

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

2017

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

| | | |
|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization TAMPA BAY CONVENTION AND VISITORS BUREAU, INC. Doing business as VISIT TAMPA BAY Number and street (or P.O. box if mail is not delivered to street address) Room/suite 201 NORTH FRANKLIN STREET 2900 City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33602 F Name and address of principal officer: SANTIAGO CORRADA SAME AS C ABOVE | D Employer identification number 59-2529118 E Telephone number 800-826-8358 G Gross receipts \$ 15,390,352. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.VISITTAMPABAY.COM | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1985 M State of legal domicile: FL |

Part I Summary

| | | | | |
|-----------------------------|---------|---|--|-------------|
| | 1 | Briefly describe the organization's mission or most significant activities: PROMOTE THE HILLSBOROUGH COUNTY DESTINATION TO TOURISTS NATIONALLY AND INTERNATIONALLY | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 25 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 24 |
| | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 90 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 100 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 45,550. |
| | Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 13,486,901. |
| 9 | | Program service revenue (Part VIII, line 2g) | 979,557. | 14,769,746. |
| 10 | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| 11 | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 223,127. | 48,093. |
| 12 | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 14,689,585. | 15,313,447. |
| Expenses | | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,136,229. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 4,727,279. | 4,519,106. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 8,410,846. | 9,079,603. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 14,274,354. | 14,065,510. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 415,231. | 1,247,937. |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 6,452,038. | 6,878,913. |
| | 21 | Total liabilities (Part X, line 26) | 3,552,832. | 3,564,368. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 2,899,206. | 3,314,545. |

Part II Signature Block

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

| | | |
|-------------------------------|---|---|
| Sign Here | Signature of officer SANTIAGO CORRADA, PRESIDENT AND CEO <small>Type or print name and title</small> | Date |
| Paid Preparer Use Only | Print/Type preparer's name LAUREN BALLARD, CPA | Preparer's signature LAUREN BALLARD, CPA |
| | Firm's name ▶ CLIFTONLARSONALLEN LLP | Firm's EIN ▶ 41-0746479 |
| | Firm's address ▶ 402 SOUTH KENTUCKY AVENUE, SUITE 600 LAKELAND, FL 33801-5354 | Date 08/14/19 Check if self-employed <input type="checkbox"/> PTIN P01451787 Phone no. 863-680-5600 |

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

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO MARKET AND PROMOTE THE HILLSBOROUGH COUNTY DESTINATION TO TOURISTS NATIONALLY AND INTERNATIONALLY

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$) VISIT TAMPA BAY IS THE DESTINATION MARKETING ORGANIZATION WHOSE MISSION IS TO "CREATE VIBRANT ECONOMIC DEVELOPMENT BY COLLABORATIVELY INCREASING VISITATION TO TAMPA BAY." FOR FISCAL YEAR 17-18 WITH A BUDGET OF APPROXIMATELY \$14.9 MILLION, VISIT TAMPA BAY IMPLEMENTED STRATEGIC SALES, MARKETING CAMPAIGNS, PUBLIC RELATIONS AND MEMBERSHIP INITIATIVES THAT DIRECTLY CONTRIBUTED TO THE LOCAL COMMUNITY'S ECONOMIC DEVELOPMENT, BUSINESS CLIMATE, AND QUALITY OF LIFE.

IN ITS ROLE AS AN ECONOMIC DEVELOPMENT ORGANIZATION, VISIT TAMPA BAY SUPPORTS THE LOCAL HOSPITALITY AND TOURISM COMMUNITY, WHICH IS THE AREA'S TOP INDUSTRY THROUGH SEVERAL AVENUES, WHICH ARE HIGHLIGHTED LATER IN THE RETURN. THE FINANCIAL IMPACT OF OUR EFFORTS IN THE TOURISM

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

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

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

4e Total program service expenses

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | | X |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | | |
| 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? <i>If "Yes," complete Schedule C, Part III</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 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. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b 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? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 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)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | X | |
| 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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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 | X | |
| 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 | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | X | |
| 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 | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | |
| 26 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? If "Yes," complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | X | |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | X | |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | X | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax 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. | | |
| | 1a | 25 | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b | 24 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 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 | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | |
| 12b | | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | | |
| 12c | | | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| 15a | | | |
| b | Other officers or key employees of the organization | X | |
| 15b | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," 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 | | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JESSICA NOLL - 813-218-3849**
201 NORTH FRANKLIN STREET, NO. 2900, TAMPA, FL 33602

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

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

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

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) BRUCE NARZISSENFELD BOARD CHAIR | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (2) JEFF ANTONACCIO CHAIR ELECT | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (3) TROY MANTHEY SECRETARY/TREASURER | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (4) NABIL SALLOUM DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (5) RON MCANAUGH DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (6) STEWART CLARK DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (7) ROGER GERMANN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (8) GREG HORWEDEL DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (9) BOB MCDONAUGH DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) BOB PASSWATERS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (11) ED FANDEL DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (12) RON ALICANDRO DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) KEN ANTHONY DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) JIM BARTHOLOMAY DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (15) JOE COLLIER DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (16) JOE COUCEIRO DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) STEVE GRIGGS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) ERIC HART DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) ROB HIGGINS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) JOE LOPANO DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) KEN LUCAS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) RAY MATHEWS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) BOB MORRISON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) PAM BARBER DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) SANTIAGO CORRADA CEO | 40.00 5.00 | X | | X | | | | 350,203. | 0. | 28,387. |
| (26) JESSICA NOLL CONTROLLER | 40.00 0.00 | | | X | | | | 73,792. | 0. | 25,801. |
| 1b Sub-total | | | | | | | | 423,995. | 0. | 54,188. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 717,789. | 0. | 103,499. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,141,784. | 0. | 157,687. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| FKQ MARKETING INC. 15351 ROOSEVELT BLVD., CLEARWATER, FL 33760 | ADVERTISING | 1,746,688. |
| RUBICON GENERAL CONTRACTORS LLC 5946 BENJAMIN RD., TAMPA, FL 33634 | GENERAL CONTRACTOR | 1,554,008. |
| MADDEN MEDIA 345 E. TOOLE AVE, TUCSON, AZ 85701 | ADVERTISING | 933,982. |
| GENSLER, 4541 COLLECTION CENTER DRIVE, CHICAGO, IL 60693 | DESIGN AND PLANNING | 215,900. |
| SIMPLEVIEW 8950 N. ORACLE RD, TUCSON, AZ 85704 | TECHNOLOGY | 165,465. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **6**

