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Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

(except private foundations)

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

2013

OMB No 1545-1150

Open to Public Inspection

For the 2013 calendar year, or tax year beginning , 2013, and ending Check if applicable D Employer identification number Address change THE DOWNTOWN SARASOTA ALLIANCE, INC 20-5380145 Name change Telephone number AKA DOWNTOWN MERCHANTS ASSOCIATION, Initial return 1416 STATE STREET O BOX 11011 941-366-5969 Terminated SARASOTA, FL 34278 34236 Amended return Group Exemption Number Application pending Other (specify) G Accounting Method Cash X Accrual Check ► [X] if the organization is **not** required to attach Schedule B (Form Website: ► N/A 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) 501(c)(3) 501(c) ((insert no) 4947(a)(1) or X Corporation Trust Association Other Form of organization Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total **⊳** \$ assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 143,044 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 33,445. Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 109,599 Membership dues and assessments 3 4 Investment income. 5 a 5 a Gross amount from sale of assets other than inventory 5 b b Less cost or other basis and sales expenses 5 c c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a RECEIVED b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum RS-0S(F2-67 SEP 3 0 2014 6 b of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events 6 c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a 7a Gross sales of inventory, less returns and allowances 7 b b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c Other revenue (describe in Schedule O) 8 9 143,044. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) 10 10 11 Benefits paid to or for members 11 12 35,673. Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 1,900. 13 Occupancy, rent, utilities, and maintenance 14 13,720. 14 15 2,193. Printing, publications, postage, and shipping 15 See Schedule O 16 88,422. Other expenses (describe in Schedule O) 16 17 141,908. Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 1,136. 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 figure reported on prior year's return) 19 14,572. 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 15,708. Net assets or fund balances at end of year Combine lines 18 through 20 Form 990-EZ (2013) BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990-EZ (2013) THE DOWNTOWN SAI	RASOTA ALLIANCE, II	NC	20	-538	30145 Page 2
Par	Balance Sheets (see the inst Check if the organization used Sche	ructions for Part II)				
		dule o to respond to any que) Beginning of ye	ar	(B) End of year
22	Cash, savings, and investments Land and buildings		<u> </u>	14,572		15,708.
23 24	Other assets (describe in Schedule O)		<u> </u>		23	
25	Total assets			14,572		15,708.
26	Total liabilities (describe in Schedule O)			0	. 26	0.
27	Net assets or fund balances (line 27 of			14,572	. 27	15,708.
Par	t III Statement of Program Service Ac Check if the organization used Sci			X	(Regi	Expenses uired for section 501
What	is the organization's primary exempt purpose? See	Schedule O) and 501(c)(4) nizations and section
Desc	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	ccomplishments for each of it manner, describe the service	ts three largest progran	n services, as er of persons	4947	(a)(1) trusts, optional thers
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28	ALL RELATED TO HOLIDAY CU THE YEAR.	LTURAL PROGRAMS AN	D EVENTS HELD	THROUGHOUT .	-	
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	(Grants \$) If th	is amount includes foreign gr	ants, check here		28 a	85,093.
29						
					-	
	(Grants \$) If th	is amount includes foreign gr	ants, check here	- [29 a	
30						
					-	
	(Grants \$) If th	 is amount includes foreign gr	rants check here		30 a	
31	Other program services (describe in Sch		array or continuo			
	· · · · · · · · · · · · · · · · · · ·	is amount includes foreign gr	rants, check here	▶ 🗌	31 a	
_	Total program service expenses (add line)			·····	32	85,093.
Pai	<u>t IV</u> List of Officers, Directors, Check if the organization used Sc			it not compensated —	see the i	Instructions for Part (V)
		(b) Average hours per	(c) Reportable compensation	(d) Health benefit contributions to emp	its,	(e) Estimated amount of
	(a) Name and Title	week devoted to position	(Forms W 2/1099-MISC) (If not paid, enter -0-)	benefit plans, and de compensation	ferred	other compensation
TO	NY SOUZA					
	esident	20	0.	 	0.	0.
	ARON FOOTE KATZMAN ce President	20	0.		0.	0.
	CHAEL BEITZINGER	20	0.		<u> </u>	
Tre	easurer	20	0.		0.	0.
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Page 3

