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#### DLN: 93493135038207

OMB No 1545-0047

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

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

**Return of Organization Exempt From Income Tax** 

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public Inspection

|                                |                           |                  | · · · · · · · · · · · · · · · · · · ·                  |                    |   |           |                  |   |                |                              |
|--------------------------------|---------------------------|------------------|--|--------------------|---|-----------|------------------|---|----------------|------------------------------|
|                                |                           |                  | endar year, or tax year  C Name of organization        | beginnin           | g 10-01-2015 , and ending                                   | 09-30-2   | 2016             | D Emple                                 | ver i          | dentification number         |
|                                | ck if appli<br>dress chai |                  | TAMPA BAY CONVENTION<br>VISITORS BUREAU INC            | AND                |   |           |                  |   | -              |                              |
| •                              | me chang                  | _                |  |                    |   |           |                  | 59-2                                    | 5291           | 18                           |
| In                             | tıal return               |                  | Doing business as<br>VISIT TAMPA BAY                   |                    |   |           |                  |   |                |                              |
| Fir                            | nal<br>terminate          | d                | Number and street (or P                                | O box if m         | ail is not delivered to street addre.                       | ss) Room, | /suite           | E Teleph                                | one nu         | ımber                        |
|                                | ended ret                 |                  | 401 E JACKSON STREET                                   | NO 2100            |   |           |                  | (800)                                   | 826            | -8358                        |
| <br>  Apr                      | olication p               | ending           |  | vince, coun        | try, and ZIP or foreign postal code                         | 9         |                  |   |                |                              |
|                                |                           |                  | TAMPA, FL 33602  |                    |   |           |                  | <b>G</b> Gross                          | receipt        | s \$ 14,410,685              |
|                                |                           |                  | F Name and address                                     |                    | al officer  |           | <b>H(a)</b> I    | s this a group                          | retu           | rn for                       |
|                                |                           |                  | SANTIAGO CORRAD<br>401 E JACKSON STR                   |                    | 2100  |           |                  | ubordinates?                            |                | ☐ Yes 🗸                      |
|                                |                           |                  | TAMPA,FL 33602   |                    |   |           |                  | No<br>Tre all subord                    | ınate          | s — —                        |
| [ Tax                          | c-exempt                  | status           | 「501(c)(3) <b>√</b> 501(                               | (c) ( 6 ) <b>4</b> | (insert no ) 4947(a)(1) or                                  | <u> </u>  | ( )              | ncluded?                                |                | TES   NO                     |
| ı w                            | ebsite: Þ                 | ► WW'            | W VISITTAMPABAY C                                      | ОМ                 |   |           |                  | ·                                       |                | t (see instructions)         |
|                                |                           |                  |  |                    |   |           |                  | Group exempl                            |                |                              |
| <b>(</b> Forn                  | n of organ                | nization         | ✓ Corporation Trust                                    | Associa            | tion Other ►  |           | L Year           | of formation 19                         | 985            | M State of legal domicile FL |
| Pai                            | rt I                      | Sumi             | mary   |                    |   |           |                  |   |                |                              |
|                                | <b>1</b> Brief            | fly des          | cribe the organization's                               |                    | or most significant activitie                               |           |                  |   |                |                              |
|                                | COL                       | LABO             | RATIVELY SELL AND                                      | MARKET             | THE TAMPA BAY DESTIN  | ATION     |                  |   |                |                              |
| ည                              |                           |                  |  |                    |   |           |                  |   |                |                              |
|                                |                           |                  |  |                    |   |           |                  |   |                |                              |
| Governance                     | <b>2</b> Che              | eck thi          | is box ▶ ┌ If the organ                                | ızatıon dıs        | scontinued its operations or                                | dispose   | ed of more th    | nan 25% of its                          | s net          | assets                       |
|                                |                           |                  |  |                    |   |           |                  |   | ı              | I                            |
| <b>ઇ</b><br>∴                  |                           |                  | -  | -                  | ng body (Part VI, line 1a)                                  |           |                  |   | 3              | 27                           |
| Activities &                   |                           |                  | •  |                    | f the governing body (Part V                                |           | •                |   | 4              | 26                           |
|                                |                           |                  | •  |                    | alendar year 2015 (Part V,                                  | •         |                  |   | 5              | 66                           |
| ğ                              |                           |                  | •  |                    | cessary).......<br>rt VIII, column (C), line 12             |           |                  |   | 6<br>7a        | 100                          |
|                                |                           |                  |  |                    | m Form 990-T, line 34 .                                     |           |                  |   | 7a<br>7b       | 0                            |
|                                | <b>D</b> Net              | um cia           | ted business taxable ii                                | icome no           |   |           | <del></del>      | Prior Year                              | \ \frac{75}{1} | Current Year                 |
|                                | 8 (                       | Contril          | hutions and grants (Pai                                | + VIII lır         | ne 1h)  |           |                  | 11,071,                                 | 775            | 12,991,146                   |
| Ġ                              |                           |                  | ram service revenue (Part VIII, line 2g)               |                    |   |           |                  |   | 692            | 1,196,712                    |
| Rəvenue                        |                           | _                |  |                    |   |           |                  |   | 0              |                              |
| æ                              |                           |                  | •  |                    | lines 5, 6d, 8c, 9c, 10c, and                               |           |                  | 215,                                    | 774            | 104,528                      |
|                                | 12                        | Totalr           | evenue—add lines 8 th                                  | rough 11           | (must equal Part VIII, colu                                 | mn (A),   | line             | 11,601,                                 | 241            | 14,292,386                   |
|                                |                           | 12)              |  |                    |   |           |                  |   |                |                              |
|                                |                           |                  | •  | •                  | IX, column (A), lines 1-3)                                  |           |                  | 634,                                    | -              | 818,373                      |
|                                |                           |                  | ·  | •                  | X, column (A), line 4)                                      |           | <u> </u>         |   | 0              | C                            |
| &                              |                           | Salarie<br>5–10) | •  | , empioye          | e benefits (Part IX, column                                 | (A), line | s                | 4,293,                                  | 507            | 4,789,701                    |
| Expenses                       |                           | ,                |  | (Part IX,          | column (A), line 11e) .                                     |           |                  |   | 0              | (                            |
| хbе                            | b -                       | Total fur        | ndraisina expenses (Part IX.                           | column (D)         | , line 25) ▶0   |           |                  |   |                |                              |
| ш                              | <b>17</b> (               | Other            | expenses (Part IX, col                                 | <br>umn (A ), l    | ines 11a-11d, 11f-24e) .                                    |           | · .              | 6,529,                                  | 895            | 8,240,924                    |
|                                | 18                        | Total e          | expenses Add lines 13                                  | -17 (mus           | st equal Part IX, column (A)                                | , line 25 | )                | 11,457,                                 | 918            | 13,848,998                   |
|                                | 19 i                      | Reveni           | ue less expenses Subt                                  | ract line :        | 18 from line 12   |           |                  | 143,                                    | 323            | 443,388                      |
| Net Assets or<br>Fund Balances |                           |                  |  |                    |   |           | Beginn           | ing of Current                          | Year           | End of Year                  |
| afan                           | 20 -                      | Totala           | occata (Dart V. Juno 16)                               |                    |   |           |                  | 2 5/16                                  | 154            | 4,805,949                    |
| ASS<br>d B                     |                           |                  | issets (Part X, line 16)<br>iabilities (Part X, line 2 |                    |   |           | •                | 3,546,<br>1,505,                        |                | 2,321,974                    |
| Z Z                            |                           |                  | •  | •                  | line 21 from line 20  |           | ` · <del> </del> | 2,040,                                  | -              | 2,483,975                    |
|                                |                           |                  | ature Block  | Subtract           | ime 21 nom mie 20   | •         | •                | 2,010,                                  | 307            | 2,103,573                    |
| Jnde<br>ny kr                  | r penaltı<br>nowledge     | es of p          | erjury, I declare that I                               |                    | mined this return, including<br>plete Declaration of prepar |           |                  |   |                |                              |
|                                | N.                        | ****             | * *  |                    |   |           |                  | 2017-05-15                              |                |                              |
| Sign                           |                           | Signa            | ture of officer  |                    |   |           |                  | Date                                    |                |                              |
| Here                           |                           |                  | IAGO CORRADA PRESIDENT                                 | AND CEO            |   |           |                  |   |                |                              |
|                                |                           |                  | or print name and title                                |                    | To  |           | Is.              |   | T ===          |                              |
|                                |                           |                  | nnt/Type preparer's name<br>AUREN BALLARD              |                    | Preparer's signature<br>LAUREN BALLARD                      |           | Date 2017-05-04  | Check I if                              | PTIN<br>PO14   | l<br><del>1</del> 51787      |
| Paic                           |                           | F                | ırm's name ► CLIFTONLAF                                | RSONALIEN          | <u>L</u><br>LLP   |           | I                | self-employed<br>Firm's EIN ► 4         | 1-074          | 6749                         |
|                                | parer                     | -                | irm's address ► 201 N FRAN                             |                    |   |           |                  | Phone no (813                           |                |                              |
| Use                            | Only                      |                  | TAMPA, FL  |                    |   |           |                  | , | , '            |                              |
|                                |                           |                  | 1000 0, 1 L  |                    |   |           |                  |   |                |                              |

. ✓Yes No

| orm        | 1990 (2015)  |  |  |  | Page <b>2</b>   |
|------------|--|--|--|--|---|
| Par        | t IIII Stateme   | nt of Program Service A  | ccomplishments   |  |   |
|            |  |  | or note to any line in this Part III   | <u> </u>   |   |
| 1          | •  | •  |  |  |   |
| CRE.       | Statement of Program Service Accomplishments   |  |  |  |   |
|            |  |  |  |  |   |
|            | Did the eventuate  |  | and the second s | h ware not leated on   |   |
| 2          | -  |  | ogram services during the year whic  | n were not listed on   | Ves ./No  |
|            | •  |  |  |  | 163  4110   |
| 3          |  |  |  | ts, any program  |   |
|            | -  |  |  |  | Yes <b>√</b> No   |
|            | If "Yes," describe   | these changes on Schedule O  |  |  |   |
| 4          | expenses Section   | n 501(c)(3) and 501(c)(4) orga   | inizations are required to report the  |  |   |
| 4a         | (Code  | ) (Expenses \$   | including grants of \$   | ) (Revenue \$  | )   |
|            | BUSINESS CLIMATE, AND TOURISM COMM THE FINANCIAL IMPACENTERS, AIRPORTS CLEANERS, DOCTOR VIBRANT LOCAL ECO 15-16, VISIT TAMPA AND GARNER SUPPC HOSTED 329 SITES A COMPANY ATTENDEI ON INCREASING EXF AS ON TRAVEL-RELADIRECTLY GENERATI COUNTY PUBLIC RECONSUMERS SPENT THE OFFICIAL TAMPARTNER-BASED OR 2015-16 PARTNERS TURN, PRODUCED CAND OPPORTUNITIES COOPERATIVE SALES WELCOMED OVER 22 JOBS WITH \$2 1 BILL | AND QUALITY OF LIFE IN ITS ROLE A MUNITY, WHICH IS THE AREA'S TOP IACT OF OUR EFFORTS IN THE TOURIS ACT OF OUR EFFORTS IN THE TOURIS ACT OF OUR EFFORTS IN THE TOURIS ACT OF OUR EFFORTS IN THE TOURIS AS OFFICES, AND GROCERY STORES ENOMY, AND BY BRINGING CONSUMER BAY PLAYED A LEADERSHIP ROLE IN SORT WE HOSTED 63 LOCAL PARTNER AND FAMS, BRINGING THOUSANDS OF 0205 TRADE SHOWS AND SALES TRIP POSURE FOR TAMPA BAY, VISIT TAMPA TED INTERNET SITES, GENERATING MED 164,000 ROOM NIGHTS IN AREA HELATIONS EFFORTS GARNERED MORE: MONEY THROUGHOUT TAMPA BAY FRA BAY VISITOR INFORMATION CENTER GANIZATION, VISIT TAMPA BAY SERVE OF RECEIVE MANY BENEFITS FROM VISIT OF PARTICIPATE IN SALES CALLS, THE STAND MARKETING INITIATIVES ALL TO AND MASSOCIATED INCOMES, AND LEADER TO OUR COUNTY, LION IN ASSOCIATED INCOMES, AND | S AN ECONOMIC DEVELOPMENT ORGANIZAT NDUSTRY THROUGH SEVERAL TOUCH POINT IM INDUSTRY DIRECTLY REACHES LOCAL HO COMPANIES, ETC IN ADDITION, TOURISM ALE PROVIDING EMPLOYMENT FOR RESIDENTS IS INTO THE MARKET WHO MAY NEED ACCESTANDING TOURISM AND WAS RESPONSIBLE FEVENTS WE DIRECTLY BOOKED OVER 480,000 PEOPLE HERE TO SHOWCASE OUR ASSETS IS IN MARKETS BOTH DOMESTICALLY AND IN A BAY IMPLEMENTED A \$1 65 MILLION ADVERSIONED THAN 12 BILLION MARKETING IMPRESSED OTELS, CREATING AN INCREMENTAL ECONO OTELS, CREATING AN INCREMENTAL ECONO OTHAN 2 BILLION UNPAID NATIONAL AND INTE OM INFORMATION THEY FOUND ON LOCAL BE ASSISTED OVER 34,000 INDIVIDUALS WITH ED OVER 760 AREA BUSINESSES BY PROVIDING TAMPA BAY, INCLUDING ACCESS TO SALES ADDITION, PARTNERS RECEIVE BENEFITS THE RADESHOWS, SALES MISSIONS, PROMOTION, HESE TARGETED SALES AND MARKETING TO HESE TARGETED \$6 BILLION DOLLARS INTO THE  | ION, VISIT TAMPA BAY SUPPORTS TIS, WHICH ARE HIGHLIGHTED IN THE TIELS, RESTAURANTS, ATTRACTIONS SO INDIRECTLY SUPPORTS LOCAL BIS, WHICH IN TURN, HELPS TO MAIN. SS TO THESE SERVICES DURING THE OWNER OF THE TOWNER OF THE TAMPA BAY STATES OF THE TOWNER OF THE TAMPA BAY THE TOWNER OF THE TAMPA BAY THE TOWNER OF THE TAMPA BAY AREA RECOMMENDATIONS AND INFORM SALES AND MARKETING OPPORTIONS OF THE TOWNER OF THE TAMPA BAY AREA RECOMMENDATIONS AND INFORM SALES AND MARKETING OPPORTIONS OF THE TOWNER OF THE TOWNE | HE LOCAL HOSPITALITY PARAGRAPHS BELOW INTERPRISE SHAPPING USINESSES LIKE DRY TAIN A STRONG AND EIR STAY IN FISCAL YEAR O SHARE OUR MESSAGING OM NIGHTS THE TEAM MERS IN ADDITION, THE INTERPRISE MEDIA, AS WELL ERTISING EFFORTS FOR HILLSBOROUGH VER 3 81 MILLION 'S WEBSITE IN ADDITION, "ORMATION AS A UNITIES THROUGHOUT R BUSINESS, WHICH IN PA BAY PUBLICATIONS, ION TOURS, AND OTHER S RESULTED IN - ENUES, CREATED 48,000 |
| 4b         | (Code  | ) (Expenses \$   | including grants of \$   | ) (Revenue \$  | )   |
|            |  |  |  |  |   |
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|            |  |  |  |  |   |
| <b>4</b> c | (Code  | ) (Expenses \$   | including grants of \$   | ) (Revenue \$  | )   |
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|            | 0.1  | <b>15</b>  |  |  |   |
| 4d         | · =  | •  | ·  | /Revenue ¢   | ١   |
| 4e         |  |  | grants or \$ )   | (Nevenue #   | J   |
| -TC        | TOTAL DIVUICIN SE  |  |  |  |   |