SEE PART VII, SECTION A CONTINUATION SHEETS

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | | |
|--|--|--|--|------------------------------------|----------------------------|--|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | | | |
| | b | Membership dues | 1b | 495,608. | | | | |
| | c | Fundraising events | 1c | | | | | |
| | d | Related organizations | 1d | | | | | |
| | e | Government grants (contributions) | 1e | | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h | Total. Add lines 1a-1f | | 495,608. | | | | |
| Program Service Revenue | 2 a | SERVICE CONTRACTS | Business Code 900099 | 13,367,219. | 13,367,219. | | | |
| | b | PROMOTIONAL ACTIVITIES | 900099 | 839,607. | 839,607. | | | |
| | c | MEMBER EVENTS | 900099 | 427,196. | 427,196. | | | |
| | d | COMMISSIONS REVENUE | 900099 | 104,525. | 104,525. | | | |
| | e | MANAGEMENT FEE INCOME | 561000 | 31,199. | 31,199. | | | |
| | f | All other program service revenue | | | | | | |
| | g | Total. Add lines 2a-2f | | 14,769,746. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | | | | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 | Royalties | | | | | | |
| | 6 a | Gross rents | (i) Real | (ii) Personal | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | c | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | | |
| c | Gain or (loss) | | | | | | | |
| d | Net gain or (loss) | | | | | | | |
| 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | | |
| | | b | Less: direct expenses | | | | | |
| | | c | Net income or (loss) from fundraising events | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| | | b | Less: direct expenses | | | | | |
| | | c | Net income or (loss) from gaming activities | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | 124,973. | | | | | |
| | | b | Less: cost of goods sold | b | 76,905. | | | |
| | | c | Net income or (loss) from sales of inventory | | 48,068. | 48,068. | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11 a | MISCELLANEOUS INCOME | 900099 | 25. | | | 25. | | |
| b | | | | | | | | |
| c | | | | | | | | |
| d | All other revenue | | | | | | | |
| e | Total. Add lines 11a-11d | | 25. | | | | | |
| 12 | Total revenue. See instructions. | | 15,313,447. | 14,817,814. | 0. | 25. | | |

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | 466,801. | | | |
| 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 | 485,081. | | | |
| 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 | 3,306,500. | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 139,803. | | | |
| 9 Other employee benefits | 325,539. | | | |
| 10 Payroll taxes | 262,183. | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 38,573. | | | |
| c Accounting | 23,287. | | | |
| d Lobbying | | | | |
| e 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 Sch O.) | 514,823. | | | |
| 12 Advertising and promotion | 4,166,797. | | | |
| 13 Office expenses | 303,436. | | | |
| 14 Information technology | 404,019. | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 556,129. | | | |
| 17 Travel | 957,938. | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,493,305. | | | |
| 20 Interest | 7,712. | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 368,838. | | | |
| 23 Insurance | 26,201. | | | |
| 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.) | | | | |
| a DUES AND MEMBERSHIPS | 143,603. | | | |
| b FULFILLMENT | 69,759. | | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | 5,183. | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 14,065,510. | | | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|--|---|----------------|--------------------|------------|
| Assets | 1 | Cash - non-interest-bearing | 1,998,198. | 1 | 3,053,710. |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | 741,236. | 3 | |
| | 4 | Accounts receivable, net | 472,528. | 4 | 580,251. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | 29,283. | 8 | 61,489. |
| | 9 | Prepaid expenses and deferred charges | 174,488. | 9 | 295,224. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 3,558,806. | | |
| | b | Less: accumulated depreciation | 10b 805,356. | | |
| | | | 2,796,896. | 10c | 2,753,450. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | 239,409. | 15 | 134,789. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 6,452,038. | 16 | 6,878,913. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 2,945,710. | 17 | 2,662,592. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 273,080. | 19 | 297,166. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 334,042. | 25 | 604,610. |
| | 26 | Total liabilities. Add lines 17 through 25 | 3,552,832. | 26 | 3,564,368. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 2,899,206. | 27 | 3,314,545. |
| | 28 | Temporarily restricted net assets | | 28 | |
| | 29 | Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 2,899,206. | 33 | 3,314,545. | |
| 34 | Total liabilities and net assets/fund balances | 6,452,038. | 34 | 6,878,913. | |

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 15,313,447. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 14,065,510. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,247,937. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,899,206. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -832,598. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,314,545. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____ | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

| | |
|---|---|
| Name of organization TAMPA BAY CONVENTION AND VISITORS BUREAU, INC. | Employer identification number 59-2529118 |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Yes No

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| 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? | | | |

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization TAMPA BAY CONVENTION AND VISITORS BUREAU, INC. **Employer identification number** 59-2529118

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|--|------------------------------|
| 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 2,115,112. | 213,559. | 1,901,553. |
| d Equipment | | 1,067,239. | 252,319. | 814,920. |
| e Other | | 376,455. | 339,478. | 36,977. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 2,753,450. |

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) PASS-THROUGH TOURIST DEVELOPMENT TAX | 508,891. |
| (4) DUE TO RELATED PARTY | 95,719. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 604,610. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

| | | | | |
|---|---|----|----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 15,629,124. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | 208,222. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 30,550. | |
| e | Add lines 2a through 2d | 2e | | 238,772. |
| 3 | Subtract line 2e from line 1 | | 3 | 15,390,352. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | -76,905. | |
| c | Add lines 4a and 4b | 4c | | -76,905. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 15,313,447. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

| | | | | |
|---|--|----|----------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 14,381,187. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 208,222. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 107,455. | |
| e | Add lines 2a through 2d | 2e | | 315,677. |
| 3 | Subtract line 2e from line 1 | | 3 | 14,065,510. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 14,065,510. |

Part XIII Supplemental Information.

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 information.

PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE STANDARD FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PASSTHROUGH DONATIONS 30,550.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF SALES -76,905.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF SALES 76,905.

Part XIII Supplemental Information (continued)

PASSTHROUGH DONATIONS 30,550.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 107,455.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

| | |
|---|---|
| Name of the organization TAMPA BAY CONVENTION AND VISITORS BUREAU, INC. | Employer identification number 59-2529118 |
|---|---|

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| SOUTH AMERICA | 1 | 1 | PROGRAM SERVICES | PROMOTING TAMPA/HILLSBOROUGH COUNTY AS A CONVENTION AND TOURIST DESTINATION | 60,007. |
| EUROPE | 3 | 3 | PROGRAM SERVICES | PROMOTING TAMPA/HILLSBOROUGH COUNTY AS A CONVENTION AND TOURIST DESTINATION. | 308,837. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 4 | 4 | | | 368,844. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 4 | 4 | | | 368,844. |

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? ...
2 Did the organization have an interest in a foreign trust during the tax year? ...
3 Did the organization have an ownership interest in a foreign corporation during the tax year? ...
4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? ...
5 Did the organization have an ownership interest in a foreign partnership during the tax year? ...
6 Did the organization have any operations in or related to any boycotting countries during the tax year? ...