33 Du the organization engage in any significant activity not previously resorted to the IRS7 if Yes. Novel a deflated description of each retrotivy in Schedule 2. 34 We way spid-said change make to the agencing organization stroky in Schedule Contentions of the agenciand change in the programs of th	Pai	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	ıle	O	X
If Yes, "provide a detailed description of each activity in Schedule O 3 Wee any supriscit drokery smale to the organizary or exempt deciments" If Yes, attach a conformed copy of the amended documents if they reflect a charge to the organization from the organization consists of the organization of the organization in the charge or softential of the consistency of the amended documents of the charge of t	33		•	Yes	
a change to the organization's name of thereice, eathan the change in Schedule O (see instruction) 33. Did the organization have unretized bus ness gross income of \$1.000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 6. When the organization are comparation field a form 990-17 for the year? If No.; provide an explanation in Schedule O.; 200 or 20	-	If 'Yes,' provide a detailed description of each activity in Schedule O	33		X
35a D at the organization have unrelated business gooss inclined et \$1,000 or more during the year from business activities (such as those reported on time 2, 6a, and 72, among others). b if Yes; To line 35a, has the organization filed a Form 990-T for the year? If No.; provide an explanation in Schedule 0 c. Was the organization of society of the year? If Yes, complete Schedule 0, Part III and Schedule 0. The provided of the property of the year? If Yes, complete Schedule 0, Part III and Schedule 0. The provided of the year? If Yes, complete Schedule 0, Part III and Schedule 0, Part III	34		24		
(such as those reported on lines 2, 6a, and 7a, among others) b) If Yes's 10 line 35a, has the organization file of a form 990-T for the year? If No', provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes's complete Spacetide C, Part III and approve the year provided and proxy tax requirements during the year? If Yes's complete Spacetide C, Part III and approve the year provided and year provided the organization of the form 1120-PDL for this year? 37a Enter amount of political expenditures, direct or indirect, as described in the institutions of her assets during the year if Yes's complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the institutions of the service of the year and year of the year and year of the	35 :		34		X
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e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed ** None 142 a The organization's books are in cate of ** PIPER HAWKINS & COMPANY Located at ** 330 S PINEAPPLE AVE, SUITE 106 SARASOTA FL 2/P + 4 34/236 1 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 1 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 c At any time during the calendar year, did the organization maintain an office outside of the U S ? 1 if "Yes," enter the name of the foreign country ** 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the lax year 44 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the lax year 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 5 Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization have a controlled a form 720 to report these payments? If "No, provide an explanation in Schedule O 45 a Did the organization have a control					
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42 a The organization's books are in care of PIPER HAWKINS & COMPANY Located at P 330 S PINEAPPIE AVE, SUITE 106 SARASOTA FL ZIP+4 P 34236 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country P See the instructions for exceptions and filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country P 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If 'No,' provide an explanation in Schedule O 45 a Did the organization have a controlled entity of the organization with a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or enoage in any transaction with a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or enoage in any transaction with a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or enoage in any transaction with a controlled entity within the meaning of section 512(b)(13)?	-	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40 e		X
books are in care of P PPER HAWKINS & COMPANY Located at * 330 S PINEAPPLE AVE, SUITE 106 SARASOTA FL IP +4 * 34236 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization negrate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'Yes,' form 990-EZ 24 Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? At a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Tes,' Tes,' Form 990 must be completed instead of Form 990-EZ At a put the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Tes,' Tes,	41				<u> </u>
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If 'No,' provide an explanation in Schedule O 45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45 a X 45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'			446		-X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,'		If 'No,' provide an explanation in Schedule O	44 d		
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45 b X			45 a		X
		b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		x