| Par | t IV Checklist of Required Schedules  |             |     |    |
|-----|---|-------------|-----|----|
|     |   |             | Yes | No |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1           |     | No |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{9}$  | 2           | Yes |    |
| 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           |     | No |
| 4   | Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II  | 4           |     |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III  | 5           | Yes |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I   | 6           |     | No |
| 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           |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 💆  | 8           |     | No |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9           |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰  | 10          |     | No |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |             |     |    |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a         | Yes |    |
|     | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b         |     | No |
|     | 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   | <b>11</b> c |     | No |
|     | 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 2  | <b>11</b> d |     | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e         | Yes |    |
| f   | 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 (ASC 740)?  If "Yes," complete Schedule D, Part X   | <b>11</b> f | Yes |    |
|     | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2   | 12a         | Yes |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b         |     | No |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13          |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a         | Yes |    |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b         | Yes |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15          |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16          |     | No |
| 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)  | 17          |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | 18          |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19          |     | No |
|     | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | <b>20</b> a |     | No |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b         |     |    |

| '  | /              |          |           |             |
|----|----------------|----------|-----------|-------------|
| IV | Checklist of I | Required | Schedules | (continued) |

instructions for applicable filing thresholds, conditions, and exceptions)

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

29

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . .

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . . . . . . . . . . Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

| Par | Checklist of Required Schedules (continued)   |     |     |    |
|-----|---|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                          | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |    |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year   |     |     |    |

Νo

Nο

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Νo

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Yes

Form 990 (2015)

|           | Chacklist of Boguired Schodules (continued) |  |
|-----------|---|--|
| rm 990 (2 | 2015)                                       |  |
|           |   |  |

| Part V Statements Regarding Other IRS Filings and Tax Complian |
|--|
|--|

| Par      | t V                   | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this             |            | V                         |             |     | _    |
|----------|-----------------------|---|------------|---------------------------|-------------|-----|------|
|          |                       | effect if seffective of contains a response of flote to any fine in this  | Tare       | <u> </u>                  |             | Yes | No   |
| 1a       | Enter                 | the number reported in Box 3 of Form 1096 Enter -0- if not applicable   | 1a         | 5                         |             |     | -110 |
|          |                       | the number of Forms W-2G included in line 1a Enter -0- if not applicable  | 1b         | 0                         |             |     |      |
|          |                       | le organization comply with backup withholding rules for reportable payments t  | o vend     | dors and reportable       |             |     |      |
| ·        |                       | g (gambling) winnings to prize winners?   |            | · · · · · ·               | 1c          |     |      |
| 2a       | Enter                 | the number of employees reported on Form W-3, Transmittal of Wage and   |            |                           |             |     |      |
|          |                       | tatements, filed for the calendar year ending with or within the year covered   | 3.         | 66                        |             |     |      |
| <b>.</b> | ,                     | s return  | 2a         |                           | 2b          | Yes |      |
| D        |                       | lf the sum of lines 1a and 2a is greater than 250, you may be required to e-file  |            |                           |             | 103 |      |
| 3a       | Did th                | e organization have unrelated business gross income of \$1,000 or more durin  | g the      | year?                     | 3a          |     | No   |
| ь        | If "Ye                | s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>  | on in S    | Schedule O                | 3b          |     |      |
| 4a       | Atany                 | y time during the calendar year, did the organization have an interest in, or a si  | ıgnatu     | re or other authority     |             |     |      |
|          |                       | a financial account in a foreign country (such as a bank account, securities ac   | count,     | , or other financial      | 4a          |     |      |
|          | accou                 | nt)?  |            |                           | -TG         |     | No   |
| b        |                       | s," enter the name of the foreign country   | 1          |                           |             |     |      |
|          | (FBAF                 | istructions for filing requirements for FinCEN Form 114, Report of Foreign Bani<br>()   | кana       | Financial Accounts        |             |     |      |
| 5a       | •                     | ··<br>he organization a party to a prohibited tax shelter transaction at any time durii   | na the     | tax vear?                 | 5a          |     | No   |
|          |                       | ny taxable party notify the organization that it was or is a party to a prohibited  |            | İ                         |             |     | No   |
|          |                       |   | tax on     | iorear crambaction        | 5b          |     | .,,  |
| С        | IT Ye                 | s," to line 5a or 5b, did the organization file Form 8886-T?  |            |                           | 5c          |     |      |
| 6a       | Does                  | the organization have annual gross receipts that are normally greater than \$1  | 00,00      | 0, and did the            | 6a          | Yes |      |
|          | organ                 | ization solicit any contributions that were not tax deductible as charitable con  | tributi    | ons?                      |             |     |      |
| b        |                       | s," did the organization include with every solicitation an express statement the   | hat su     | ch contributions or gifts | <b>6</b> b  | Yes |      |
| 7        |                       | izations that may receive deductible contributions under section 170(c).  | • •        |                           | - 05        | 103 |      |
|          | _                     | e organization receive a payment in excess of \$75 made partly as a contributi  | ion an     | d partly for goods and    | 7a          |     |      |
| -        |                       | es provided to the payor?   |            |                           |             |     |      |
| b        | If"Ye                 | s," did the organization notify the donor of the value of the goods or services p   | rovide     | ed?                       | <b>7</b> b  |     |      |
| c        |                       | e organization sell, exchange, or otherwise dispose of tangible personal properm 8282?  | rty for    | which it was required to  | 7c          |     |      |
| d        |                       | s," Indicate the number of Forms 8282 filed during the year   | <br>  7d   |                           |             |     |      |
|          |                       | -,g ,   |            |                           |             |     |      |
| е        | Did th                | e organization receive any funds, directly or indirectly, to pay premiums on a p  | person     | nal benefit contract?     | 7e          |     |      |
| f        | Did th                | e organization, during the year, pay premiums, directly or indirectly, on a persi   | onal b     | enefit contract?          | 7f          |     |      |
| g        | Ifthe                 | organization received a contribution of qualified intellectual property, did the c  | organiz    | zation file Form 8899 as  |             |     |      |
| _        | requir                | ed?   |            |                           | <b>7</b> g  |     |      |
| h        |                       | organization received a contribution of cars, boats, airplanes, or other vehicles   | s, did     | the organization file a   | 7h          |     |      |
| 8        |                       | oring organizations maintaining donor advised funds.  | •          |                           |             |     |      |
|          | Did a                 | donor advised fund maintained by the sponsoring organization have excess bu   | ısınes     | s holdings at any time    |             |     |      |
|          | during                | the year?   |            |                           | 8           |     |      |
| 9a       | Did th                | e sponsoring organization make any taxable distributions under section 4966   | ? <b>.</b> |                           | 9a          |     |      |
| b        | Did th                | e sponsoring organization make a distribution to a donor, donor advisor, or rela  | ated p     | erson <sup>7</sup>        | <b>9</b> b  |     |      |
| 10       | Section               | on 501(c)(7) organizations. Enter   |            | 1                         |             |     |      |
|          |                       | tion fees and capital contributions included on Part VIII, line 12  | 10a        |                           |             |     |      |
| b        | Gross<br>facilit      | receipts, included on Form 990, Part VIII, line 12, for public use of club<br>les   | 10b        |                           |             |     |      |
| 11       | Section               | on 501(c)(12) organizations. Enter  |            |                           |             |     |      |
| а        | Gross                 | ıncome from members or shareholders   | 11a        |                           |             |     |      |
| b        |                       | income from other sources (Do not net amounts due or paid to other sources  | 441        |                           |             |     |      |
|          | agains                | st amounts due or received from them )  | 11b        |                           |             |     |      |
| 12a      | Section               | on <b>4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990  | ) in lie   | u of Form 1041?           | <b>12</b> a |     |      |
| b        |                       | s," enter the amount of tax-exempt interest received or accrued during the  | 12b        |                           |             |     |      |
| 13       | year<br><b>Sectio</b> | on 501(c)(29) qualified nonprofit health insurance issuers.   |            |                           |             |     |      |
|          |                       |   |            |                           |             |     |      |
| а        |                       | organization licensed to issue qualified health plans in more than one state? N   | lote. S    | See the instructions for  | 13a         |     |      |
| Ь        |                       | onal information the organization must report on Schedule O the amount of reserves the organization is required to maintain by the states |            |                           | TOG         |     |      |
| U        |                       | ch the organization is licensed to issue qualified health plans   | 13b        |                           |             |     |      |
| С        | Enter                 | the amount of reserves on hand  | 13c        |                           |             |     |      |
| 14a      | Did th                | e organization receive any payments for indoor tanning services during the ta   | x year     | <sup>7</sup>              | 14a         |     | No   |
| b        | If"Ye                 | s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>  | ation ir   | n Schedule O              | 14b         |     |      |

|         | 2013)       |             |     |           |     |
|---------|-------------|-------------|-----|-----------|-----|
| Part VI | Governance, | Management, | and | Disclosur | . 6 |
|         |             |             |     |           |     |