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization **TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.** Employer identification number **59-2529118**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|----------------|--|---------------------------------|--|--|--|---|
| ASAE FOUNDATION 1575 I STREET NW WASHINGTON, DC 20005 | 52-1300485 | 501(C)(3) | 10,000. | 0. | | | EVENT SPONSORSHIPS |
| COPPERHEAD CHARITIES INC. 36750 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684 | 59-2319162 | 501(C)(3) | 25,000. | 0. | | | EVENT SPONSORSHIP |
| FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES, INC. - 2410 MAHAN DRIVE SUITE 2 - TALLAHASSEE, FL 32308 | 59-6140583 | 501(C)(6) | 31,875. | 0. | | | EVENT SPONSORSHIPS |
| MEETING PROFESSIONALS INTERNATIONAL - 2711 LBJ FREEWAY SUITE 600 - DALLAS, TX 75234 | 23-7256168 | 501(C)(3) | 8,750. | 0. | | | EVENT SPONSORSHIP |
| TAMPA BAY BOWL ASSOCIATION, INC 4211 W. BOY SCOUT BLVD. SUITE 560 TAMPA, FL 33607 | 59-2643123 | 501(C)(3) | 100,000. | 0. | | | BOWL GAME SPONSORSHIP |
| PROFESSIONAL CONVENTION MANAGEMENT ASSOCIATION - 35 E. WACKER DRIVE SUITE 500 - CHICAGO, IL 60601 | 36-2597526 | 501(C)(6) | 10,000. | 0. | | | EVENT SPONSORSHIPS |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6.**
- 3** Enter total number of other organizations listed in the line 1 table **5.**

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

Schedule I (Form 990) (2017)

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

Schedule I (Form 990)

59-2529118

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| RELIGIOUS CONFERENCE MANAGEMENT ASSOCIATION INC. - 7702 WOODLAND DRIVE #120 - INDIANAPOLIS, IN 46278 | 31-1051699 | 501(C)(3) | 6,500. | 0. | | | EVENT SPONSORSHIPS |
| SOCIETY OF GOVERNMENT MEETING PROFESSIONALS, INC. - 3337 DUKE STREET - ALEXANDRIA, VA 22314 | 52-1343672 | 501(C)(6) | 10,000. | 0. | | | EVENT SPONSORSHIPS |
| TAMPA BAY BUSINESS JOURNAL 4890 W. KENNEDY BLVD SUITE 850 TAMPA, FL 33609 | 43-1366184 | N/A | 27,000. | 0. | | | EVENT SPONSORSHIP |
| TAMPA BAY SPORTS COMMISSION 201 N. FRANKLIN STREET SUITE 2900 TAMPA, FL 33602 | 59-3468367 | 501(C)(3) | 150,000. | 0. | | | EVENT SPONSORSHIPS |
| TAMPA HILLSBOROUGH FILM & DIGITAL MEDIA COMMISSION, INC. - 201 N. FRANKLIN STREET SUITE 2900 - TAMPA, FL 33602 | 47-2085299 | 501(C)(6) | 25,000. | 0. | | | SPONSORSHIP |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

Schedule I (Form 990)

TAMPA BAY CONVENTION AND
VISITORS BUREAU, INC.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
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| | | | | | |

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.** Employer identification number **59-2529118**

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

| | Yes | No |
|-----------|-----|-------------------------------------|
| 1b | | <input checked="" type="checkbox"/> |
| 2 | | <input checked="" type="checkbox"/> |
| 4a | | <input checked="" type="checkbox"/> |
| 4b | | <input checked="" type="checkbox"/> |
| 4c | | <input checked="" type="checkbox"/> |
| 5a | | |
| 5b | | |
| 6a | | |
| 6b | | |
| 7 | | |
| 8 | | |
| 9 | | |

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

Schedule J (Form 990) 2017

TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) 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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) SANTIAGO CORRADA CEO | (i) | 272,373. | 71,830. | 6,000. | 0. | 28,387. | 378,590. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) ALEX KAPTZAN SR. VP OF CONVENTION SALES | (i) | 139,067. | 28,197. | 0. | 8,363. | 11,364. | 186,991. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JOLYNN LOKEY CHIEF OPERATING OFFICER | (i) | 134,447. | 27,229. | 0. | 8,084. | 11,010. | 180,770. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) PATRICK HARRISON CHIEF MARKETING OFFICER | (i) | 119,721. | 24,024. | 0. | 7,187. | 9,337. | 160,269. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ADAM DEPIRO DIRECTOR OF CONVENTION SALES | (i) | 101,117. | 20,280. | 0. | 6,070. | 25,907. | 153,374. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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.

PART I, LINE 1A:

SOCIAL CLUB DUES ARE PAID FOR THE CEO FOR THE PURPOSE OF BUSINESS MEALS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

| | | | |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | TAMPA BAY CONVENTION AND VISITORS BUREAU, INC. | Employer identification number | 59-2529118 |
|--------------------------|--|--------------------------------|------------|

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INDUSTRY DIRECTLY REACHES LOCAL HOTELS, RESTAURANTS, ATTRACTIONS, MUSEUMS, SHOPPING CENTERS, AIRPORTS, CRUISE LINES, TRANSPORTATION COMPANIES, ETC. IN ADDITION, TOURISM ALSO INDIRECTLY SUPPORTS LOCAL BUSINESSES LIKE DRY CLEANERS, DOCTOR'S OFFICES, AND GROCERY STORES BY PROVIDING EMPLOYMENT FOR RESIDENTS, WHICH IN TURN, HELPS TO MAINTAIN A STRONG AND VIBRANT LOCAL ECONOMY, AND BY BRINGING CONSUMERS INTO THE MARKET WHO MAY NEED ACCESS TO THESE SERVICES DURING THEIR STAY.

IN FISCAL YEAR 17-18, VISIT TAMPA BAY PLAYED A LEADERSHIP ROLE IN SHAPING TOURISM AND WAS RESPONSIBLE FOR 91 SPEAKING ENGAGEMENTS TO SHARE OUR MESSAGING AND GARNER SUPPORT. WE HOSTED 52 LOCAL PARTNER EVENTS. WE DIRECTLY BOOKED 543,704 CONVENTION AND MEETING ROOM NIGHTS. THE TEAM HOSTED 337 SITES AND FAMS, BRINGING THOUSANDS OF PEOPLE HERE TO SHOWCASE OUR ASSETS TO CLIENTS AND POTENTIAL CUSTOMERS. IN ADDITION, THE COMPANY ATTENDED 238 TRADE SHOWS AND SALES TRIPS IN MARKETS BOTH DOMESTICALLY AND INTERNATIONALLY TO TELL TAMPA BAY'S STORY.

WITH A FOCUS ON INCREASING EXPOSURE FOR TAMPA BAY, VISIT TAMPA BAY IMPLEMENTED A \$2 MILLION ADVERTISING PLAN IN CONSUMER AND MEETINGS MEDIA, AS WELL AS ON TRAVEL-RELATED INTERNET SITES, GENERATING NEARLY 5 BILLION MARKETING IMPRESSIONS. THESE MARKETING AND ADVERTISING EFFORTS DIRECTLY GENERATED 97,000 ROOM NIGHTS IN AREA HOTELS, CREATING AN INCREMENTAL SPENDING IMPACT OF OVER \$84 MILLION FOR HILLSBOROUGH COUNTY. PUBLIC RELATIONS EFFORTS GARNERED MORE THAN \$24.9 MILLION IN NATIONAL AND INTERNATIONAL MEDIA COVERAGE. IN ADDITION, THE OFFICIAL

| | | | |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | TAMPA BAY CONVENTION AND VISITORS BUREAU, INC. | Employer identification number | 59-2529118 |
|--------------------------|--|--------------------------------|------------|

TAMPA BAY VISITOR INFORMATION CENTER ASSISTED ALMOST 45,000 INDIVIDUALS WITH AREA RECOMMENDATIONS AND INFORMATION.