Form 990-1	EZ (2013) THE DOWNTOWN SARASC	TA ALLIANCE, I	INC	20-538	30145	Page 4
46 Did the candi	he organization engage, directly or indirectly or indirect	ctly, in political campa Schedule C, Part I	ign activities on behalf o	of or in opposition to	46	Yes No
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51		uestions 47-49b an	d 52, and complete	the tables	 ;
	Check if the organization used Schedul	e O to respond to any	question in this Part VI	<u> </u>		
	ne organization engage in lobbying activities plete Schedule C, Part II	or have a section 501(h) election in effect during	the tax year? If 'Yes,'	47	Yes No
49 a Did tl	e organization a school as described in se he organization make any transfers to an es,' was the related organization a section	exempt non-charitable		dule E	48 49 a 49 b	X
50 Comp	olete this table for the organization's five high oyees) who each received more than \$100,0	hest compensated emplo			<u> </u>	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other compe	
None_						
					_	
51 Com	I number of other employees paid over \$1 plete this table for the organization's five high	hest compensated indep	endent contractors who ea	- ach received more than \$	100,000 of	
	Densation from the organization of there in (a) Name and business address of each independent of		(b) Type	of service	(c) Compe	nsation
None_					.,	
			-			
52 Did t	I number of other independent contractors the organization complete Schedule A? N Itable trusts must attach a completed Sch	ote. All section 501(c)	•	947(a)(1) nonexempt	► X Yes	 □ No
Under penaltic true, correct,	es of perjury, I declare that I have examined this return and complete Declaration of reperer than office	, including accompanying schools) is based on all information	edules and statements, and to the of which preparer has any know	ne best of my knowledge and be vledge		
Sign Here	Type or print name and title	eamie	Chairm	Date DSC	}	
	Print/Type preparer's name Shelly Parmet-Evans, CPA	Preparer's signature	+ Wars, aSEP - 1	O ONAL Check Lif	PTIN P00358507	
Paid Preparer	Firms name > Piper, Hawkins	& Company				
Use Only	Firm's address • 330 S. Pineappl Sarasota, FL 34		6	Firm's EIN Phone no (94	<u>59-2966</u> 11) 366-1	
May the IF	RS discuss this return with the preparer sl		ructions	1. none no 194	► X Yes	No
	The state of the s					- EZ (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service at www.irs.gov/form990. Name of the organization Employer identification number DOWNTOWN SARASOTA ALLIANCE, INC DOWNTOWN MERCHANTS ASSOCIATION, 20-5380145 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated Type III - Non-functionally integrated Type II d Type I C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 q (i) below, the governing body of the supported organization? A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (vi) is the organization in column (i) organized in the US? (iii) Type of organization (described on lines 1 9 above or IRC section (see instructions)) (vii) Amount of monetary (iv) Is the organization in column (i) listed in (v) Did you notify the organization in (i) Name of supported (n) EIN organization support column (1) of your support? your governing document? Yes No Yes (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support				r-			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f)	Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	15,234.	47,277.	88,294.	40,426.	33,44	5. 22	4,676.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0.
4	Total. Add lines 1 through 3	15,234.	47,277.	88,294.	40,426.	33,44	5. 22	4,676.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							0.
6	Public support. Subtract line 5 from line 4	-+	 -				22	24,676.
Sec	tion B. Total Support						- 	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f)	Total
7	Amounts from line 4	15,234.	47,277.	88,294.	40,426.	33,44	5. 22	24,676.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0.
11	Total support. Add lines 7 through 10						22	24,676.
12	Gross receipts from related activ	rities, etc (see ins	tructions)				12	0.
13	First five years. If the Form 990 is organization, check this box and		n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)		► [
	tion C. Computation of Pu							
	Public support percentage for 20	•		ie 11, column (f))	1	⊢		0.00%
	Public support percentage from					_		0.00%
16 a	33-1/3% support test — 2013. If and stop here. The organization	the organization qualifies as a pul	did not check the blicly supported or	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or mo	ore, check thi	s box ► X
t	33-1/3% support test – 2012. If and stop here. The organization	the organization of qualifies as a pu	lid not check a bo blicly supported o	x on line 13 or 16 rganization	Sa, and line 15 is	33-1/3% or m	ore, check th	is box ►
	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a s-and-circumstand	and-circumstances es' test. The orga	s' test, check this inization qualifies	box and stop he as a publicly sup	re. Explain in ported organiz	Part IV how zation	► []
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organi	meets the 'facts-a d-circumstances'	and-circumstances test The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	re. Explain in led organization	Part IV how on	the -
				.0, 100, 170		hedule A (For		
BAA	l e e e e e e e e e e e e e e e e e e e				30	ricuuic 🖊 (FOI	ニュ シンひ ロニコブレ	

