西部	3. 6	TO THE RESERVE OF	A Title
III-A For use by taxpayers doin	g business both within and	without Florida, ex	xcept tho	se providing insurance	ce or trans	portation services.		Harry Arms on Statement	
	(a) WITHIN FLORIDA	(b) TOTAL EVERYWH		(c) Col. (a) ÷ Col. (b)		(d) Weight		(e) Weighted Factors	
	(Numerator)	(Denominator)		Rounded to Six Decimal Places	see no	ny factor in Column (b) is zero, te on Page 10 of the instructions		Rounded to Six Decimal Places	
Property (Schedule III-B below)	0		0	0.00000)	Х 25% ог		0.0000	00
2. Payroll	20710-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0		57,300,74	0.000000)	X 25% or		0.0000	00
3. Sales (Schedule III-C below)	0		0	0.00000)	X 50% or		0.0000	00
4. Apportionment fraction [Sur	n of Lines 1, 2, and 3, Colum	n (e)]. Enter here ar	nd on Sch	edule IV, Line 2.	40 000			0.0000	00
III-B For use in computing aver	age value of property		WITH	N FLORIDA		ТС	TAL EVI	ERYWHERE	
	aga talas si propolij	a. Beginning of year b. End of ye		ear	ar a. Beginning of yea		b. End of year		
(use original cost).									
	vork in process, finished good								
				-					
Inventories of raw material, v Buildings and other depreciab					Wester 2017				
Inventories of raw material, v Buildings and other depreciab Land owned	le assets							*	
Inventories of raw material, w Buildings and other depreciab Land owned Other tangible and intangible (attach schedule)	le assets				0		0		
Inventories of raw material, v Buildings and other depreciab Land owned Other tangible and intangible (attach schedule) Total (Lines 1 through 4)	le assets (financial org. only) assets	IS .			0		0		0
1. Inventories of raw material, v 2. Buildings and other depreciab 3. Land owned Other tangible and intangible 4. (attach schedule) 5. Total (Lines 1 through 4) 6. Average value of property [ad	le assets (financial org. only) assets d Line 5, Columns (a) and (b	s and divide by 2			0		0		
Inventories of raw material, v Buildings and other depreciab Land owned Other tangible and intangible (attach schedule) Total (Lines 1 through 4) Average value of property [addition of the content of th	(financial org. only) assets Id Line 5, Columns (a) and (byverywhere)]	s and divide by 2)	0	0	0	. 0	
1. Inventories of raw material, v 2. Buildings and other depreciab 3. Land owned Other tangible and intangible 4. (attach schedule) 5. Total (Lines 1 through 4) 6. Average value of property [ad (for within Florida and total e 7. Rented property (8 times net a	(financial org. only) assets Id Line 5, Columns (a) and (by everywhere)]) and divide by 2			0		0	0	
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1. Inventories of raw material, w 2. Buildings and other depreciab 3. Land owned Other tangible and intangible 4. (attach schedule) 5. Total (Lines 1 through 4) 6. Average value of property [ad (for within Florida and total e 7. Rented property (8 times net a 8. Total (Lines 6 and 7). Enter on III-C Sales Factor 1. Sales (gross receipts) 2. Sales delivered or shipped 3. Other gross receipts (rents 4. TOTAL SALES [Enter on Schedule]	le assets (financial org. only) assets Id Line 5, Columns (a) and (between the columns) annual rent) Line 1, Schedule III-A, Columns to Florida purchasers s, royalties, interest, etc. when the chedule III-A, Line 3, Columns (see instructions)	an applicable)		Average	Florida	TOTAL ITHIN FLORIDA (Omit cents) N/A	Ave	0 erage Everywhere TOTAL EVERYWHERE (Omit cents) N/A	O (b)]



NAME

FRLA

FEIN 59-0571930

TAXABLE YEAR ENDING12/31/2007

		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==21 (ARCA)
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