AS A PARTNER-BASED ORGANIZATION, VISIT TAMPA BAY SERVED 800 AREA BUSINESSES BY PROVIDING SALES AND MARKETING OPPORTUNITIES THROUGHOUT 2017-18. PARTNERS RECEIVE MANY BENEFITS FROM VISIT TAMPA BAY, INCLUDING ACCESS TO SALES LEADS AND CLIENT REFERRALS FOR BUSINESS, WHICH IN TURN, PRODUCED OVER 1,775 PARTNER REFERRALS. IN ADDITION, PARTNERS RECEIVE BENEFITS THROUGH LISTINGS IN OFFICIAL TAMPA BAY PUBLICATIONS, AND OPPORTUNITIES TO PARTICIPATE IN SALES CALLS, TRADESHOWS, SALES MISSIONS, PROMOTIONS, CLIENT AND MEDIA FAMILIARIZATION TOURS, AND OTHER COOPERATIVE SALES AND MARKETING INITIATIVES.

ALL THESE TARGETED SALES AND MARKETING TOUCH POINTS TO POTENTIAL VISITORS RESULTED IN:

- 22.9 MILLION TOTAL TRIPS TO HILLSBOROUGH COUNTY IS ROUGHLY EQUIVALENT TO EVERYONE FROM THE STATE OF FLORIDA VISITING HILLSBOROUGH COUNTY DURING THE YEAR.

- VISITOR SPENDING: THE \$3.9 BILLION IN VISITOR SPENDING MEANS THAT ALMOST \$449,000 WAS SPENT BY VISITORS EVERY HOUR IN HILLSBOROUGH COUNTY IN 2017.

- EMPLOYMENT: THE NUMBER OF PEOPLE EMPLOYED DIRECTLY BY VISITORS (34,821) WOULD EXCEED THE CURRENT CAPACITY OF TROPICANA FIELD (31,042), AND THE EMPLOYEES SUSTAINED BY TOURISM'S INDIRECT AND INDUCED IMPACTS (14,998) WOULD FILL UP MOST OF AMALIE ARENA (19,092).

- TAXES: TO MAKE UP FOR THE \$377 MILLION IN STATE AND LOCAL TAXES GENERATED BY TOURISM, EACH HOUSEHOLD IN HILLSBOROUGH COUNTY WOULD NEED

| | | | |
|--------------------------|--|--------------------------------|------------|
| Name of the organization | TAMPA BAY CONVENTION AND VISITORS BUREAU, INC. | Employer identification number | 59-2529118 |
|--------------------------|--|--------------------------------|------------|

TO CONTRIBUTE AN ADDITIONAL \$776 ANNUALLY TO MAINTAIN THE CURRENT LEVEL OF GOVERNMENT.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SHALL BE EMPOWERED AND AUTHORIZED TO EXERCISE ALL OF THE POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS AT ALL TIMES, EXCEPT DURING TIMES WHEN THE 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 VI, SECTION A, LINE 6:

THE CORPORATION SHALL HAVE MEMBERS WHO SHALL BE THOSE PERSONS, CORPORATIONS, LIMITED LIABILITY COMPANIES, PARTNERSHIPS, ASSOCIATIONS, OR FIRMS ELECTED TO MEMBERSHIP BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE DIRECTORS SHALL BE ELECTED BY A MAJORITY VOTE OF THE MEMBERS OF THE CORPORATION PRESENT AND VOTING AT THE ANNUAL MEETING OF MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED ON DATA SUPPLIED 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 ADDITION, A COPY OF THE FORM 990 IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.

| | |
|---|---|
| Name of the organization TAMPA BAY CONVENTION AND VISITORS BUREAU, INC. | Employer identification number 59-2529118 |
|---|---|

FORM 990, PART VI, SECTION B, 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 AFFIRMATIVEE RESPONSE FROM BOARD MEMBERS.

FORM 990, PART VI, SECTION B, 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.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.** Employer identification number **59-2529118**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|---|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| TAMPA HILLSBOROUGH FILM AND DIGITAL MEDIA COMMISSION, INC - 47-2085299, 201 NORTH FRANKLIN STREET, SUITE 2900, TAMPA, FL | PROMOTE FILM INDUSTRY IN HILLS. COUNTY | FLORIDA | 501(C)(6) | | TAMPA BAY CONVENTION AND VISITORS BUREAU | X | |
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TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.

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

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

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

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

TAMPA HILLSBOROUGH FILM AND DIGITAL MEDIA COMMISSION, INC

EIN: 47-2085299

201 NORTH FRANKLIN STREET, SUITE 2900

TAMPA, FL 33602

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

2017

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

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

| | | | |
|--|---------------------|--|---|
| <p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> | Print or Type | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 201 NORTH FRANKLIN STREET, NO. 2900</p> <p>City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33602</p> | <p>D Employer identification number (Employees' trust, see instructions.) 59-2529118</p> <p>E Unrelated business activity codes (See instructions.)</p> |
|--|---------------------|--|---|

| | |
|--|--|
| <p>C Book value of all assets at end of year 6,878,913.</p> | <p>F Group exemption number (See instructions.)</p> <p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> |
|--|--|

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **JESSICA NOLL** Telephone number **813-218-3849**

| | (A) Income | (B) Expenses | (C) Net |
|---|-------------------|--------------|---------|
| Part I Unrelated Trade or Business Income | | | |
| 1a Gross receipts or sales | | | |
| b Less returns and allowances | | | |
| c Balance | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a Capital gain net income (attach Schedule D) | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | | |
| 6 Rent income (Schedule C) | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | |
| 11 Advertising income (Schedule J) | 11 | | |
| 12 Other income (See instructions; attach schedule) STATEMENT 1 | 12 46,550. | | 46,550. |
| 13 Total. Combine lines 3 through 12 | 13 46,550. | | 46,550. |

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

| | | |
|--|------------|------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 Salaries and wages | 15 | |
| 16 Repairs and maintenance | 16 | |
| 17 Bad debts | 17 | |
| 18 Interest (attach schedule) | 18 | |
| 19 Taxes and licenses | 19 | |
| 20 Charitable contributions (See instructions for limitation rules) | 20 | |
| 21 Depreciation (attach Form 4562) | 21 | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 Depletion | 23 | |
| 24 Contributions to deferred compensation plans | 24 | |
| 25 Employee benefit programs | 25 | |
| 26 Excess exempt expenses (Schedule I) | 26 | |
| 27 Excess readership costs (Schedule J) | 27 | |
| 28 Other deductions (attach schedule) | 28 | |
| 29 Total deductions. Add lines 14 through 28 | 29 | 0. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 46,550. |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 | |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | 46,550. |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | 33 | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | 45,550. |