Th helow. and for a "No" response to lines 8a, 8b, or 10b below,

| ror each   | res r    | esponse   | to iiries . | z unroug.  | על וי  | Delow,  | anu ior    | a IV   | o resp   | onse to   | imes | oa, ov, | Or | 100 De | IOW |
|------------|----------|-----------|-------------|------------|--------|---------|------------|--------|----------|-----------|------|---------|----|--------|-----|
| describe   | the circ | cumstance | es, proc    | esses, oi  | r chai | nges in | i Schedu   | ıle O. | . See ır | nstructio | ns.  |         |    |        |     |
| Chack if C | chodulo  | O contain | rocno       | nco or not | 0 to 0 | ny lino | in thic Da | rt V/T |          |           |      |         |    |        |     |

| Se | ection A. Governing Body and Management  | •           |        | 🗸   |
|----|--|-------------|--------|-----|
|    | etion Al Coverning Body and Flanagement  |             | Yes    | No  |
| 1a | Enter the number of voting members of the governing body at the end of the tax 27  |             |        |     |
|    | year   |             |        |     |
|    | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee   |             |        |     |
|    | or similar committee, explain in Schedule O  |             |        |     |
| b  | Enter the number of voting members included in line 1a, above, who are independent 1b 26   |             |        |     |
| 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           |        | No  |
| 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           |        | No  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4           |        | No  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5           |        | No  |
|    | Did the organization have members or stockholders?   | 6           | Yes    |     |
|    | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   |             | 103    |     |
|    | more members of the governing body?  | 7a          | Yes    |     |
|    | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b          |        | No  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |             |        |     |
| а  | The governing body?  | 8a          | Yes    |     |
| b  | Each committee with authority to act on behalf of the governing body?  | <b>8</b> b  | Yes    |     |
| 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   | 9           |        | No  |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R  | eveni       | ue Cod | e.) |
|    |  |             | Yes    | No  |
| 0a | Did the organization have local chapters, branches, or affiliates?   | <b>10</b> a |        | No  |
| b  | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b         |        |     |
| 1a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a         | Yes    |     |
| b  | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |             |        |     |
|    | Did the organization have a written conflict of interest policy? If "No," go to line 13  | <b>12</b> a |        | No  |
|    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give   |             |        | 110 |
|    | rise to conflicts?   | 12b         |        |     |
| С  | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | <b>12</b> c |        |     |
| 3  | Did the organization have a written whistleblower policy?  | 13          | Yes    |     |
| 4  | Did the organization have a written document retention and destruction policy?   | 14          | Yes    |     |
| 5  | 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         | Yes    |     |
| b  | Other officers or key employees of the organization  | 15b         | Yes    |     |
|    | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |             |        |     |
| 6a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | <b>16</b> a |        | No  |
| b  | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b         |        |     |
| Se | ection C. Disclosure   |             |        | I   |
|    | List the States with which a copy of this Form 990 is required to be filed▶  |             |        |     |
| 8  | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  |             |        |     |
| 9  | Own website Another's website  Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of  |             |        |     |

interest policy, and financial statements available to the public during the tax year

▶JESSICA NOLL 401 E JACKSON STREET NO 2100 TAMPA, FL 33602 (813) 218-3849

State the name, address, and telephone number of the person who possesses the organization's books and records

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 医含 dotted line) Trustee See Additional Data Table

| art VII | Section A. Officers | , Directors, | Trustees, | Key Employe | es, and Highest Co | ompensated Employ | vees (continued |
|---------|---------------------|--------------|-----------|-------------|--------------------|-------------------|-----------------|
|         |                     |              |           |             |                    |                   |                 |

| ,                                 | •  | •  | •                        | •            | -    | •                |        |  |   | •  |
|-----------------------------------|--|--|--------------------------|--------------|------|------------------|--------|--|---|--|
| <b>(A)</b><br>Name and Title      | (B) A verage hours per week (list any hours for related organizations below dotted line) | Posi<br>more to<br>perso<br>an individual trustee<br>or director | tion (<br>han d<br>in is | ne b<br>both | an o | unless<br>fficer | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| See Additional Data Table         |  |  |                          |              |      | P.9              |        |  |   |  |
| See Additional Data Table         |  |  |                          |              |      |                  |        |  |   |  |
|                                   |  |  |                          |              |      |                  |        |  |   |  |
|                                   |  |  |                          |              |      |                  |        |  |   |  |
|                                   |  |  |                          |              |      |                  |        |  |   |  |
|                                   |  |  |                          |              |      |                  |        |  |   |  |
|                                   |  |  |                          |              |      |                  |        |  |   |  |
|                                   |  |  |                          |              |      |                  |        |  |   |  |
|                                   |  |  |                          |              |      |                  |        |  |   |  |
|                                   |  |  |                          |              |      |                  |        |  |   |  |
|                                   |  |  |                          |              |      |                  |        |  |   |  |
|                                   |  |  |                          |              |      |                  |        |  |   |  |
|                                   |  |  |                          |              |      |                  |        |  |   |  |
|                                   |  |  |                          |              |      |                  |        |  |   |  |
| 4h Sub Total                      |  |  |                          |              |      | <b></b>          |        | <u> </u>   | <u> </u>  |  |
| 1b Sub-Total                      |  |  |                          |              |      | •                |        |  |   |  |
| d Total (add lines 1b and 1c) .   | •  |  |                          |              |      | <b>▶</b>         |        | 1,118,092  | 0   | 108,479  |
| 2 Total number of individuals (in |  |  |                          |              |      | l abov           | e) wl  | no received more th  | an  |  |

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

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address  | ( <b>B</b> ) Description of services    | (C)<br>Compensation |
|---|---|---------------------|
| PP&K  | ADVERTISING                             | 1,527,981           |
| 1102 N FLORIDA AVENUE<br>TAMPA, FL 33602  |   |                     |
| MADDEN MEDIA  | ADVERTISING                             | 331,452             |
| 345 E TOOLE AVE<br>TUCSON, AZ 85701   |   |                     |
| VISIT FLORIDA   | ADVERTISING AND TRADE SHOWS             | 175,352             |
| 2540 W EXECUTIVE CENTER CIRCLE<br>TALLAHASSEE, FL 32301                                       |   |                     |
| SIMPLEVIEW  | WEBSITE                                 | 137,601             |
| 7458 N LA CHOLLA BLVD SUITE 100<br>TUCSON, AZ 85741   |   |                     |
|   |   |                     |
| <ul> <li>Total number of independent contractors (including but not limited to the</li> </ul> | se listed above) who received more than | l                   |

|  |              | <u>`</u>                      |                                  |                 |                              |                   |  |   | Page <b>9</b>   |
|--|--------------|-------------------------------|----------------------------------|-----------------|------------------------------|-------------------|--|---|---|
| Part V   | /++          |                               |                                  |                 |                              |                   |  |   |   |
|  |              | Check if Schedi               | ule O contains a re              | <u>spon</u>     | se or note to any III        | (A) Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D)  Revenue excluded from tax under sections 512-514 |
| 10   | 1a           | Federated cam                 | paigns                           | 1a              |                              |                   |  |   | 312 311   |
| unts   | ь            | Membership du                 | es                               | 1b              | 541,505                      |                   |  |   |   |
| b Membership dues .  c Fundraising events .  d Related organizations  e Government grants (contributions, gifts, similar amounts not included 1a-1f \$  h Total. Add lines 1a-1f  2a MEMBER EVENTS  b PROMOTIONAL ACTIVITIES  c COMMISSIONS REVENUE  d REGISTRATION AND HOUSIN  e MANAGEMENT FEE INCOME  f All other program servi  g Total. Add lines 2a-2f  3 Investment income (in and other similar amound other similar amound other similar amound income from investment of 5 Royalties  6a Gross rents  b Less rental expenses  c Rental income or (loss)  d Net rental income or (loss) | c            | Fundraising eve               | ents                             | <b>1</b> c      |                              |                   |  |   |   |
|  |              | 1d                            |                                  |                 |                              |                   |  |   |   |
| ij ij  |              | •                             |                                  | 1e              | 12,449,641                   |                   |  |   |   |
| Sin<br>Sin   |              | _                             |                                  |                 |                              |                   |  |   |   |
| utic<br>Te   | '            |                               |                                  | 1f              |                              |                   |  |   |   |
| 를 <del>할</del>   | g            |                               | ons included in lines            |                 |                              |                   |  |   |   |
| in d   | h            |                               | s 1a-1f                          |                 |                              | 12,991,146        |  |   |   |
|  |              |                               |                                  | Т               | Business Code                |                   |  |   | +   |
| 몵  | 2a           | MEMBER EVENTS                 |                                  | ŀ               | 900099                       | 693,372           | 693,372                                |   |   |
| ₹<br>₹   | ь            | PROMOTIONAL ACT               | FIVITIES                         | -               | 900099                       | 341,664           | 341,664                                |   |   |
| 3  | c            | COMMISSIONS REV               | /ENUE                            | ·               | 900099                       | 107,417           | 107,417                                |   |   |
| ž.   | d            | REGISTRATION AN               | D HOUSING                        | -               | 900099                       | 33,171            | 33,171                                 |   |   |
| ς.   | e            | MANAGEMENT FEE                | INCOME                           | ·               | 561000                       | 21,088            | 21,088                                 |   |   |
| graf   | f            | All other progra              | ım service revenue               | ;               |                              |                   |  |   |   |
| Ě  | q            | Total. Add lines              | s 2a-2f                          |                 | ▶                            | 1,196,712         |  |   |   |
|  | <del>-</del> | Investment inc                | ome (including div               | idend           | s, interest,                 |                   |  |   |   |
|  | ,            |                               | •                                |                 | F                            |                   |  |   | +   |
|  | '            |                               |                                  |                 | • •                          |                   |  |   | 1   |
|  |              | ,                             | (ı) Real                         |                 | (II) Personal                |                   |  |   |   |
|  | 6a           | Gross rents                   |                                  |                 |                              |                   |  |   |   |
|  | ь            | Less rental                   |                                  |                 |                              |                   |  |   |   |
|  | _ ا          | •                             |                                  | _               |                              |                   |  |   |   |
|  | ]            | or (loss)                     | (1)                              |                 |                              |                   |  |   |   |
|  | "            | Net rental incol              | (i) Securities                   |                 | ▶<br>(II) O ther             |                   |  |   | +   |
|  | 7a           | from sales of<br>assets other | (r) Securities                   |                 | (ii) o tile!                 |                   |  |   |   |
|  | ь            | other basis and               |                                  |                 |                              |                   |  |   |   |
|  | c            |                               |                                  |                 |                              |                   |  |   |   |
|  | d            | Net gain or (los              | s)                               | ٠.              | · · · · •                    |                   |  |   |   |
| enene  | 8a           | events (not inc<br>\$         | luding<br><br>reported on line 1 | c)              |                              |                   |  |   |   |
| <u>.</u>   |              | see Part IV, lin              | E 10                             | а               |                              |                   |  |   |   |
| ŧ  | Ь            | Less direct ex                | penses                           | ь               |                              |                   |  |   |   |
| O  | c            | Net income or (               | (loss) from fundrais             | ing e           | vents 🕨                      |                   |  |   |   |
|  | 9a           |                               |                                  | ies<br><b>a</b> |                              |                   |  |   |   |
|  | ь            | Less direct ex                | penses                           | ь               |                              |                   |  |   |   |
|  | C            | Net income or (               | (loss) from gaming               | actıv           |                              |                   |  |   |   |
|  | 10a          | Gross sales of                | inventory, less                  | Γ               | •                            |                   |  |   |   |
|  |              | returns and allo              | owances .                        | _               | 220,323                      |                   |  |   |   |
|  | h            | Loss cost of a                | ands sold                        | a<br>b          |                              |                   |  |   |   |
|  | I            |                               |                                  | L               | 118,299<br>ntory <b>&gt;</b> | 102,024           | 102,024                                |   |   |
|  |              |                               |                                  |                 | Business Code                |                   |  |   |   |
|  | 11a          | MISCELLANEC                   | OUSINCOME                        |                 | 900099                       | 2,504             |  |   | 2,504   |
|  | Ь            |                               |                                  | _ [             |                              |                   |  |   |   |
|  | c            |                               |                                  | _ [             |                              |                   |  |   |   |
|  | d            | All other reven               |                                  | [               |                              |                   |  |   |   |
|  | e            | Total. Add lines              | s 11a-11d                        | •               | •                            | 2,504             |  |   |   |
|  | 12           | Total revenue.                | See Instructions                 |                 |                              | 14,292,386        | 1,298,736                              |   | 0 2,504   |