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

<u>Sect</u>	ion A. Public Support						
	ar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include						
	any 'unusual grants ')						
	Gross receipts from admis- sions, merchandise sold or						
	services performed, or facilities						
	furnished in any activity that is related to the organization's						
	tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on						
	its behalf The value of services or						
•	facilities furnished by a						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5				+		
	Amounts included on lines 1,						
	2, and 3 received from disqualified persons						
	Amounts included on lines 2						-
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line					*	
<u>C</u>	7c from line 6)						<u> </u>
	tion B. Total Support	(2) 2000	(b) 2010	(6) 2011	(d) 2012	(e) 2013	(f) Total
	dar year (or fiscal yr beginning in) Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(0) 2012	(e) 2013	(I) Total
-	Gross income from interest,						<u> </u>
	dividends, payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
10	regularly carried on			1			
12	Other income Do not include gain or loss from the sale of					[
	čapital assets (Explain in Part IV)						
13	Total Support. (Add Ins 9,10c, 11 and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, secor	nd, third, fourth, i	or fifth tax year as	a section 501(c))(3) ►
	tion C. Computation of Pu						
	Public support percentage for 20	•		ne 13, column (f))	15	
16	Public support percentage from					16	1 6
	tion D. Computation of Inv				ump (fl)	17	%
17 18	Investment income percentage f	•		-	uiriii (1 <i>))</i>	18	
	33-1/3% support tests — 2013.				and line 15 is mor		
	is not more than 33-1/3%, check	k this box and sto	p here. The organ	nization qualifies	as a publicly supp	oorted organization	on 💆 📗
t	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%	f the organization	did not check a b	oox on line 14 or	line 19a, and line	16 is more than	33-1/3%, and ► □
20	Private foundation. If the organi	•	•				
				,,,			<u></u>

	(Form 990 or 990-EZ) 2013	THE DOWNTOWN	SARASOTA	ALLIANCE,	INC	20-5380145	Page 4
Part IV	Supplemental Informat or 17b; and Part III, line '(See instructions)	tion. Provide the e 12. Also comple	explanations ete this part	s required by for any additi	Part II, line 10 onal informati	0; Part II, line 17a on.	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2013

Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization THE DOWNTOWN SARASOTA ALLIANCE, INC AKA DOWNTOWN MERCHANTS ASSOCIATION, 20-5380145 Form 990-EZ, Part III - Organization's Primary Exempt Purpose TO PROMOTE THE BENEFITS AND THE CULTURAL DIVERSITY OF THE CITY AND BUSINESS COMMUNITIES OF SARASOTA AND SURROUNDING AREAS THROUGH VARIOUS PROGRAMS AND HOLIDAY EVENTS. Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

2013	ntal Information A ALLIANCE, INC ASSOCIATION, INC	Page 2	
Form 990-EZ, Part Other Expenses Advertising and Entertainment Equipmental Rer Food & Beverage Insurance Licenses and Fe Office Expenses Temporary Help	Promotion tal s	\$ Total \$	26,253. 14,642. 1,792. 14,723. 696. 5,046. 2,679. 22,591.

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(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return ► File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

 If you are 	e filing for an Additional (Not Automatic) 3-Mont	h Extensior	n, complete only Part II (on page 2 of the	ns form).	ر ا
Do not com	plete Part II unless you have already been grante	d an automa	atic 3-month extention on a previously f	iled Form 8868.	
Electronic fi corporation of request an ex Associated V	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not kiension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which ming of this form, visit www irs.gov/efile and click of	If you need automatic) I or Part II w ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can ele- ith the exception of Form 8870, Informatio to the IRS in paper format (see instruct	e to file (6 months for ectronically file Form n Return for Transfers	8868 to
Part I	Automatic 3-Month Extension of Time.	Only sub	omit original (no copies needed)	,	
	n required to file Form 990-T and requesting an a				▶ □
All other cor income tax i		REMICs, ar		fying number, see in	structions
7	Name of exempt organization or other filer, see instructions			Employer identification no	umber (EIN) or
Type or print	THE DOWNTOWN SARASOTA ALLIANCE AKA DOWNTOWN MERCHANTS ASSOCIA	TION, I	NC	20-5380145	
File by the due date for filing your return See	POBOX IIUIT City, town or post office, state, and ZIP code For a foreign add		CET ctions	Social security number (S	
instructions	SARASOTA, FL 34278 34236				
Enter the Re	eturn code for the return that this application is fo	r (file a sep	arate application for each return)		01
Application Is For		Return Code	Application Is For		Return Code
Form 990 or l	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-Bl		02	Form 1041-A		08
Form 4720 (II		03	Form 4720 (other than individual)		09
Form 990-PI	F	04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephon If the org If this is check the the external that the external that the external that the the that the the that the theta that the the that the the that the the the that the the the the the the the the the th	nsion is for.	Fax No siness in the digit Group heck this bo	Exemption Number (GEN) In particular to the second state of the se		
	st an automatic 3-month (6 months for a corporation	•	•		
The ex	8/15 , 20 14 , to file the exempt organization is for the organization's return for calendar year 20 13 or tax year beginning , 20				
	ax year entered in line 1 is for less than 12 month ange in accounting period	hs, check re	eason [.] Initial return Fir	nal return	
nonref		· · · ·		3a\$	0.
tax pa	application is for Forms 990-PF, 990-T, 4720, or 6 yments made. Include any prior year overpaymen	t allowed as	s a credit	3 b \$	0.
	ce due. Subtract line 3b from line 3a Include your 6 (Electronic Federal Tax Payment System). See			3 c \$	0.
Caution. If y payment ins	ou are going to make an electronic funds withdra structions	wal (direct	debit) with this Form 8868, see Form 84	53-EO and Form 887	9-EO for