Part III Tax Computation

| | | |
|---|------------|--------|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ | | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ | | |
| c Income tax on the amount on line 34 SEE STATEMENT 2 | 35c | 8,877. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 36 | |
| 37 Proxy tax. See instructions | 37 | |
| 38 Alternative minimum tax | 38 | |
| 39 Tax on Non-Compliant Facility Income. See instructions | 39 | |
| 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 | 8,877. |

Part IV Tax and Payments

| | | |
|--|------------|--------|
| 41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | |
| b Other credits (see instructions) | 41b | |
| c General business credit. Attach Form 3800 | 41c | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 41d | |
| e Total credits. Add lines 41a through 41d | 41e | |
| 42 Subtract line 41e from line 40 | 42 | 8,877. |
| 43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 43 | |
| 44 Total tax. Add lines 42 and 43 | 44 | 8,877. |
| 45a Payments: A 2016 overpayment credited to 2017 | 45a | |
| b 2017 estimated tax payments | 45b | |
| c Tax deposited with Form 8868 | 45c | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 45d | |
| e Backup withholding (see instructions) | 45e | |
| f Credit for small employer health insurance premiums (Attach Form 8941) | 45f | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 45g | |
| 46 Total payments. Add lines 45a through 45g | 46 | |
| 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 47 | |
| 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | 48 | 8,877. |
| 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | 49 | |
| 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded | 50 | |

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

| | | |
|--|-----|----|
| 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| | | X |
| 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |

Sign Here

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

Signature of officer _____ Date _____ **PRESIDENT AND CEO** Title _____

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

| | | | | | |
|-------------------------------|--|--|-------------------------|---|--------------------------|
| Paid Preparer Use Only | Print/Type preparer's name LAUREN BALLARD, CPA | Preparer's signature LAUREN BALLARD, CPA | Date 08/14/19 | Check <input type="checkbox"/> if self-employed | PTIN P01451787 |
| | Firm's name CLIFTONLARSONALLEN LLP | | | Firm's EIN 41-0746479 | |
| | Firm's address 402 SOUTH KENTUCKY AVENUE, SUITE 600 LAKELAND, FL 33801-5354 | | | Phone no. 863-680-5600 | |

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

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

| | |
|-----|--|
| (1) | |
| (2) | |
| (3) | |
| (4) | |

2. Rent received or accrued

| | | |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total |

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

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

| | | | | |
|---|---|--|--|---|
| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | | |
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | Enter here and on page 1, Part I, line 7, column (A) 0. | | Enter here and on page 1, Part I, line 7, column (B) 0. |
| Total dividends-received deductions included in column 8 | | | | 0. |

TAMPA BAY CONVENTION AND

Form 990-T (2017) VISITORS BUREAU, INC.

59-2529118

Page 4

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

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals | | | 0. | 0. |

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

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A). | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | | 0. | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | Enter here and on page 1, Part II, line 26. |
| Totals | | 0. | 0. | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | | 0. | 0. | | | 0. |

Form 990-T (2017)

TAMPA BAY CONVENTION AND

Form 990-T (2017) VISITORS BUREAU, INC.

59-2529118

Page 5

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

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|--|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | Enter here and on page 1, Part I, line 11, col. (A). 0. | Enter here and on page 1, Part I, line 11, col. (B). 0. | | | | Enter here and on page 1, Part II, line 27. 0. |

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

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

Form 990-T (2017)

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

Name **TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.** Employer identification number **59-2529118**

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

| | | | |
|----|---|----|---------|
| 1 | Taxable income or (loss) before net operating loss deduction | 1 | 45,550. |
| 2 | Adjustments and preferences: | | |
| a | Depreciation of post-1986 property | 2a | |
| b | Amortization of certified pollution control facilities | 2b | |
| c | Amortization of mining exploration and development costs | 2c | |
| d | Amortization of circulation expenditures (personal holding companies only) | 2d | |
| e | Adjusted gain or loss | 2e | |
| f | Long-term contracts | 2f | |
| g | Merchant marine capital construction funds | 2g | |
| h | Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) | 2h | |
| i | Tax shelter farm activities (personal service corporations only) | 2i | |
| j | Passive activities (closely held corporations and personal service corporations only) | 2j | |
| k | Loss limitations | 2k | |
| l | Depletion | 2l | |
| m | Tax-exempt interest income from specified private activity bonds | 2m | |
| n | Intangible drilling costs | 2n | |
| o | Other adjustments and preferences | 2o | |
| 3 | Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o | 3 | 45,550. |
| 4 | Adjusted current earnings (ACE) adjustment: | | |
| a | ACE from line 10 of the ACE worksheet in the instructions | 4a | 45,550. |
| b | Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions | 4b | 0. |
| c | Multiply line 4b by 75% (0.75). Enter the result as a positive amount | 4c | |
| d | Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive) | 4d | |
| e | ACE adjustment. <ul style="list-style-type: none"> If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount | 4e | 0. |
| 5 | Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT | 5 | 45,550. |
| 6 | Alternative tax net operating loss deduction. See instructions | 6 | |
| 7 | Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions | 7 | 45,550. |
| 8 | Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): | | |
| a | Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- | 8a | 0. |
| b | Multiply line 8a by 25% (0.25) | 8b | 0. |
| c | Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- | 8c | 40,000. |
| 9 | Subtract line 8c from line 7. If zero or less, enter -0- | 9 | 5,550. |
| 10 | Multiply line 9 by 20% (0.20) | 10 | 1,110. |
| 11 | Alternative minimum tax foreign tax credit (AMTFTC). See instructions | 11 | |
| 12 | Tentative minimum tax. Subtract line 11 from line 10 STMT 3 BLENDED RATE | 12 | 280. |
| 13 | Regular tax liability before applying all credits except the foreign tax credit | 13 | 8,877. |
| 14 | Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | 14 | 0. |