# Form 990 (2015) Part IX Statement of Functional Expenses

| ection 501(c)(3) and 501(c)(4) organizations must complete all | columns All other or   | ganıza | tions i | must | com | plet | te c | olun | nn ( | A )_ |  |  |
|--|------------------------|--------|---------|------|-----|------|------|------|------|------|--|--|
| Check if Schedule O contains a response or note to an          | y line in this Part IX |        |         |      |     |      |      |      |      |      |  |  |

|    | t include amounts reported on lines 6b,<br>, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | ( <b>B</b> ) Program service expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses |
|----|--|-----------------------|---------------------------------------|-------------------------------------|---------------------------------------|
| 1  | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21  | 818,373               |                                       |                                     |                                       |
| 2  | Grants and other assistance to domestic individuals See Part IV, line 22   |                       |                                       |                                     |                                       |
| 3  | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16  |                       |                                       |                                     |                                       |
| 4  | Benefits paid to or for members  |                       |                                       |                                     |                                       |
| 5  | Compensation of current officers, directors, trustees, and key employees   | 537,797               |                                       |                                     |                                       |
| 6  | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$   |                       |                                       |                                     |                                       |
| 7  | Other salaries and wages   | 3,407,963             |                                       |                                     |                                       |
| 8  | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)   | 122,278               |                                       |                                     |                                       |
| 9  | Other employee benefits  | 442,861               |                                       |                                     |                                       |
| 10 | Payroll taxes  |                       |                                       |                                     |                                       |
|    |  | 278,802               |                                       |                                     |                                       |
| 11 | Fees for services (non-employees)  |                       |                                       |                                     |                                       |
| а  | Management   |                       |                                       |                                     |                                       |
| b  | Legal  | 40,854                |                                       |                                     |                                       |
| С  | Accounting   | 19,595                |                                       |                                     |                                       |
| d  | Lobbying   |                       |                                       |                                     |                                       |
| е  | Professional fundraising services See Part IV, line 17   |                       |                                       |                                     |                                       |
| f  | Investment management fees   |                       |                                       |                                     |                                       |
| g  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 487,106               |                                       |                                     |                                       |
| 12 | Advertising and promotion  | 3,238,061             |                                       |                                     |                                       |
| 13 | Office expenses  | 239,346               |                                       |                                     |                                       |
| 14 | Information technology   | 354,466               |                                       |                                     |                                       |
| 15 | Royalties  |                       |                                       |                                     |                                       |
| 16 | Occupancy  | 624,439               |                                       |                                     |                                       |
| 17 | Travel   | 1,042,118             |                                       |                                     |                                       |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                       |                                     |                                       |
| 19 | Conferences, conventions, and meetings   | 1,766,342             |                                       |                                     |                                       |
| 20 | Interest   | . ,                   |                                       |                                     |                                       |
| 21 | Payments to affiliates   |                       |                                       |                                     |                                       |
| 22 | Depreciation, depletion, and amortization  | 147,013               |                                       |                                     |                                       |
| 23 | Insurance  | 22,996                |                                       |                                     |                                       |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | 33,711                |                                       |                                     |                                       |
| а  | DUES AND MEMBERSHIPS   | 130,753               |                                       |                                     |                                       |
| b  | FULFILLMENT  | 111,531               |                                       |                                     |                                       |
| c  |  | ,                     |                                       |                                     |                                       |
| d  |  |                       |                                       |                                     |                                       |
| e  | All other expenses   | 16,304                |                                       |                                     |                                       |
| 25 | Total functional expenses. Add lines 1 through 24e   | 13,848,998            |                                       |                                     |                                       |
| 26 | Joint costs.Complete this line only if the organization  | 13,040,330            |                                       |                                     |                                       |
| 20 | reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here   If following SOP 98-2 (ASC 958-720)   |                       |                                       |                                     |                                       |
|    |  |                       |                                       |                                     | (2245)                                |

| Form 99                    | 0 (2015)   |                |                                 |             | Page <b>11</b>            |
|----------------------------|--|----------------|---------------------------------|-------------|---------------------------|
| Part 2                     | Balance Sheet  |                |                                 |             |                           |
|                            | Check if Schedule O contains a response or note to any line in this Pa   | art X          |                                 |             |                           |
|                            |  |                | <b>(A)</b><br>Beginning of year |             | <b>(B)</b><br>End of year |
|                            | 1 Cash-non-interest-bearing  |                | 2,665,524                       | 1           | 2,990,754                 |
|                            | 2 Savings and temporary cash investments   |                |                                 | 2           |                           |
|                            | <b>3</b> Pledges and grants receivable, net  |                | 151,216                         | 3           | 1,049,641                 |
|                            | 4 Accounts receivable, net   |                | 237,527                         | 4           | 310,632                   |
|                            | Loans and other receivables from current and former officers, direct key employees, and highest compensated employees Complete Pa Schedule L   | rt II of       |                                 | 5           |                           |
| Assets                     | Loans and other receivables from other disqualified persons (as defi section 4958(f)(1)), persons described in section 4958(c)(3)(B), ai contributing employers and sponsoring organizations of section 501 voluntary employees' beneficiary organizations (see instructions) C II of Schedule L | nd<br>. (c)(9) |                                 | 6           |                           |
| SSI                        | 7 Notes and loans receivable, net  |                |                                 | 7           |                           |
|                            | 8 Inventories for sale or use  |                | 73,857                          | 8           | 64,893                    |
|                            | 9 Prepaid expenses and deferred charges  |                | 194,915                         | 9           | 248,152                   |
| 1                          | Oa Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 1,076,790      | 101,010                         |             | 210,102                   |
|                            | b Less accumulated depreciation 10b  | 941,348        | 216,625                         | <b>10</b> c | 135,442                   |
| 1                          | Investments—publicly traded securities   | · · ·          | ,                               | 11          | ,                         |
|                            | 2 Investments—other securities See Part IV, line 11  |                |                                 | 12          |                           |
|                            | 3 Investments—program-related See Part IV, line 11   | •              |                                 | 13          |                           |
|                            | 4 Intangible assets  | •              |                                 | 14          |                           |
|                            | 5 Other assets See Part IV, line 11  | •              | 6,490                           | 15          | 6,435                     |
|                            | 6 Total assets.Add lines 1 through 15 (must equal line 34)   |                | 3,546,154                       | 16          | 4,805,949                 |
|                            | 7 Accounts payable and accrued expenses  |                | 1,197,081                       | 17          | 1,672,278                 |
|                            |  | • •            | 1,197,001                       |             | 1,072,270                 |
|                            | 8 Grants payable   |                | 308,486                         | 18          | 303 360                   |
|                            | 9 Deferred revenue   |                | 300,400                         | 19          | 303,360                   |
|                            | Tax-exempt bond liabilities  |                |                                 | 20          |                           |
|                            | 1 Escrow or custodial account liability Complete Part IV of Schedule   |                |                                 | 21          |                           |
| Ē                          | 2 Loans and other payables to current and former officers, directors, t<br>key employees, highest compensated employees, and disqualified 2 Application Complete Port II of Cohe title Inc.  | ·              |                                 | 22          |                           |
| Liabi                      | persons Complete Part II of Schedule L   |                |                                 | 22          |                           |
| _                          | 3 Secured mortgages and notes payable to unrelated third parties .   |                |                                 | 23          |                           |
|                            | 4 Unsecured notes and loans payable to unrelated third parties . 5 Other liabilities (including federal income tax, payables to related the and other liabilities not included on lines 17-24)   |                |                                 | 24          |                           |
|                            | Complete Part X of Schedule D  |                | 0                               | 25          | 346,336                   |
| ,                          | <b>6 Total liabilities.</b> Add lines 17 through 25  | •              | 1,505,567                       | 26          | 2,321,974                 |
| S                          | Organizations that follow SFAS 117 (ASC 958), check here ►  allines 27 through 29, and lines 33 and 34.  |                | 1,303,307                       | 26          | 2,021,974                 |
| )<br> <br> -               | mics ar emough as, and mics so and st.   |                |                                 |             |                           |
| <u> </u>                   | <b>7</b> Unrestricted net assets   |                | 2,040,587                       | 27          | 2,483,975                 |
| ထိ   2                     | 8 Temporarily restricted net assets  |                |                                 | 28          |                           |
| 된   2                      | 9 Permanently restricted net assets  |                |                                 | 29          |                           |
| 급                          | Organizations that do not follow SFAS 117 (ASC 958), check here ▶  | and            |                                 |             |                           |
| ٥                          | complete lines 30 through 34.  | '              |                                 |             |                           |
| ets a                      | O Capital stock or trust principal, or current funds   |                |                                 | 30          |                           |
| SS 3                       | 1 Paid-in or capital surplus, or land, building or equipment fund  |                |                                 | 31          |                           |
| Net Assets or Fund Balance | Retained earnings, endowment, accumulated income, or other funds   |                |                                 | 32          |                           |
| S 3                        | <b>3</b> Total net assets or fund balances   |                | 2,040,587                       | 33          | 2,483,975                 |

3,546,154

34

4,805,949

Form 990 (2015)

|        | 1 | Cash-non-inter   |
|--------|---|--|
|        | 2 | Savings and ter  |
|        | 3 | Pledges and gra  |
|        | 4 | Accounts recei   |
|        | 5 | Loans and othe<br>key employees,<br>Schedule L   |
| ets    | 6 | Loans and othe<br>section 4958(f<br>contributing em<br>voluntary emplo<br>II of Schedule I |
| Assets | 7 | Notes and loans  |
| ~      | 8 | Inventories for  |
|        |   |  |

34

Total liabilities and net assets/fund balances

| Check if Schedule O contains a response or note to any line in this Part XI |   |            |
|---|---|------------|
| Total revenue (must equal Part VIII, column (A), line 12)                   | 1 | 14,292,386 |
| Total expenses (must equal Part IX, column (A), line 25)                    |   |            |

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Revenue less expenses Subtract line 2 from line 1 . . .

Net unrealized gains (losses) on investments . . . . .

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . . . . .

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

**Reconcilliation of Net Assets** 

- 1 14,292,386 2 13,848,998 3

4

5

6

7

8

9

10

443,388 2,040,587

Page 12

Yes

Yes

Yes

2a

2b

2c

3a

3b

2,483,975

No

Νo

Nο

Form 990 (2015)

#### Software ID: Software Version:

**EIN:** 59-2529118

Name: TAMPA BAY CONVENTION AND

VISITORS BUREAU INC

|  |   |                                   |                         | V.                             | 151                 | TURS                                   | , 60      | DREAU INC  |   |  |
|--|---|-----------------------------------|-------------------------|--------------------------------|---------------------|--|-----------|--|---|--|
| Form 990, Part VII - Compensation<br>Compensated Employees, and Inde | of Officers,  | Dire                              | ctor<br>tors            | s,T                            | rus                 | tees                                   | s, K      | ey Employees   | , Highest   |  |
| (A) Name and Title   | (B) Average hours per week (list any hours            | Pos<br>more<br>pers               | sition<br>than<br>on is | (C)<br>n (do<br>n one<br>s bot | not<br>box<br>th an | checl<br>x, unle<br>n office<br>rustee | ess<br>er | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |  |
| ED FANDEL  | for related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director | Institutional Trustee   | Officer                        | key employee        | Highest compensated employee           | Former    | (W- 2/1099-<br>MISC)                                   | (W- 2/1099-<br>MISC)                                | organization<br>and related<br>organizations |
| ED FANDEL<br>BOARD CHAIR   | 1 00  | х                                 |                         | x                              |                     |  |           | 0  | 0   | d  |
| RON MCANAUGH<br>VICE CHAIR   | 1 00  | х                                 |                         | x                              |                     |  |           | 0  | 0   | d  |
| BRUCE NARZISSENFELD TREASURER  | 1 00  | x                                 |                         | x                              |                     |  |           | 0  | 0   |  |
| KEN ANTHONY IMMEDIATE PAST CHAIR                                     | 1 00  | x                                 |                         |                                |                     |  |           | 0  | 0   |  |
| RON ALICANDRO DIRECTOR   | 1 00  | x                                 |                         |                                |                     |  |           | 0  | 0   | C  |
| JEFF ANTONACCIO DIRECTOR   | 1 00  | х                                 |                         |                                |                     |  |           | 0  | 0   | C  |
| PAM AVERY DIRECTOR   | 1 00  | x                                 |                         |                                |                     |  |           | 0  | 0   | (  |
| JIM BARTHOLOMAY DIRECTOR   | 1 00  | x                                 |                         |                                |                     |  |           | 0  | 0   | (  |
| ROBERT CANTON DIRECTOR   | 1 00  | x                                 |                         |                                |                     |  |           | 0  | 0   | (  |
| JOE COLLIER DIRECTOR   | 1 00  | x                                 |                         |                                |                     |  |           | 0  | 0   | C  |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (C) (E)

(F)

| (A)<br>Name and Title    | (B) A verage hours per week (list any hours for related organizations below dotted line) | m<br>unles | ore t<br>ss pe | han<br>erso<br>cer | not<br>one<br>n is<br>and<br>trus |  | Reportable compensation from the organization (W- 2/1099- MISC) | Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------|--|------------|----------------|--------------------|-----------------------------------|--|---|--|--|
| JAMES DEAN<br>DIRECTOR   | 1 00   | ×          |                |                    |                                   |  | 0   | 0  | 0  |
| STEVE GRIGGS<br>DIRECTOR | 1 00   | ×          |                |                    |                                   |  | 0   | 0  | 0  |
| ERIC HART<br>DIRECTOR    | 1 00   | ×          |                |                    |                                   |  | 0   | 0  | 0  |
| ROB HIGGINS<br>DIRECTOR  | 1 00   | ×          |                |                    |                                   |  | 0   | 0  | 0  |
| GREG HORWEDEL DIRECTOR   | 1 00   | ×          |                |                    |                                   |  | 0   | 0  | 0  |
| PAUL JOSEPH<br>DIRECTOR  | 1 00   | ×          |                |                    |                                   |  | 0   | 0  | 0  |

1 00

1 00

1 00

1 00

Х

Χ

JOE LOPANO ..... DIRECTOR

KEN LUCAS

DIRECTOR

DIRECTOR

TROY MANTHEY

RAY MATHEWS DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** 

(F)