Sc	hedule 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

Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.	
State income taxes deducted in computing federal taxable income (attach schedule)	2.	News News
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

Sche	dule R – Nonbusiness Ir	ncome	
Line 1	Nonbusiness income	(loss) allocated to Florida	<u>Amount</u>
-			
	(Enter here and on Page	1, Line 8 or Schedule VI, Line 8 for AMT)	1
Line 2	Type	(loss) allocated elsewhere State/country allocated to	Amount
Line 3.	Total nonbusiness incon	ne and 2	3
	(Enter here and on Schedule		V
,	For T	Estimated Tax Worksheet axable Years Beginning On or After January 1,	2008
	Florida income expected in ta		1. \$
2.	Florida exemption \$5,000 (M	embers 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.	Less: Credits against the tay	.5% of Line 3)*	<u>U</u>
	 Taxpayers subject to federal all 	ternative minimum tax must compute Florida alternative r the greater of these two computations.	4. \$0
5.	Estimated emergency excise to	tax	5. \$
6.	Total corporate and emergen If Line 6 is more than \$2,50	cy excise tax (Line 4 plus Line 5)	ration (Form F-1120ES) is required.
7.	Computation of installments:		
	Payment due dates and	1st day of 5th month - Enter 0.25 of Line 6	7a0
	payment amounts:	1st day of 7th month - Enter 0.25 of Line 6	7b0
		1st day of 10th month - Enter 0.25 of Line 6	7c0
		1st day after close of fiscal year - Enter 0.25 of Line 6	7d0
		should change during the year, you may use the amended computation ded amounts to be entered on the declaration (Form F-1120ES).	
2.	Less:		1. \$
		from last year elected for credit	
		o date	
		nated tax declaration (F-1120ES) 2b \$	
		ne 2(c))	
4.	Amount to be paid (Line 3 div	ided by number of remaining installments)	4. \$
	98 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 Rue 12C-1.051 Florida Administrative Code Effective 01/08

Information for Filing Form F-7004

F-7004

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 or

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? X Yes	N
	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.

В.	If applicable, state in detail	the reason the	extension	is needed:	R.	01/0
	INFORMATION F				PARTIES	
	HAS NOT YET E	EEN RECE	IVED			
C.	Type of federal return filed:	990-T				
	Contact person for question	s STACE	Y KOI	LKA		
	Telephone number 850	-668-810	0			

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

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 Re	Florida Tentativ staurant Return and A	e Income / Franchise and Em pplication for Extension of Ti	ergency Excise Tax me to File Return	THOM F-7004
	g Association, Inc. 1779	- 0571930 ar End 2007 TUS Corporation X e if you transmitted funds elect		
Under penalties of perjuice belief the statements here:	ry, I declare that I have been au rein are true and correct:	Tentative T thorized by the above named taxp. Date:	ax Due \$ ayer to make this application, to	hat to the best of my knowledge and
590571930	0	0	0	
1	0	0	0	
20071231	0	0	0	
0	0	0	0	
010	0	0	0	
0	0	0	0	
0	0	0	0	
0	0	0	0	