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

| | | | | |
|-----|---|-------|----|---------|
| 1 | Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 | | 1 | 45,550. |
| 2 | ACE depreciation adjustment: | | | |
| a | AMT depreciation | 2a | | |
| b | ACE depreciation: | | | |
| (1) | Post-1993 property | 2b(1) | | |
| (2) | Post-1989, pre-1994 property | 2b(2) | | |
| (3) | Pre-1990 MACRS property | 2b(3) | | |
| (4) | Pre-1990 original ACRS property | 2b(4) | | |
| (5) | Property described in sections 168(f)(1) through (4) | 2b(5) | | |
| (6) | Other property | 2b(6) | | |
| (7) | Total ACE depreciation. Add lines 2b(1) through 2b(6) | 2b(7) | | |
| c | ACE depreciation adjustment. Subtract line 2b(7) from line 2a | | 2c | |
| 3 | Inclusion in ACE of items included in earnings and profits (E&P): | | | |
| a | Tax-exempt interest income | 3a | | |
| b | Death benefits from life insurance contracts | 3b | | |
| c | All other distributions from life insurance contracts (including surrenders) | 3c | | |
| d | Inside buildup of undistributed income in life insurance contracts | 3d | | |
| e | Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) | 3e | | |
| f | Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e | | 3f | |
| 4 | Disallowance of items not deductible from E&P: | | | |
| a | Certain dividends received | 4a | | |
| b | Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043) | 4b | | |
| c | Dividends paid to an ESOP that are deductible under section 404(k) | 4c | | |
| d | Nonpatronage dividends that are paid and deductible under section 1382(c) | 4d | | |
| e | Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) | 4e | | |
| f | Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e | | 4f | |
| 5 | Other adjustments based on rules for figuring E&P: | | | |
| a | Intangible drilling costs | 5a | | |
| b | Circulation expenditures | 5b | | |
| c | Organizational expenditures | 5c | | |
| d | LIFO inventory adjustments | 5d | | |
| e | Installment sales | 5e | | |
| f | Total other E&P adjustments. Combine lines 5a through 5e | | 5f | |
| 6 | Disallowance of loss on exchange of debt pools | | 6 | |
| 7 | Acquisition expenses of life insurance companies for qualified foreign contracts | | 7 | |
| 8 | Depletion | | 8 | |
| 9 | Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property | | 9 | |
| 10 | Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 | | 10 | 45,550. |

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

DISALLOWED QUALIFIED TRANSPORTATION BENEFITS

46,550.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

46,550.

| FORM 990-T | LINE 35C TAX COMPUTATION | STATEMENT 2 |
|------------|---|---------------------|
| 1. | TAXABLE INCOME | 45,550 |
| 2. | LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . . | 45,550 |
| 3. | LINE 1 LESS LINE 2 | 0 |
| 4. | LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . . | 0 |
| 5. | LINE 3 LESS LINE 4 | 0 |
| 6. | INCOME SUBJECT TO 34% TAX RATE | 0 |
| 7. | INCOME SUBJECT TO 35% TAX RATE | 0 |
| 8. | 15 PERCENT OF LINE 2 | 6,833 |
| 9. | 25 PERCENT OF LINE 4 | 0 |
| 10. | 34 PERCENT OF LINE 6 | 0 |
| 11. | 35 PERCENT OF LINE 7 | 0 |
| 12. | ADDITIONAL 5% SURTAX | 0 |
| 13. | ADDITIONAL 3% SURTAX | 0 |
| 14. | TOTAL INCOME TAX | <u><u>6,833</u></u> |
| 15. | TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017 | <u><u>9,566</u></u> |
| | DAYS | |
| 16. | TAX PRORATED FOR NUMBER OF DAYS IN 2017 92 | 1,722 |
| 17. | TAX PRORATED FOR NUMBER OF DAYS IN 2018 273 | 7,155 |
| 18. | TOTAL TAX PRORATED | <u><u>8,877</u></u> |

TENTATIVE MINIMUM TAX (TMT) PRORATION

STATEMENT 3

| | | |
|---|---------------|-------------|
| TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR . . . | 1,110. | |
| | <u>1,110.</u> | |
| TMT IN EFFECT BEFORE 01/01/2018 | 1,110. | |
| | <u>1,110.</u> | |
| TMT IN EFFECT AFTER 12/31/2017 | 0. | |
| | <u>0.</u> | |
| | | DAYS |
| TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . . 92 | 280. | |
| TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . . 273 | 0. | |
| | <u>280.</u> | |
| TMT PRORATED 365 | | <u>280.</u> |

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | Enter filer's identifying number |
|---|--|--|
| Type or print File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. TAMPA BAY CONVENTION AND VISITORS BUREAU, INC. | Employer identification number (EIN) or 59-2529118 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 201 NORTH FRANKLIN STREET, NO. 2900 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33602 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

JESSICA NOLL

• The books are in the care of ▶ **201 NORTH FRANKLIN STREET, NO. 2900 - TAMPA, FL 33602**
Telephone No. ▶ **813-218-3849** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **AUGUST 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **OCT 1, 2017**, and ending **SEP 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**



TAMPA BAY CONVENTION AND VISITORS BU

FEIN 59-2529118

1019
F-1120
R. 01/17
Page 2
09/30/18

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign here: Signature of officer (must be an original signature) Date Title PRESIDENT AND CEO
Paid preparers only: Preparer's signature Date 08/14/19 Preparer check if self-employed Preparer's PTIN P01451787
Firm's name (or yours if self-employed) and address: CLIFTONLARSONALLEN LLP 402 SOUTH KENTUCKY AVENUE, SUITE 600 LAKE LAND, FL
FEIN 41-0746479
ZIP 33801-5354

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation: FLORIDA
B. Florida Secretary of State document number:
C. Florida consolidated return? YES NO X
D. X Initial return Final return (final federal return filed)
E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) X General Rule Election A Election B
F. Principal Business Activity Code (as pertains to Florida)
G. A Florida extension of time was timely filed? YES NO X
H-1. Corporation is a member of a controlled group? YES NO X If yes, attach list.
H-2. Part of a federal consolidated return? YES NO X If yes, provide: FEIN from federal consolidated return: Name of corporation:
H-3. The federal common parent has sales, property, or payroll in Florida? YES NO X
I. Location of corporate books: 201 NORTH FRANKLIN STREET, SUITE 29 TAMPA, FL 33602
J. Taxpayer is a member of a Florida partnership or joint venture? YES NO X
K. Enter date of latest IRS audit:
a) List years examined:
L. Contact person concerning this return: JESSICA NOLL
a) Contact person telephone number: 813-223-1111
b) Contact person e-mail address: JNOLL@VISITAMPABAY.
M. Type of federal return filed 1120 1120S or 990-T



Where to Send Payments and Returns

Make check payable to and mail with return to:
Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:
Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

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



NAME TAMPA BAY CONVENTION AND

FEIN 59-2529118

TAXABLE YEAR ENDING 09/30/18

| Schedule I - Additions and/or Adjustments to Federal Taxable Income | Column (a) For page 1 | Column (b) For Schedule VI, AMT |
|---|--------------------------|------------------------------------|
| 1. Interest excluded from federal taxable income (see instructions) | 1. | 1. |
| 2. Undistributed net long-term capital gains (see instructions) | 2. | 2. |
| 3. Net operating loss deduction (attach schedule) | 3. | 3. |
| 4. Net capital loss carryover (attach schedule) | 4. | 4. |
| 5. Excess charitable contribution carryover (attach schedule) | 5. | 5. |
| 6. Employee benefit plan contribution carryover (attach schedule) | 6. | 6. |
| 7. Enterprise zone jobs credit (Florida Form F-1156Z) | 7. | 7. |
| 8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z) | 8. | 8. |
| 9. Guaranty association assessment(s) credit | 9. | 9. |
| 10. Rural and/or urban high crime area job tax credits | 10. | 10. |
| 11. State housing tax credit | 11. | 11. |
| 12. Credit for contributions to nonprofit scholarship funding organizations | 12. | 12. |
| 13. Renewable energy tax credits | 13. | 13. |
| 14. New markets tax credit | 14. | 14. |
| 15. Entertainment industry tax credit | 15. | 15. |
| 16. Credits for spaceflight projects | 16. | 16. |
| 17. Research and Development tax credit | 17. | 17. |
| 18. Energy Economic Zone tax credit | 18. | 18. |
| 19. s. 168(k) IRC special bonus depreciation | 19. | 19. |
| 20. Other additions (attach schedule) | 20. | 20. |
| 21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3. | 21. | 21. |