16,112

19,496

18,093

17,553

| <b>(A)</b><br>Name and Title | (B) Average hours per week (list any hours for related | m<br>unles                        | ore t<br>ss pe        | han<br>erso<br>cer | not<br>one<br>n is<br>and |                                 |        | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
|------------------------------|--|-----------------------------------|-----------------------|--------------------|---------------------------|---------------------------------|--------|---|--|---|
|                              | organizations<br>below<br>dotted line)                 | Individual trustee<br>or director | Institutional Trustee | Officer            | key employee              | Highest compensated<br>employee | Former | MISC)   | MISC)  | organization<br>and related<br>organizations        |
| BOB MCDONAUGH<br>DIRECTOR    | 1 00   | x                                 |                       |                    |                           |                                 |        | 0   | 0  | 0   |
| BOB MORRISON JR<br>DIRECTOR  | 1 00   | х                                 |                       |                    |                           |                                 |        | 0   | 0  | 0   |
| BOB PASSWATERS DIRECTOR      | 1 00   | x                                 |                       |                    |                           |                                 |        | 0   | 0  | 0   |
| NABIL SALLOUM<br>DIRECTOR    | 1 00   | x                                 |                       |                    |                           |                                 |        | 0   | 0  | 0   |
| DANIELLE SEABERG<br>DIRECTOR | 1 00   | x                                 |                       |                    |                           |                                 |        | 0   | 0  | 0   |
| THOM STORK                   | 1 00   |                                   |                       |                    |                           |                                 |        |   |  |   |

40 00

40 00

40 00

40 00

Х

Х

Χ

307,270

162,806

149,540

139,558

DIRECTOR

CEO

CFO

ALEX KAPTZAN

JOLYNN LOKEY

SANTIAGO CORRADA

GREGORY K ORCHARD

VP CONVENTION SALES

VP ADMINISTRATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)

(B)

(C)

(D)

(E)

Reportable

Reportable

compensation

Reportable

compensation

(F)

Estimated amount of

|                                | week (list<br>any hours<br>for related<br>organizations<br>below<br>dotted line) | unle | ss pe | ers o<br>cer | n is<br>and<br>trust | tee) | an Forme | from the<br>organization<br>(W- 2/1099-<br>MISC) | from related<br>organizations<br>(W- 2/1099-<br>MISC) | other compensation from the organization and related organizations |
|--------------------------------|--|------|-------|--------------|----------------------|------|----------|--|---|--|
| PATRICK HARRISON  VP MARKETING | 40 00  |      |       |              |                      | х    |          | 118,109  | 0   | 7,254  |
| JOYCE FISK VP MEMBERSHIP       | 40 00  |      |       |              |                      | х    |          | 120,742  | 0   | 15,247   |
| KAREN JOHNSTON                 | 40 00  |      |       |              |                      | х    |          | 120.067  | 0   | 14.724   |

REGIONAL ACCOUNT EXEC

#### DLN: 93493135038207

### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Service

# 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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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" on 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-B.

| f th                                   |   | s" on Form 990, Part IV, Line 5 (Pro<br>e instructions), then  |   |  |   |  |  |  |
|--|---|--|---|--|---|--|--|--|
|  | Section 501(c)(4), (5), or (6) orga                           | **   |   |  |   |  |  |  |
|  | me of the organization<br>1PA BAY CONVENTION AND              |  |   | Employer iden  | tification number   |  |  |  |
|  | ITORS BUREAU INC  |  |   | 59-2529118   | 29118   |  |  |  |
| Par                                    | t I-A Complete if the or                                      | ganization is exempt under   | section <b>501</b> (c                     | ) or is a section 527  | organization.   |  |  |  |
| 1                                      | Provide a description of the or                               | ganization's direct and indirect polition  | al campaign activ                         | vities in Part IV  |   |  |  |  |
| 2                                      | Political expenditures  |  |   | <b>•</b>   | \$  |  |  |  |
| 3                                      | V olunteer hours  |  |   |  |   |  |  |  |
| Par                                    | t I-B Complete if the or                                      | ganization is exempt under   | section 501(c                             | )(3).  |   |  |  |  |
| 1                                      | Enter the amount of any excise                                | e tax incurred by the organization und   | der section 4955                          | <b>&gt;</b>  | \$  |  |  |  |
| 2                                      | Enter the amount of any excise                                | e tax incurred by organization manage  | ers under section                         | 4955 ▶   | \$  |  |  |  |
| 3                                      | If the organization incurred a s                              | ☐ Yes ☐ No   |   |  |   |  |  |  |
| 4a                                     | Was a correction made?  | ⊤Yes   |   |  |   |  |  |  |
| <b>b</b> If "Yes," describe in Part IV |   |  |   |  |   |  |  |  |
| Par                                    | •   | ganization is exempt under   | section <b>501</b> (c                     | ), except section 50   | 1(c)(3).  |  |  |  |
| 1                                      | Enter the amount directly expe                                | ended by the filing organization for se  | ction 527 exempt                          | function activities 🕨  | \$  |  |  |  |
| 2                                      | Enter the amount of the filing of exempt function activities  | rganızatıon's funds contributed to otl   | her organizations                         | for section 527<br>▶   | \$  |  |  |  |
| 3                                      | Total exempt function expendi                                 | tures Add lines 1 and 2 Enter here a   | and on Form 1120                          | POL, line 17b ►  | ¢   |  |  |  |
| 4                                      | Did the filing organization file <b>F</b>                     | orm 1120-POL for this year?  |   |  | Yes No  |  |  |  |
| 5                                      | organization made payments I amount of political contribution | nd employer identification number (E1<br>For each organization listed, enter the<br>ns received that were promptly and di<br>political action committee (PAC) If i | e amount paid fror<br>irectly delivered t | n the filing organization's f<br>o a separate political orga               | to which the filing<br>unds Also enter the<br>nization, such as a   |  |  |  |
|  | (a) Name  | (b) Address  | (c) EIN                                   | (d) A mount paid from<br>filing organization's<br>funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |  |  |  |
|  |   |  |   |  |   |  |  |  |
| 2                                      |   |  |   |  |   |  |  |  |
| 3                                      |   |  |   |  |   |  |  |  |
| 1                                      |   |  |   |  |   |  |  |  |

Subtract line 1g from line 1a  $\,$  If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

| 10 | nedule ( | - (F        | orm 990 or 990-E2) 2015   |       |  | Page 2                         |
|----|----------|-------------|---|-------|--|--------------------------------|
| P  | art II-  | Α           | Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$ .   | file  | ed Form 5768                           | (election                      |
| ١. | Check    | <b>&gt;</b> | If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures) | l gro | up member's nar                        | ne, address, EIN               |
| 3  | Check    | •           | If the filing organization checked box A and "limited control" provisions apply   |       |  |                                |
|    |          |             | Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)   |       | (a) Filing<br>organization's<br>totals | (b) Affiliated<br>group totals |
| 1a | lobby    | ıng)        | oying expenditures to influence public opinion (grass roots   |       |  |                                |

|   |   | oying Expenditures<br>means amounts paid or incurred.) | organization's<br>totals | group totals |
|---|---|--|--------------------------|--------------|
| a | Total lobbying expenditures to influence public lobbying) | opinion (grass roots                                   |                          | •            |
| b | Total lobbying expenditures to influence a legi           | slative body (direct lobbying)                         |                          |              |
| c | Total lobbying expenditures (add lines $1a$ and           | 1b)  |                          |              |
| d | Other exempt purpose expenditures                         |  |                          |              |
| e | Total exempt purpose expenditures (add lines              |  |                          |              |
| f | Lobbying nontaxable amount Enter the amoun                | t from the following table in both columns             |                          |              |
|   | If the amount on line 1e, column (a) or (b) is:           | The lobbying nontaxable amount is:                     |                          |              |
|   | Not over \$500,000  | 20% of the amount on line 1e                           |                          |              |
|   | Over \$500,000 but not over \$1,000,000                   | \$100,000 plus 15% of the excess over \$500,000        |                          |              |
|   | Over \$1,000,000 but not over \$1,500,000                 | \$175,000 plus 10% of the excess over \$1,000,000      |                          |              |
|   | Over \$1,500,000 but not over \$17,000,000                | \$225,000 plus 5% of the excess over \$1,500,000       |                          |              |
|   | Over \$17,000,000   | \$1,000,000  |                          |              |

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

| 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) |   |   |   |   |   |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|
| Lobbying Expenditures During 4-Year Averaging Period  |   |   |   |   |   |  |  |  |  |
| Calendar year (or fiscal year<br>beginning in)  | <b>(a)</b> 2012   | <b>(b)</b> 2013   | <b>(c)</b> 2014   | <b>(d)</b> 2015   | (e) Total   |  |  |  |  |
| Lobbying nontaxable amount  |   |   |   |   |   |  |  |  |  |
| Lobbying ceiling amount (150% of line 2a, column(e))  |   |   |   |   |   |  |  |  |  |
| Total lobbying expenditures   |   |   |   |   |   |  |  |  |  |
| Grassroots nontaxable amount  |   |   |   |   |   |  |  |  |  |
| Grassroots ceiling amount<br>(150% of line 2d, column (e))  |   |   |   |   |   |  |  |  |  |
| Grassroots lobbying expenditures  |   |   |   |   |   |  |  |  |  |
|   | Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e)) | Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e)) | Calendar year (or fiscal year beginning in)  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 2d, column (e)) | Calendar year (or fiscal year beginning in)  (a)2012  (b)2013  (c)2014  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e))  Grassroots lobbying expenditures | Calendar year (or fiscal year beginning in)  (a)2012 (b)2013 (c)2014 (d)2015  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 2a, column(e))  Total lobbying expenditures  Grassroots nontaxable amount (150% of line 2d, column (e)) |  |  |  |  |

Return Reference

| Pa   | rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).  | TO           |          |              |       |
|------|--|--------------|----------|--------------|-------|
| or e | ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying   | (            | a)       | <u>(</u>     | p)    |
| ctiv |  | Yes          | No       | A mo         | 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               | 163          |          |              |       |
| а    | Volunteers?  |              |          |              |       |
| b    | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |              |          |              |       |
| c    | Media advertisements?  |              |          |              |       |
| d    | Mailings to members, legislators, or the public?   |              |          |              |       |
| е    | Publications, or published or broadcast statements?  |              |          |              |       |
| f    | Grants to other organizations for lobbying purposes?   |              |          |              |       |
| g    | Direct contact with legislators, their staffs, government officials, or a legislative body?  |              |          |              |       |
| h    | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |              |          |              |       |
| i    | Other activities?  |              |          |              |       |
| j    | Total Add lines 1c through 1i  |              |          |              |       |
| 2a   | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |              |          |              |       |
| b    | If "Yes," enter the amount of any tax incurred under section 4912  |              |          |              |       |
| c    | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |              |          |              |       |
| d    | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |              |          |              |       |
| Par  | t III-A Complete if the organization is exempt under section $501(c)(4)$ , section $501(c)(6)$ .   | <b>01</b> (c | )(5), (  | or secti     | on    |
|      |  |              | _        | Ye           |       |
| 1    | Were substantially all (90% or more) dues received nondeductible by members?   |              | <u> </u> | 1            | No    |
| 2    | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |              | L        | <b>2</b> Yes |       |
| 3    | Did the organization agree to carry over lobbying and political expenditures from the prior year?  |              |          | 3            | No    |
| Par  | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."   |              |          |              |       |
| 1    | Dues, assessments and similar amounts from members   | 1            |          |              |       |
| 2    | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |              |          |              |       |
| а    | Current year   | 2a           |          |              |       |
| b    | Carryover from last year   | 2b           |          |              |       |
| C    | Total  | 2c           |          |              |       |
| 3    | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 3            |          |              |       |
| 4    | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4            |          |              |       |
| 5    | Taxable amount of lobbying and political expenditures (see instructions)   | 5            |          |              |       |
| P    | art IV Supplemental Information  | 1            | 1        |              |       |
|      | ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou   | in liet\     | Dart II  | -A lines     | 1 and |
|      | see instructions), and Part II-B, line 1. Also, complete this part for any additional information  | יל וופני),   | , and II | A, IIIICS    | ı and |

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**SCHEDULE D** 

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Information about Schedule D (Form 990) and its instructions is at  $\underline{www.irs.gov/form990}$ .