Form 8868

(Rev. April 2008)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury

Internal Revenue S	ervice			File	a separat	e applicat	ion for each	i return.						
		Automatic 3	-Month	Extensio	n, comple	ete only	Part I and	check thi	s box				▶ 🔼	
If you are fi Do not complete	iling for ar	Additional (I	Not Aut	tomatic) 3	-Month E	xtension	ı, comple	te only Pa	rt II (on	pag prev	e 2 of this r riously filed	form). Form 880	68	
Part I Auto	matic 3-	Month Exte	nsion o	of Time.	Only sub	mit origi	nal (no c	opies ne	eded).					
A corporation Part I only			• • • •										▶ X	
All other corpo			0-C filer:	s), partner	ships, RE	MICs, an	d trusts m	ust use Fo	rm 7004	to r	equest an e	extension	of	
Electronic Fillione of the re- electronically i returns, or a c 8868. For more	ng (e-file) turns not if (1) you composite	. Generally, you do below (6 want the add or consolidate	months ditional ed Fron	s for a co (not auto n 990-T. I	orporation omatic) 3- Instead, v	require month e ou must	d to file extension submit th	Form 990 or (2) you se fully co)-T). Ho ı file Fo: mpleted	wevi rms and	er, you ca 990-BL, 6 I signed pa	nnot file 069, or l age 2 (Pa	Form 8867 8870, grou rt II) of Form	
Type or		Exempt Organi									Employer	identificat	llon number	
print		la Restaur		. Lodai	ng Ass	ociati	on. In	c.		- 1	59-057	11930		
		, street, and roo												
File by the due date for		ox 1779												
filing your		vn or post office	state a	and ZIP cod	te For a for	reion addr	ess, see ins	structions.						
return. See instructions.		assee, FL			10. 1 01 0 101	leigh dean	C55, 5CC 111	Ju Domenie.						
Check type o					ication for	each ret	urn):			-0.00				
Form 990				Form 990-			,			For	m 4720			
Form 990			_	Form 990-	and a summer	anna Barana	(a) trust)			For	m 5227			
Form 990				Form 990-		105 W	3000			For	m 6069			
Form 990				Form 1041	100	01 111011 00	.5.15,			For	m 8870			
	J-F F		<u> </u>	1 01111 1041										
Telephone If the orga If this is for the whole on the whole of the whole on the whole on the whole on the whole on the whole of the whole on the whole on the whole on the whole on the whole on the whole on the whole of the w	No. ▶ 8! nization d r a Group group, ch Ns of all		an office the org	e or place anization's . If it is on will cove	e of busine s four digi for part c er.	ess in the it Group of the gro	Exemption oup, checked to file F	Number (this box	ck this be (GEN) T) extens	ox	and attach	a list w		
until No	vember		800	to file the	exempt	organiza	tion retur	n for the o	rganizat	ion i	named abo	ove. The e	extension is	
▶ X	calenda	r year <u>2007</u>	or											
>	tax year	beginning				·	_, and en	ding				'	- •	
2 If this tax	x year is f	or less than 1	2 month	hs, check r	reason: [Initi	al return	Fin	al return	ı [Change	in accou	ınting period	
		is for Form edits. See instr			990-T, 4	720, or	6069, er	nter the te	entative	tax,	less any	3a \$	NONE	
b If this ap	pplication	is for Form 9 prior year ov	90-PF	or 990-T,			able credi	ts and est	imated t	taxı	payments	3b \$	NONE	
c Balance with FT instruction	Due, Sul D coupo ons.	otract line 3b on or, if requ	from lir uired, b	ne 3a. Inc by using	clude you EFTPS (r payme Electroni	ic Federa	I Tax Pa	yment S	Syste	em). See	3c \$	NONE	
Caution. If you		ng to make an	electro	onic fund v	withdrawa	with this	s Form 88	368, see F	orm 845	53-E	O and For	n 8879-E	0	
for payment in										_		-		
C D-1 A	lat and D	anamuark Dad	duction	Act Notic	o coo Inc	truction	2	5				Form 886	38 (Rev. 4-200	

FLORIDA RESTAURANT & LODGING ASSOCIATION, INC.

TALLAHASSEE, FL EIN 59-0571930

FYE: 12/31/2007

Form F-1120: Net Operating Loss Carryforward & Utilization

	Generated	<u>Utilized</u>	Expired	Carryforward
12/31/03	(28,093)	-		(28,093)
12/31/04	-	:≡3	19	(28,093)
12/31/05	=		M E	(28,093)
12/31/06	-	-	8 2	(28,093)
12/31/07		<u></u>	3 =	(28,093)
Remaining NOL	available at 12/31/07			(28,093)