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



NAME TAMPA BAY CONVENTION AND

FEIN 59-2529118

TAXABLE YEAR ENDING 09/30/18

Schedule III - Apportionment of Adjusted Federal Income

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

| | (a) WITHIN FLORIDA (Numerator) | (b) TOTAL EVERYWHERE (Denominator) | (c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places | (d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions. | (e) Weighted Factors Rounded to Six Decimal Places |
|--|--------------------------------------|--|--|--|---|
| 1. Property (Schedule III-B below) | | | | X 25% or | |
| 2. Payroll | | | | X 25% or | |
| 3. Sales (Schedule III-C below) | | | | X 50% or | |
| 4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2. | | | | | 1.000000 |

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

| | WITHIN FLORIDA | | TOTAL EVERYWHERE | |
|--|----------------------|----------------|----------------------|----------------|
| | a. Beginning of year | b. End of year | c. Beginning of year | d. End of year |
| 1. Inventories of raw material, work in process, finished goods | | | | |
| 2. Buildings and other depreciable assets | | | | |
| 3. Land owned | | | | |
| 4. Other tangible and intangible (financial org. only) assets (attach schedule) | | | | |
| 5. Total (Lines 1 through 4) | | | | |
| 6. Average value of property | | | | |
| a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a. _____ | | | | |
| b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) 6b. _____ | | | | |
| 7. Rented property (8 times net annual rent) | | | | |
| a. Rented property in Florida 7a. _____ | | | | |
| b. Rented property Everywhere 7b. _____ | | | | |
| 8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b). | | | | |
| a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida 8a. _____ | | | | |
| b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere 8b. _____ | | | | |

III-C Sales Factor

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

III-D Special Apportionment Fractions (see instructions)

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

Schedule IV - Computation of Florida Portion of Adjusted Federal Income

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



NAME TAMPA BAY CONVENTION AND FEIN 59-2529118 TAXABLE YEAR ENDING 09/30/18

| Schedule V - Credits Against the Corporate Income/Franchise Tax | |
|--|-----|
| 1. Florida health maintenance organization credit (attach assessment notice) | 1. |
| 2. Capital investment tax credit (attach certification letter) | 2. |
| 3. Enterprise zone jobs credit (from Florida Form F-1156Z attached) | 3. |
| 4. Community contribution tax credit (attach certification letter) | 4. |
| 5. Enterprise zone property tax credit (from Florida Form F-1158Z attached) | 5. |
| 6. Rural job tax credit (attach certification letter) | 6. |
| 7. Urban high crime area job tax credit (attach certification letter) | 7. |
| 8. Emergency excise tax (EET) credit (see instructions and attach schedule) | 8. |
| 9. Hazardous waste facility tax credit | 9. |
| 10. Florida alternative minimum tax (AMT) credit | 10. |
| 11. Contaminated site rehabilitation tax credit (attach tax credit certificate) | 11. |
| 12. State housing tax credit (attach certification letter) | 12. |
| 13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate) | 13. |
| 14. Florida renewable energy technologies investment tax credit | 14. |
| 15. Florida renewable energy production tax credit | 15. |
| 16. New markets tax credit | 16. |
| 17. Entertainment industry tax credit | 17. |
| 18. Credits for spaceflight projects | 18. |
| 19. Research and Development tax credit | 19. |
| 20. Energy Economic Zone tax credit | 20. |
| 21. Other credits (attach schedule) | 21. |
| 22. Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12 | 22. |

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



NAME TAMPA BAY CONVENTION AND FEIN 59-2529118 TAXABLE YEAR ENDING 09/30/18

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

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

Line 2. Nonbusiness income (loss) allocated elsewhere

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

Line 3. Total nonbusiness income

| | |
|---|----------|
| Grand total. Total of Lines 1 and 2 | 3. _____ |
| (Enter here and on Schedule II, Line 7) | |

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2018**

| | | | |
|--|----|----|-----------|
| 1. Florida income expected in taxable year | 1. | \$ | 45,550.00 |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) | 2. | \$ | 45,550.00 |
| 3. Estimated Florida net income (Line 1 less Line 2) | 3. | \$ | _____ |
| 4. Total Estimated Florida tax (5.5% of Line 3)* | | \$ | _____ |
| Less: Credits against the tax | 4. | \$ | _____ |

* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Computation of installments:

| | | |
|-----------------------|--|-----------|
| Payment due dates and | If 6/30 year end, last day of 4th month, | |
| payment amounts: | otherwise last day of 5th month - Enter 0.25 of Line 4 | 5a. _____ |
| | Last day of 6th month - Enter 0.25 of Line 4 | 5b. _____ |
| | Last day of 9th month - Enter 0.25 of Line 4 | 5c. _____ |
| | Last day of fiscal year - Enter 0.25 of Line 4 | 5d. _____ |

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

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



TAMPA BAY CONVENTION AND VISITORS BUREAU

1019
F-1120
R. 01/17

FEIN 59-2529118
DATA Page 1

| | | | |
|-----------|---|---|---|
| 592529118 | 0 | 0 | 0 |
| 4555000 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 |
| 00000000 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

2017

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

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

| | | | |
|--|---------------------|--|---|
| <p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p> | Print or Type | <p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 201 NORTH FRANKLIN STREET, NO. 2900</p> <p>City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33602</p> | <p>D Employer identification number (Employees' trust, see instructions.) 59-2529118</p> <p>E Unrelated business activity codes (See instructions.)</p> |
|--|---------------------|--|---|

| | |
|--|--|
| <p>C Book value of all assets at end of year 6,878,913.</p> | <p>F Group exemption number (See instructions.)</p> <p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> |
|--|--|

H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **JESSICA NOLL** Telephone number **813-218-3849**

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|---|-------------------|--------------|---------|
| 1a Gross receipts or sales | | | |
| b Less returns and allowances c Balance | 1c | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a Capital gain net income (attach Schedule D) | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | | |
| 6 Rent income (Schedule C) | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | |
| 11 Advertising income (Schedule J) | 11 | | |
| 12 Other income (See instructions; attach schedule) STATEMENT 1 | 12 46,550. | | 46,550. |
| 13 Total. Combine lines 3 through 12 | 13 46,550. | | 46,550. |