OMB No 1545-0047

DLN: 93493135038207

Department of the Treasury

(Form 990)

Internal Revenue Service Name of the organization TAMPA BAY CONVENTION AND

Open to Public ► Attach to Form 990. Inspection **Employer identification number** 

| VIS        | ITORS BUREAU INC   |                         |          |       |              |             | 59-2       | 529118         |       |           |        |
|------------|--|-------------------------|----------|-------|--------------|-------------|------------|----------------|-------|-----------|--------|
| Pa         | Organizations Maintaining Donoi<br>Complete if the organization answere  |                         |          |       |              |             | nds c      | r Accoun       | ts.   |           |        |
|            |  | (a) Donor advised f     | unds     | 5     |              |             | (b)        | Funds and o    | thera | account   | 5      |
| 1          | Total number at end of year  |                         |          |       |              |             |            |                |       |           |        |
| 2          | Aggregate value of contributions to (during year)  |                         |          |       |              |             |            |                |       |           |        |
| 3          | Aggregate value of grants from (during year)   |                         |          |       |              |             |            |                |       |           |        |
| 4          | Aggregate value at end of year   |                         |          |       |              |             |            |                |       |           |        |
| 5          | Did the organization inform all donors and donor a<br>funds are the organization's property, subject to  |                         |          |       |              |             | radvis     | sed            | Г     | _<br>Yes  | ┌ No   |
| 6          | Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?                      |                         |          |       |              |             |            | purpose        | Г     | _<br>Yes  | □No    |
| Pa         | rt III Conservation Easements. Comple  | ete if the organizati   | on a     | ans   | wered "Y     | es" or      | Forn       | n 990, Part    | IV,   |           |        |
| 1          | Purpose(s) of conservation easements held by th  | ne organization (check  | allt     | that  | apply)       |             |            |                |       |           |        |
|            | Preservation of land for public use (e g , recreducation)  | eation or               | Г        | Р     | reservatioi  | n of an     | hıstor     | ıcally ımport  | ant I | and area  | 1      |
|            | Protection of natural habitat  |                         | $\Gamma$ | Р     | reservatioi  | n of a c    | ertifie    | d historic st  | ructu | re        |        |
|            | Preservation of open space   |                         |          |       |              |             |            |                |       |           |        |
| 2          | Complete lines 2a through 2d if the organization easement on the last day of the tax year  | held a qualified conse  | rvat     | ion   | contributio  | on in th    | e form     | of a conserv   | vatio | n         |        |
|            |  |                         |          |       |              |             |            | Held at t      | he E  | nd of the | e Year |
| а          | Total number of conservation easements   |                         |          |       |              | L           | 2a         |                |       |           |        |
| b          | Total acreage restricted by conservation easeme  |                         |          |       |              |             | 2b         |                |       |           |        |
| С          | Number of conservation easements on a certified  |                         |          |       | • •          | -           | <b>2</b> c |                |       |           |        |
| d          | Number of conservation easements included in (only historic structure listed in the National Register  |                         |          |       |              |             | 2d         |                |       |           |        |
| 3          | Number of conservation easements modified, tra   | nsferred, released, ext | tıngı    | uısh  | ied, or term | nınated     | by the     | e organizatio  | n du  | ring the  |        |
|            | tax year <b>▶</b>  |                         |          |       |              |             |            |                |       |           |        |
| 4          | Number of states where property subject to cons  | ervation easement is    | loca     | ted   | ▶            |             | _          |                |       |           |        |
| 5          | Does the organization have a written policy regar<br>violations, and enforcement of the conservation e   | · .                     | itori    | ng,   | ınspection   | , handl     | ıng of     | Г              | Yes   | _ N       | lo     |
| 6          | Staff and volunteer hours devoted to monitoring, year  | inspecting, handling o  | f vio    | olatı | ons, and e   | nforcın     | g cons     | ervation eas   | seme  | nts durı  | ng the |
|            | <b>-</b>   |                         |          |       |              |             |            |                |       |           |        |
| 7          | A mount of expenses incurred in monitoring, insperience \$   | ecting, handling of vio | latio    | ns,   | and enforc   | ing co      | nserva     | tion easeme    | nts o | luring th | e year |
| 8          | Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$ ?   | ne 2(d) above satisfy   | the i    | requ  | urements     | ofsect      | ıon 17     |                | Yes   | _ N       | lo     |
| 9          | In Part XIII, describe how the organization repor<br>balance sheet, and include, if applicable, the text<br>the organization's accounting for conservation ea      | of the footnote to the  |          |       |              |             |            |                | •     |           |        |
| Par        | rt III Organizations Maintaining Collect Complete if the organization answere  |                         |          |       |              |             | r Oth      | er Simila      | r As  | sets.     |        |
| 1a         | If the organization elected, as permitted under SI<br>works of art, historical treasures, or other similar<br>service, provide, in Part XIII, the text of the foot | assets held for public  | ext      | hibit | tion, educa  | ition, o    | r resea    | arch in furthe |       |           |        |
| b          | If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to         | assets held for public  |          |       |              |             |            |                |       |           | lıc    |
| (          | (i) Revenue included on Form 990, Part VIII, line :  | 1                       |          |       |              | i           | <b>\$</b>  |                |       |           |        |
| <b>(</b> i | ii) Assets ıncluded ın Form 990, Part X  |                         |          |       |              | <b>&gt;</b> | \$         |                |       |           |        |
| 2          | If the organization received or held works of art, following amounts required to be reported under S   |                         |          |       |              | ets for     |            |                |       |           |        |
| а          | Revenue included on Form 990, Part VIII, line 1  |                         |          |       |              |             |            | <b>▶</b> \$    |       |           |        |
| b          | Assets included in Form 990, Part X  |                         |          |       |              |             |            | <b>&gt;</b> \$ |       |           |        |
|            |  |                         |          |       |              |             |            |                |       |           |        |

| Par        | t III           | Organizations Maintaining (continued)  | Collections of Ar       | t, Hi        | storio   | cal '   | Trea     | sures, o             | r Ot       | her Simila              | r Ass    | sets                |           |
|------------|-----------------|--|-------------------------|--------------|----------|---------|----------|----------------------|------------|-------------------------|----------|---------------------|-----------|
| 3          |                 | the organization's acquisition, accetion items (check all that apply)            | ession, and other reco  | rds,c        | heck a   | iny o   | f the f  | following th         | nat ar     | e a sıgnıfıcar          | it use o | of its              |           |
| а          |                 | Public exhibition  |                         | d            |          | Loa     | n or e   | exchange ¡           | orogra     | ams                     |          |                     |           |
| b          | _ :             | Scholarly research   |                         | e            | Γ        | O tl    | ner      |                      |            |                         |          |                     |           |
| c          |                 | Preservation for future generations  |                         |              |          |         |          |                      |            |                         |          |                     |           |
| 4          | Provi<br>Part > | de a description of the organization's<br>(III                                   | s collections and expl  | aın ho       | w they   | furt    | her th   | ie organiza          | tıon's     | exempt purp             | ose in   | 1                   |           |
| 5          |                 | g the year, did the organization solic<br>s to be sold to raise funds rather tha |                         |              |          |         |          |                      |            |                         | Yes      | ∏ N∈                | D         |
| Pa         | rt IV           | Escrow and Custodial Arra<br>Complete if the organization a<br>Part X, line 21.  |                         | Form         | 990,     | Part    | IV,      | lıne 9, or           | repo       | orted an am             | ount     | on Fori             | m 990,    |
| 1a         |                 | e organization an agent, trustee, cus<br>led on Form 990, Part X?                | todian or other interm  | ediar        | y for co | ontril  | oution   | ns or other          | asse       | _                       | Yes      | ┌ Ne                | o         |
| ь          | If"             | Yes," explain the arrangement in Pa  | art XIII and complete   | the fo       | llowing  | n tab   | le       |                      |            |                         | A mou    | ınt                 |           |
| c          |                 | Jinning balance  | Tre XIII and complete   |              |          | g cab   |          |                      | <b>1</b> c |                         |          |                     |           |
| d          | •               | ditions during the year  |                         |              |          |         |          |                      | 1d         |                         |          |                     |           |
| e          |                 | tributions during the year   |                         |              |          |         |          |                      | 1e         |                         |          |                     |           |
| f          |                 | ding balance   |                         |              |          |         |          |                      | 1f         |                         |          |                     |           |
| <b>2</b> a |                 | ne organization include an amount oi   | n Form 990, Part X, III | ne 21        | , for es | crow    | orcu     | ∟<br>Istodial ac     |            | Ilability?              | Yes      |                     | <b>D</b>  |
| b          | If"Ye           | s," explain the arrangement in Part  | XIII Check here If th   | еехр         | lanatio  | n ha    | s bee    | n provided           | ın Pa      | art XIII                |          |                     |           |
| Pa         | rt V            | Endowment Funds. Comple  |                         |              |          |         |          |                      |            |                         |          |                     |           |
|            |                 |  | (a)Current year         | <b>(b)</b> P | nor yea  | r       | b (c)    | Two years ba         | ack (      | <b>d)</b> Three years b | ack (    | ( <b>e)</b> Four ye | ears back |
| <b>1</b> a | Begir           | nning of year balance  |                         |              |          |         |          |                      |            |                         |          |                     |           |
| b          | Cont<br>•       | ributions<br>· · · · · · ·   |                         |              |          |         |          |                      |            |                         |          |                     |           |
| c          | Netı<br>Iosse   | nvestment earnings, gains, and<br>is   |                         |              |          |         |          |                      |            |                         |          |                     |           |
| d          | Gran            | ts or scholarships   |                         |              |          |         |          |                      |            |                         |          |                     |           |
| e          |                 | r expenditures for facilities<br>irograms  |                         |              |          |         |          |                      |            |                         |          |                     |           |
| f          | Δdmi            | nistrative expenses  |                         |              |          |         |          |                      | +          |                         |          |                     |           |
| g          | End o           | of year balance  |                         |              |          |         |          |                      |            |                         | +        |                     |           |
| 2          |                 | · · · · · · · de the estimated percentage of the o                               | Lurront year and balar  | oco (lu      | no 1 a   | colu    | mn (a    | )) hold as           |            |                         |          |                     |           |
|            |                 | ,  | Luffent year end balar  | ice (ii      | ne ry,   | Colu    | IIIII (a | i)) lielu as         |            |                         |          |                     |           |
| a          |                 | designated or quasi-endowment <b>&gt;</b>  |                         |              |          |         |          |                      |            |                         |          |                     |           |
| b          | Perm            | anent endowment ►  |                         |              |          |         |          |                      |            |                         |          |                     |           |
| С          |                 | orarily restricted endowment ►<br>ercentages on lines 2a, 2b, and 2c :           | should equal 100%       |              |          |         |          |                      |            |                         |          |                     |           |
| 3a         |                 | nere endowment funds not in the pos<br>ization by                                | session of the organi   | zation       | that a   | re he   | eld an   | d administ           | ered       | for the                 |          | Yes                 | No        |
|            | <b>(i)</b> un   | related organizations  |                         |              |          |         |          |                      |            |                         | 3a(i)    | -                   |           |
|            |                 | lated organizations  |                         |              |          |         |          |                      |            |                         | 3a(ii    | )                   | <u> </u>  |
| ь          |                 | s" on 3a(II), are the related organiza   |                         |              |          |         | ۱۶.      |                      | •          |                         | 3b       |                     |           |
| 4          |                 | ribe in Part XIII the intended uses o  |                         | ndown        | nent fu  | nds     |          |                      |            |                         |          |                     |           |
| Pa         | rt VI           | Land, Buildings, and Equip<br>Complete if the organization a                     |                         | orm (        | 990. P   | art '   | IV. lu   | ne 11a.Se            | ee Fo      | orm 990. Pa             | ırt X.   | line 10             |           |
|            |                 | Description of property  |                         |              | Cost or  | (a)     | basıs    | (b)<br>Cost or other | er bası    | Accumu                  | lated    |                     | ok value  |
|            | Land            |  |                         |              | (1176:   | 20,1161 | -,       | (001161              | ,          | +                       |          |                     |           |
|            |                 | gs   |                         |              |          |         |          |                      |            |                         |          |                     |           |
|            |                 | nold improvements  |                         | . –          |          |         |          | 2                    | 41,719     | ) ;                     | 202,347  |                     | 39,372    |
|            |                 | nent   |                         | . $dash$     |          |         |          |                      | 87,402     | +                       | 166,703  | 1                   | 20,699    |
|            | Other           |  | · - •                   |              |          |         |          |                      | 17 660     | +                       | 77 209   | +                   | 75 271    |

| THE SHIPPING A TONA OF COCHERINA   |                     | <b>(b)</b> Book value       | (c)Method of valuation<br>Cost or end-of-year market value |
|--|---------------------|-----------------------------|--|
| (including name of security)  (1)Financial derivatives   |                     |                             | Cost or end-of-year market value                           |
| (2)Closely-held equity interests (3)Other  |                     |                             |  |
| 3)0 tilei  |                     |                             |  |
|  |                     |                             |  |
|  |                     |                             |  |
|  |                     |                             |  |
|  |                     |                             |  |
|  |                     |                             |  |
|  |                     |                             |  |
|  |                     |                             |  |
|  |                     |                             |  |
|  |                     |                             |  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)   | •                   |                             |  |
| Part VIII Investments—Program Related.  Complete if the organization answered  | 'Yes' on Form 99    | 0. Part IV. line 11c.c.     | oo Form 000 Part V June 12                                 |
| (a) Description of investment  | 1 103 011 101111 3  | (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. Complete if the organizatio | n answered 'Yes' or | Form 990, Part IV, line     |  |
| (a) Descr  | ription             |                             | (b) Book value   |
|  |                     |                             |  |
|  |                     |                             | l  |
|  |                     |                             |  |
|  |                     |                             |  |
|  |                     |                             |  |
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|  |                     |                             |  |
|  |                     |                             |  |
|  |                     |                             |  |
|  |                     |                             |  |
|  |                     |                             | ·  |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 1  Part X Other Liabilities. Complete if the orga       |                     |                             | ·  |
| See Form 990, Part X, line 25.   |                     | ed 'Yes' on Form 990,       | ·  |
| See Form 990, Part X, line 25.  (a) Description of liability   | anization answere   | ed 'Yes' on Form 990,       | ·  |
| See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes                                | (b) Book valu       | ed 'Yes' on Form 990,<br>ue | ·  |
| See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes                                | (b) Book valu       | ed 'Yes' on Form 990,       | ·  |
| See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes                                | (b) Book valu       | ed 'Yes' on Form 990,<br>ue | ·  |
| See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes                                | (b) Book valu       | ed 'Yes' on Form 990,<br>ue | ·  |
| See Form 990, Part X, line 25.  (a) Description of liability  Federal income taxes                                   | (b) Book valu       | ed 'Yes' on Form 990,<br>ue | ·  |
| See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes                                | (b) Book valu       | ed 'Yes' on Form 990,<br>ue | ·  |
| See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes                                | (b) Book valu       | ed 'Yes' on Form 990,<br>ue | ·  |
| See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes                                | (b) Book valu       | ed 'Yes' on Form 990,<br>ue |  |
| See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes                                | (b) Book valu       | ed 'Yes' on Form 990,<br>ue | ·  |
| See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes                                | (b) Book valu       | ed 'Yes' on Form 990,<br>ue | ·  |
| See Form 990, Part X, line 25.  1. (a) Description of liability  Federal income taxes                                | (b) Book valu       | ed 'Yes' on Form 990,<br>ue | ·  |
| See Form 990, Part X, line 25.   | (b) Book values 346 | ,336<br>,336                | Part IV, line 11e or 11f.                                  |