Form 886	8 (Rev 1-2014)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Mon	th Extension	, complete only Part II and check the	his box	X
	y complete Part II if you have already been grante			sly filed Form 8868	
	are filing for an Automatic 3-Month Extension, co				
Part II	Additional (Not Automatic) 3-Month E	extension			
			Enter filer's id	dentifying number, see ins	
	Name of exempt organization or other filer, see instructions			Employer identification number	(EIN) or
Type or	THE DOWNTOWN SARASOTA ALLIANCE	E, INC			
print	AKA DOWNTOWN MERCHANTS ASSOCIA		IC	20-5380145	
File by the	Number, street, and room or suite number. If a P O box, see in	structions	•	Social security number (SSN)	
extended due date for	Piper, Hawkins & Company				
filing your return See	330 S. Pineapple Ave., Ste. 106	5		<u> </u>	
instructions	City, town or post office, state and ZIP code. For a foreign additional control of the code.	ress, see instructi	ons		
	Sarasota, FL 34236-7020				
-					
Enter the	Return code for the return that this application is	for (file a sep	arate application for each return)		01
		1			r- <u>-</u>
Application Is For	on	Return Code	Application Is For		Return Code
	or Form 990-EZ	01		52	
Form 990		02	Form 1041-A		08
	(individual)	03	Form 4720 (other than individual)		09
Form 990	- Control of the Cont	04	Form 5227		10
	-T (section 401(a) or 408(a) trust)	05	Form 6069		11
	-T (trust other than above)	06	Form 8870		12
	o not complete Part II if you were not already gran	1			
		·			
• The bo	ooks are in care of PIPER_HAWKINS_&_CC	MPANY			
	none No • 941-366-1040		941-366-1044		
If the	organization does not have an office or place of bi	usiness in the			▶ []
If this	is for a Group Return, enter the organization's fou	ır dıgıt Group			is for the
whole gro	up, check this box If it is for part of the	group, check t	his box ► and attach a list wi	th the names and EINs o	f all
members	the extension is for				
4 1		/	20. 3.4		
4 Irec	quest an additional 3-month extension of time until	17/72	, 20 <u>1</u> <u>4</u>	20	
	calendar year 2013, or other tax year beginni		, 20 , and ending _	, 20 _	
	e tax year entered in line 5 is for less than 12 mor	nths, check re	eason Initial return	Final return	
	Change in accounting period				
	-	TAXPAYE.	R_IS_AWAITING_INFORMAT	TON WEEDED TO FI	: 下下 ▼
<u>C</u> Ō	MPLETE AND ACCURATE RETURN.				
9 - 1/ 11	(5	4700 600	20		
	is application is for Forms 990-BL, 990-PF, 990-T, refundable credits. See instructions	, 4/20, or 606	enter the tentative tax, less any	8 a \$	
taxı	is application is for Forms 990-PF, 990-T, 4720, or payments made Include any prior year overpayme viously with Form 8868	r 6069, enter ent allowed a	any refundable credits and estimat s a credit and any amount paid	ed 8 b \$	
C Bala	ance due. Subtract line 8b from line 8a Include yo PS (Electronic Federal Tax Payment System) Sei	our payment v	with this form, if required, by using	8c\$	
			st be completed for Part II or		
Under penalt	ies of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form		·	_	
Signature	complete and that I am authorized to prepare this form Muly rumet Elans Title			Date ► 8/5/	14
BAA	/" J	FIFZ0502L	12/31/13	Form 8868 (Rev 1-2014)