Schedule D (Form 990) 2015

1

2

b

d

3

а

Part XIII

information

PART X, LINE 2

697,166

14,292,386

13,848,998

14,989,552

1

2e

3

4c

578,867

118.299

| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1   |       |            |
|------|---|-------|------------|
| а    | Investment expenses not included on Form 990, Part VIII, line 7b . 4a   |       |            |
| b    | Other (Describe in Part XIII ) 4b   |       |            |
| c    | Add lines <b>4a</b> and <b>4b</b>   | 4c    | 0          |
| 5    | Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)   | 5     | 14,292,386 |
| Part | Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | s per | Return.    |
| 1    | Total expenses and losses per audited financial statements  | 1     | 14,546,164 |
| 2    | A mounts included on line 1 but not on Form 990, Part IX, line 25   |       |            |
| а    | Donated services and use of facilities 2a 578,867   |       |            |
| b    | Prior year adjustments  |       |            |
| c    | Other losses  |       |            |
| d    | Other (Describe in Part XIII )  |       |            |
| e    | Add lines <b>2a</b> through <b>2d</b>   | 2e    | 697,166    |
| 3    | Subtract line <b>2e</b> from line <b>1</b>  | 3     | 13,848,998 |
| 4    | A mounts included on Form 990, Part IX, line 25, but not on line 1:   |       |            |

2a

2b

**2**c

2d

4b

THE COMMISSION HAS ADOPTED THE STANDARD FOR ACCOUNTING FOR UNCERTAIN TAX

POSITIONS VISIT TAMPA BAY'S 2012 THROUGH 2015 TAX YEARS ARE OPEN FOR EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) VISIT TAMPA BAY FILES AS A TAX-EXEMPT ORGANIZATION SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Explanation

Other (Describe in Part XIII) . . . .

**Supplemental Information** 

Add lines 4a and 4b .

Return Reference

Net unrealized gains (losses) on investments

Donated services and use of facilities . Recoveries of prior year grants . . .

Other (Describe in Part XIII)

Add lines 2a through 2d .

Subtract line 2e from line 1 .

| Schedule D (Form 990) 2015               | Page <b>5</b>                |   |
|--|------------------------------|---|
| Part XIII Supplemental Ir                | formation <i>(continued)</i> |   |
| Return Reference                         | Explanation                  |   |
| PART XII, LINE 2D - OTHER<br>ADJUSTMENTS | COST OF SALES 118,299        |   |
|  |                              |   |
|  |                              |   |
|  |                              |   |
|  |                              |   |
|  |                              | _ |
|  |                              |   |

| efile GRAPHIC print - DO   | NOT PROCESS                         | As Filed Da  | ata -  | DLN: 9   | 3493135038207  |
|--|-------------------------------------|--|--|--|--|
| SCHEDULE F<br>(Form 990)   | Statement of                        | Activities   | Outside the Un   | ited States  | OMB No 1545-0047   |
| (1 31111 333)  | ► Complet                           | <del>-</del>   | on answered "Yes" to For   | m 990,   | 2015   |
|  |                                     |  | e 14b, 15, or 16.  |  | 2013   |
| Department of the Treasury Internal Revenue Service  ► Infe          | ormation about Sche                 |  | to Form 990.<br>and its instructions is at   | www.irs.gov/form990.   | Open to Public<br>Inspection                               |
| Name of the organization TAMPA BAY CONVENTION AN VISITORS BUREAU INC | D                                   |  |  | Employer identi  | fication number  |
|  |                                     |  | <b>the United States.</b><br>Form 990, Part IV, lır  | e 14b.   |  |
| 1 For grantmakers. Does  | the organization                    | maintain recor   | ds to substantiate the   | e amount of its grants   |  |
| and other assistance, th   | ne grantees' eligib                 | ollity for the gra   | ants or assistance, an   | d the selection criteria   |  |
| used to award the grant  | s or assistance?                    |  |  |  | ┌ Yes ┌ No   |
| 2 For grantmakers. Desc<br>assistance outside the l                  |                                     | organızatıon's   | procedures for monito  | oring the use of its grant   | s and other  |
| <b>3</b> Activites per Region (The                                   | following Part I, line              | e 3 table can be   | duplicated if additional s   | pace is needed )   |  |
| (a) Region   | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in<br>region (by type) (e.g.,<br>fundraising, program<br>services, investments, granti<br>to recipients located in the<br>region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures<br>for and investments<br>in region |
| (1) SOUTH AMERICA  | 1                                   | <del></del>  | PRO GRAM SERVICES  | PROMOTING TAMPA/HILLSBOROUGH COUNTY AS A CONVENTION AND TOURIST DESTINATION                        | 60,182   |
| (2) EUROPE   | 2                                   | 2  | PROGRAM SERVICES   | PROMOTING TAMPA/HILLSBOROUGH COUNTY AS A CONVENTION AND TOURIST DESTINATION                        | 213,546  |
| (3) SOUTH ASIA   | 1                                   | 1  | PROGRAM SERVICES   | PROMOTING TAMPA/HILLSBOROUGH COUNTY AS A CONVENTION AND TOURIST DESTINATION                        | 18,400   |
| (4)  |                                     |  |  |  |  |
| (5)  |                                     |  |  |  |  |
| <b>3a</b> Sub-total  |                                     | 1 4  |  |  | 292,128  |
| <b>b</b> Total from continuation sh<br>to Part I                     | eets                                | 0  | )  |  | 0  |
| c Totals (add lines 3a and 3 For Paperwork Reduction Act Notic       | <del></del>                         | 1 4  |  | t No 50082W <b>Schedu</b>  | 292,128<br>le F (Form 990) 2015                            |

Schedule F (Form 990) 2015

|     | and EIN (if<br>applicable) | <b>5</b> | dıs burs ement | assistance | assistance | (book, FMV, appraisal, other) |
|-----|----------------------------|----------|----------------|------------|------------|-------------------------------|
| (1) |                            |          |                |            |            |                               |
| (2) |                            |          |                |            |            |                               |
| (3) |                            |          |                |            |            |                               |
| (4) |                            |          |                |            |            |                               |

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .

Page 2

|                                 | ther Assistance<br>duplicated if addit |                          |                              | ed States. Complete                | if the organization a                    | nswered "Yes" to Form                        | 990, Part IV, line 16.   |
|---------------------------------|--|--------------------------|------------------------------|------------------------------------|--|--|--|
| (a) Type of grant or assistance | (b) Region                             | (c) Number of recipients | (d) A mount of<br>cash grant | (e) Manner of cash<br>disbursement | (f) A mount of<br>non-cash<br>assistance | (g) Description<br>of non-cash<br>assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
| (1)                             |  |                          |                              |                                    |  |  |  |
| (2)                             |  |                          |                              |                                    |  |  |  |
| (3)                             |  |                          |                              |                                    |  |  |  |
| (4)                             |  |                          |                              |                                    |  |  |  |
| ( 5)                            |  |                          |                              |                                    |  |  |  |
| ( 6)                            |  |                          |                              |                                    |  |  |  |

| (2)   |  |  |  |  |
|-------|--|--|--|--|
| (3)   |  |  |  |  |
| (4)   |  |  |  |  |
| ( 5)  |  |  |  |  |
| (6)   |  |  |  |  |
| (7)   |  |  |  |  |
| (8)   |  |  |  |  |
| (9)   |  |  |  |  |
| ( 10) |  |  |  |  |
| (11)  |  |  |  |  |
| ( 12) |  |  |  |  |
| (42)  |  |  |  |  |

| (4)   |  |  |        |                       |
|-------|--|--|--------|-----------------------|
| ( 5)  |  |  |        |                       |
| (6)   |  |  |        |                       |
| (7)   |  |  |        |                       |
| (8)   |  |  |        |                       |
| (9)   |  |  |        |                       |
| ( 10) |  |  |        |                       |
| ( 11) |  |  |        |                       |
| ( 12) |  |  |        |                       |
| ( 13) |  |  |        |                       |
| ( 14) |  |  |        |                       |
| ( 15) |  |  |        |                       |
| ( 16) |  |  |        |                       |
| ( 17) |  |  |        |                       |
| ( 18) |  |  |        |                       |
|       |  |  | Schedu | lle F (Form 990) 2015 |

| (9)   |  |  |        |                       |
|-------|--|--|--------|-----------------------|
| ( 10) |  |  |        |                       |
| (11)  |  |  |        |                       |
| ( 12) |  |  |        |                       |
| ( 13) |  |  |        |                       |
| ( 14) |  |  |        |                       |
| ( 15) |  |  |        |                       |
| (16)  |  |  |        | ,                     |
| ( 17) |  |  |        |                       |
| ( 18) |  |  |        |                       |
|       |  |  | Schedu | ıle F (Form 990) 2015 |

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes ▼ No

Old the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form

5713, do not file with Form 990)

Yes **▼** No

### **Additional Data**

Schedule F (Form 990) 2015

Software ID: Software Version:

**EIN:** 59-2529118

Name: TAMPA BAY CONVENTION AND VISITORS BUREAU INC

Page **5** 

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organize
Department of the

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

Treasury

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

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

▶ Information about Schedule I (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2015

DLN: 93493135038207

Open to Public Inspection

Schedule I (Form 990) 2015

| Name of the organization  |                        |                                  |                              |   |   | Employer identification                | on number                             |
|---|------------------------|----------------------------------|------------------------------|---|---|--|---------------------------------------|
| TAMPA BAY CONVENTION AND VISITORS BUREAU INC  |                        |                                  |                              |   |   | 59-2529118                             |                                       |
| Part I General Information  | on on Grants an        | d Assistance                     |                              |   |   |  |                                       |
| Does the organization maintain<br>the selection criteria used to available. Describe in Part IV the organiz | ward the grants or a   | ssistance?                       |                              |   |   | tance, and                             | ⊤Yes 🗸 No                             |
| Part II Grants and Other Assists that received more than  |                        |                                  |                              | plete if the organization                 | answered "Yes" on F   | orm 990, Part IV, line 21              | ., for any recipient                  |
| (a) Name and address of organization or government  | (b) EIN                | (c) IRC section<br>if applicable | (d) A mount of cash<br>grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| See Additional Data Table   |                        |                                  |                              |   |   |  |                                       |
|   |                        |                                  |                              |   |   |  |                                       |
|   |                        |                                  |                              |   |   |  |                                       |
|   |                        |                                  |                              |   |   |  |                                       |
|   |                        |                                  |                              |   |   |  |                                       |
|   |                        |                                  |                              |   |   |  |                                       |
|   |                        |                                  |                              |   |   |  |                                       |
|   |                        |                                  |                              |   |   |  |                                       |
|   |                        |                                  |                              |   |   |  |                                       |
|   |                        |                                  |                              |   |   |  |                                       |
| 2 Enter total number of section 5   | 01(c)(3) and goverr    | nment organizations lis          | sted in the line 1 table .   |   |   | ▶                                      | 5                                     |
| 3 Enter total number of other orga  | anizations listed in t | he line 1 table                  |                              |   |   |  | 7                                     |

Cat No 50055P

#### **Additional Data**

Software ID: Software Version:

**EIN:** 59-2529118

Name: TAMPA BAY CONVENTION AND

VISITORS BUREAU INC

| Form 990,Schedule I, Par   | rt II, Grants and | d Other Assistanc             | e to Domestic Org                | anizations and D                          | omestic Governme  | ents.                                  |                                     |
|--|-------------------|-------------------------------|----------------------------------|---|---|--|-------------------------------------|
| (a) Name and address of organization or government                                   | (b) EIN           | (c) IRC section if applicable | <b>(d)</b> A mount of cash grant | (e) A mount of non-<br>cash<br>assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
| TAMPA BAY SPORTS COMMISSION INC 401 E JACKSON STREET SUITE 2100 TAMPA,FL 33602       | 59-3468367        | 501(C)(3)                     | 437,769                          |   |   |  | EVENT<br>SPONSORSHIPS AND<br>GRANTS |
| TAMPA BAY BOWL ASSOCIATION INC 4211 W BOY SCOUT BLVD SUITE 560 TAMPA,FL 33607        | 59-2643123        | 501(C)(3)                     | 100,000                          |   |   |  | BOWL GAME<br>SPONSORSHIP            |
| FEEDING AMERICA TAMPA<br>BAY<br>4702 TRANSPORT DRIVE<br>BUILDING 6<br>TAMPA,FL 33605 | 59-2116576        | 501(C)(3)                     | 32,000                           |   |   |  | DONATION                            |

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or aovernment assistance MEETING PROFESSIONALS 31-1135141 501(C)(3) 25,625 EVENT INTERNATIONAL SPONSORSHIPS 352 NE 3RD AVENUE DELRAY BEACH, FL 33444 PS

| ASAE FOUNDATION<br>1575 I ST NW<br>WASHINGTON,DC 20005 | 52-1300485 | 501(C)(3) | 15,500 |  | EVENT<br>SPONSORSHIPS                    |
|--|------------|-----------|--------|--|--|
| FLORIDA SOCIETY OF<br>ASSOCIATION<br>EXECUTIVES INC    | 59-6140583 | 501(C)(6) | 30,300 |  | CONFERENCE AND<br>EVENTS<br>SPONSORSHIPS |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2410 MAHAN DR SUITE 2 TALLAHASSEE, FL 32308

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TAMPA HILLSBOROUGH 27-1010441 501(C)(6) 23,600 EVENT COUNTY ECONOMIC SPONSORSHIPS DEVELOPMENT CORP 101 F KENNEDY BLVD STE 1750 TAMPA, FL 33602 PROFESSIONAL 36-2597526 501(C)(6) 22,500 EVENT CONVENTION SPONSORSHIPS ASSOCIATION 35 F WACKER DR STF 500 FLORIDA TOURISM 59-3359293 501(C)(6) 8,250 EVENT

MANAGEMENT CHICAGO, IL 60601 INDUSTRY MARKETING SPONSORSHIPS CORPORATION INC.

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2540 W EXECUTIVE CENTER CIR STE 200 TALLAHASSEE, FL 32301

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SOCIETY OF GOVERNMENT 52-1343672 501(C)(6) 000,8 EVENT MEETING PROFESSIONALS SPONSORSHIPS INC 3337 DUKE STREET ALEXANDRIA, VA 22314 ORSHIPS

SPONSORSHIPS

| CONNECT MARKETPLACE<br>15 TECHNOLOGY PKWY S<br>SUITE 250<br>NORCROSS,GA 30092 | N/A | 33,010 |  | EVENT<br>SPONSO |
|---|-----|--------|--|-----------------|
| EXECUJET CHARTER  | N/A | 20,944 |  | EVENT           |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SERVICE INC

4751 JIM WALTER BLVD TAMPA, FL 33607

Schedule J (Form 990)

Department of the

Internal Revenue Service

Treasury

**Compensation Information** 

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

**Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

DLN: 93493135038207 OMB No 1545-0047

2015

Open to Public Inspection

|              | ne of the organization<br>PA BAY CONVENTION AND  |          |   | Employer identification | on nur     | nber |    |
|--------------|--|----------|---|-------------------------|------------|------|----|
|              | TORS BUREAU INC  |          |   | 59-2529118              |            |      |    |
| Pa           | rt I Questions Regarding Compensation  |          | <u> </u>                                |                         |            |      |    |
|              |  |          |   |                         |            | Yes  | No |
| 1a           | Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to  |          |   |                         |            |      |    |
|              | First-class or charter travel  |          | Housing allowance or residence for      | personal use            |            |      |    |
|              | Travel for companions  |          | Payments for business use of person     | onal residence          |            |      |    |
|              | Tax idemnification and gross-up payments   |          | Health or social club dues or initiat   | ion fees                |            |      |    |
|              | Discretionary spending account   | Г        | Personal services (e g , maid, chau     | ffeur, chef)            |            |      |    |
| b            | If any of the boxes in line 1a are checked, did the orga reimbursement or provision of all of the expenses desc  |          |   |                         | <b>1</b> b |      |    |
| 2            | Did the organization require substantiation prior to rein directors, trustees, officers, including the CEO/Execut  |          |   |                         | 2          |      |    |
| 3            | Indicate which, if any, of the following the filing organiz<br>organization's CEO/Executive Director Check all that<br>used by a related organization to establish compensat | apply    | Do not check any boxes for method       | is                      |            |      |    |
|              | ▼ Compensation committee   | Г        | Written employment contract             |                         |            |      |    |
|              | Independent compensation consultant  | <b>√</b> | Compensation survey or study            |                         |            |      |    |
|              | ▼ Form 990 of other organizations  | <b>✓</b> | Approval by the board or compensa       | ition committee         |            |      |    |
| 4            | During the year, did any person listed on Form 990, Pa<br>or a related organization  | art VII  | , Section A , line 1a with respect to t | he filing organization  |            |      |    |
| а            | Receive a severance payment or change-of-control pa  | yment    | 7                                       |                         | <b>4</b> a |      | Νo |
| b            | Participate in, or receive payment from, a supplementa   | al nonq  | ualified retirement plan?               |                         | 4b         |      | Νo |
| c            | Participate in, or receive payment from, an equity-base  | ed con   | npensation arrangement?                 |                         | 4c         |      | Νo |
|              | If "Yes" to any of lines 4a-c, list the persons and prov   | ide the  | e applicable amounts for each item ii   | n Part III              |            |      |    |
| 5            | Only 501(c)(3), 501(c)(4), and 501(c)(29) organization For persons listed on Form 990, Part VII, Section A, licompensation contingent on the revenues of                     |          |   | any                     |            |      |    |
| а            | The organization?  |          |   |                         | 5a         |      |    |
| b            | Any related organization? If "Yes," on line 5a or 5b, describe in Part III   |          |   |                         | 5b         |      |    |
| 6            | For persons listed on Form 990, Part VII, Section A, licompensation contingent on the net earnings of  | ıne 1a   | , did the organization pay or accrue a  | any                     |            |      |    |
| а            | The organization?  |          |   |                         | <b>6</b> a |      |    |
| b            | Any related organization?  |          |   |                         | 6b         |      |    |
|              | If "Yes," on line 6a or 6b, describe in Part III   |          |   |                         |            |      |    |
| 7            | For persons listed on Form 990, Part VII, Section A, li<br>payments not described in lines 5 and 6? If "Yes," des  |          |   | n-fixed                 | 7          |      |    |
| 8            | Were any amounts reported on Form 990, Part VII, pa  |          | •                                       |                         |            |      |    |
|              | subject to the initial contract exception described in R in Part ${ m III}$  | egulat   | ions section 53 4958-4(a)(3)? If "\     | es," describe           | _          |      |    |
| 9            |  | -ah++-   | ble procumption procedure describe      | id in Dogulations       | 8          |      |    |
| <del>9</del> | If "Yes" on line 8, did the organization also follow the r<br>section 53 4958-6(c)?  | enutta   | me presumption procedure describe       | a iii Keguiations       | 9          |      |    |

Page 2

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(u1) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a. applicable column (D) and (E) amounts for that individual

| Note. The sum of columns (b)       | (1)-(111) | ior each listed individu | iai must equal the total                  | ramount of Form 990,                | Part VII, Section A, iin       | e 1a, applicable colur | nn (D) and (E) amount | s for that individual                                  |
|------------------------------------|-----------|--------------------------|---|-------------------------------------|--------------------------------|------------------------|-----------------------|--|
| (A) Name and Title                 |           | <b>(B)</b> Breakdown o   | f W-2 and/or 1099-MI                      | SC compensation                     | (C) Retirement and             |                        | (E) Total of columns  | (F) Compensation in                                    |
|                                    |           | Base<br>(1) compensation | (II)<br>Bonus & incentive<br>compensation | (III) Other reportable compensation | other deferred<br>compensation | benefits               | (B)(ı)-(D)            | column(B) reported<br>as deferred on prior<br>Form 990 |
| 1 SANTIAGO CORRADACEO              | (i)       | 234,761                  | 66,509                                    | 6,000                               | 0                              | 16,112                 | 323,382               | 0  |
|                                    | (ii)      | 0                        | 0   | 0                                   | 0                              | 0                      | 0                     | 0  |
| 2 GREGORY K ORCHARD<br>CFO         | (i)       | 134,300                  | 28,506                                    | 0                                   | 8,140                          | 11,356                 | 182,302               | 0  |
|                                    | (ii)      | 0                        | 0   | 0                                   | 0                              | 0                      | 0                     | 0  |
| 3 ALEX KAPTZAN VP CONVENTION SALES | (i)       | 122,686                  | 26,854                                    | 0                                   | 7,477                          | 10,616                 | 167,633               | 0  |
|                                    | (ii)      | 0                        | 0   | 0                                   | 0                              | 0                      | 0                     | 0  |
| 4 JOLYNN LOKEY VP ADMINISTRATION   | (i)       | 114,464                  | 25,094                                    | 0                                   | 6,978                          | 10,575                 | 157,111               | 0  |

| Schedule J (Form 990) 2015   | dule J (Form 990) 2015 |  |  |  |  |  |  |  |
|--|------------------------|--|--|--|--|--|--|--|
| Part III Supplemental Inform   | nation                 |  |  |  |  |  |  |  |
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information |                        |  |  |  |  |  |  |  |
| Return Reference   | Explanation            |  |  |  |  |  |  |  |

Schedule J (Form 990) 2015



OMB No 1545-0047 2015 Open to Public Inspection

DLN: 93493135038207

Internal Revenue

Name of the organization TAMPA BAY CONVENTION AND VISITORS BUREAU INC

Return

Service

990 Schedule O, Supplemental Information

Explanation

59-2529118

**Employer identification number** 

Reference FORM 990, PART THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SHALL BE EMPOWERED AND AUTHORIZED TO EXERCISE ALL VI, SECTION A. OF THE POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS AT ALL TIMES, EXCEPT DURING TIMES WHEN THE LINE 1 BOARD OF DIRECTORS IS IN SESSION THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF THE OFFICERS OF THE CORPORATION. THE IMMEDIATE PAST CHAIR OF THE CORPORATION. THE CHAIR OF THE FINANCE COMMITTEE AND THREE ADDITIONAL MEMBERS OF THE BOARD OF DIRECTORS SELECTED BY THE BOARD FORM 990, PART THE CORPORATION SHALL HAVE MEMBERS WHO SHALL BE THOSE PERSONS, CORPORATIONS, LIMITED LIABI VI, SECTION A. LITY COMPANIES, PARTNERSHIPS, ASSOCIATIONS, OR FIRMS ELECTED TO MEMBERSHIP BY THE BOARD OF **DIRECTORS** LINE 6

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART VI. SECTION I THE DIRECTORS SHALL BE ELECTED BY A MAJORITY VOTE OF THE MEMBERS OF THE CORPORATION

A, LINE 7A PRESENT AND VOTING AT THE ANNUAL MEETING OF MEMBERS

FORM 990, PART VI. SECTION THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON DATA SUPPLI

B, LINE 11

ED BY THE ORGANIZATION ONCE A REVIEW IS PERFORMED BY MANAGEMENT OF THE ORGANIZATION, THE FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE FOR THEIR FINAL REVIEW AND APPROVAL IN ADD ITION, A COPY OF THE FORM 990 IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING

990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12 | THE CORPORATION'S POLICIES AND PROCEDURES MANUAL CONTAINS A SECTION ON BUSINESS ETHICS AND CONDUCT THAT APPLIES TO ALL EMPLOYEES, OFFICERS AND DIRECTORS THIS POLICY CONTAINS A PROHIBITION AGAINST CONFLICTS OF INTEREST AND PROCEDURES FOR REPORTING VIOLATIONS IN ADDITION, A CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED ANNUALLY IN CONNECTION WITH THE YEAR END AUDIT PROCEDURES THAT REQUIRES AN AFFIRMATIVE RESPONSE FROM BOARD MEMBERS ANY TRANSACTION WITH AN EMPLOYEE OR BOARD MEMBER WOULD BE REVIEWED AND APPROVED IN ADVANCE BY THE FINANCE COMMITTEE AND THE BOARD OF DIRECTORS |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | THE ORGANIZATION HAS AN ACTIVE COMPENSATION COMMITTEE THAT REVIEWS AND APPROVES THE COMPENSATION PLAN FOR THE ENTIRE ORGANIZATION, INCLUDING DIRECT PAY AND BENEFITS THE COMPENSATION PLAN INCLUDES BENCHMARK COMPARISONS OF PAY AND BENEFITS FOR EACH POSITION IN THE ORGANIZATION TO INDUSTRY AND GEOGRAPHIC DATA IN ADDITION, THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE REVIEW AND APPROVE THE COMPENSATION PACKAGE FOR THE CEO  |

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART VI,

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

SECTION C. LINE 19