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

| | | |
|--|------------|------------|
| 14 Compensation of officers, directors, and trustees (Schedule K) | 14 | |
| 15 Salaries and wages | 15 | |
| 16 Repairs and maintenance | 16 | |
| 17 Bad debts | 17 | |
| 18 Interest (attach schedule) | 18 | |
| 19 Taxes and licenses | 19 | |
| 20 Charitable contributions (See instructions for limitation rules) | 20 | |
| 21 Depreciation (attach Form 4562) | 21 | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b |
| 23 Depletion | 23 | |
| 24 Contributions to deferred compensation plans | 24 | |
| 25 Employee benefit programs | 25 | |
| 26 Excess exempt expenses (Schedule I) | 26 | |
| 27 Excess readership costs (Schedule J) | 27 | |
| 28 Other deductions (attach schedule) | 28 | |
| 29 Total deductions. Add lines 14 through 28 | 29 | 0. |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | 46,550. |
| 31 Net operating loss deduction (limited to the amount on line 30) | 31 | |
| 32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | 32 | 46,550. |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) | 33 | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34 | 45,550. |

Part III Tax Computation

| | | |
|---|------------|--------|
| 35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: | | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ | | |
| b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ | | |
| c Income tax on the amount on line 34 SEE STATEMENT 2 | 35c | 8,877. |
| 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 36 | |
| 37 Proxy tax. See instructions | 37 | |
| 38 Alternative minimum tax | 38 | |
| 39 Tax on Non-Compliant Facility Income. See instructions | 39 | |
| 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 | 8,877. |

Part IV Tax and Payments

| | | |
|--|------------|--------|
| 41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | |
| b Other credits (see instructions) | 41b | |
| c General business credit. Attach Form 3800 | 41c | |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) | 41d | |
| e Total credits. Add lines 41a through 41d | 41e | |
| 42 Subtract line 41e from line 40 | 42 | 8,877. |
| 43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 43 | |
| 44 Total tax. Add lines 42 and 43 | 44 | 8,877. |
| 45a Payments: A 2016 overpayment credited to 2017 | 45a | |
| b 2017 estimated tax payments | 45b | |
| c Tax deposited with Form 8868 | 45c | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) | 45d | |
| e Backup withholding (see instructions) | 45e | |
| f Credit for small employer health insurance premiums (Attach Form 8941) | 45f | |
| g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 45g | |
| 46 Total payments. Add lines 45a through 45g | 46 | |
| 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | 47 | |
| 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed | 48 | 8,877. |
| 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid | 49 | |
| 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded | 50 | |

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

| | | |
|--|-----|----|
| 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| | | X |
| 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |

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

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

Paid Preparer Use Only
 Print/Type preparer's name: LAUREN BALLARD, CPA
 Preparer's signature: LAUREN BALLARD, CPA
 Date: 08/14/19
 Check if self-employed
 PTIN: P01451787
 Firm's name: CLIFTONLARSONALLEN LLP
 Firm's address: 402 SOUTH KENTUCKY AVENUE, SUITE 600 LAKELAND, FL 33801-5354
 Firm's EIN: 41-0746479
 Phone no.: 863-680-5600

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

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

| | |
|-----|--|
| (1) | |
| (2) | |
| (3) | |
| (4) | |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | 0. | Total 0. |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | | |
|---|---|--|---|---|
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A) 0. | Enter here and on page 1, Part I, line 7, column (B) 0. |
| Total dividends-received deductions included in column 8 | | | 0. | 0. |

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

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals | | | 0. | 0. |

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

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A). | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals | | 0. | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 26. |
| Totals | 0. | 0. | | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|-----------------------------|-----------------------------|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) | 0. | 0. | | | | 0. |

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

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|--|--|--|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | Enter here and on page 1, Part I, line 11, col. (A). 0. | Enter here and on page 1, Part I, line 11, col. (B). 0. | | | | Enter here and on page 1, Part II, line 27. 0. |

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

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | 0. |

Form 990-T (2017)

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

DISALLOWED QUALIFIED TRANSPORTATION BENEFITS

46,550.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

46,550.

FORM 990-T

LINE 35C TAX COMPUTATION

STATEMENT 2

| | | | |
|-----|---|------------|--------------|
| 1. | TAXABLE INCOME | | 45,550 |
| 2. | LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . . | | 45,550 |
| 3. | LINE 1 LESS LINE 2 | | 0 |
| 4. | LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . . | | 0 |
| 5. | LINE 3 LESS LINE 4 | | 0 |
| 6. | INCOME SUBJECT TO 34% TAX RATE | | 0 |
| 7. | INCOME SUBJECT TO 35% TAX RATE | | 0 |
| 8. | 15 PERCENT OF LINE 2 | | 6,833 |
| 9. | 25 PERCENT OF LINE 4 | | 0 |
| 10. | 34 PERCENT OF LINE 6 | | 0 |
| 11. | 35 PERCENT OF LINE 7 | | 0 |
| 12. | ADDITIONAL 5% SURTAX | | 0 |
| 13. | ADDITIONAL 3% SURTAX | | 0 |
| 14. | TOTAL INCOME TAX | | <u>6,833</u> |
| 15. | TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017 | | <u>9,566</u> |
| | | DAYS | |
| 16. | TAX PRORATED FOR NUMBER OF DAYS IN 2017 | 92 | 1,722 |
| 17. | TAX PRORATED FOR NUMBER OF DAYS IN 2018 | 273 | 7,155 |
| 18. | TOTAL TAX PRORATED | <u>365</u> | <u>8,877</u> |

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

Name **TAMPA BAY CONVENTION AND VISITORS BUREAU, INC.** Employer identification number **59-2529118**

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

| | | | |
|-----------|---|-----------|----------------|
| 1 | Taxable income or (loss) before net operating loss deduction | 1 | 45,550. |
| 2 | Adjustments and preferences: | | |
| a | Depreciation of post-1986 property | 2a | |
| b | Amortization of certified pollution control facilities | 2b | |
| c | Amortization of mining exploration and development costs | 2c | |
| d | Amortization of circulation expenditures (personal holding companies only) | 2d | |
| e | Adjusted gain or loss | 2e | |
| f | Long-term contracts | 2f | |
| g | Merchant marine capital construction funds | 2g | |
| h | Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) | 2h | |
| i | Tax shelter farm activities (personal service corporations only) | 2i | |
| j | Passive activities (closely held corporations and personal service corporations only) | 2j | |
| k | Loss limitations | 2k | |
| l | Depletion | 2l | |
| m | Tax-exempt interest income from specified private activity bonds | 2m | |
| n | Intangible drilling costs | 2n | |
| o | Other adjustments and preferences | 2o | |
| 3 | Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o | 3 | 45,550. |
| 4 | Adjusted current earnings (ACE) adjustment: | | |
| a | ACE from line 10 of the ACE worksheet in the instructions | 4a | 45,550. |
| b | Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions | 4b | 0. |
| c | Multiply line 4b by 75% (0.75). Enter the result as a positive amount | 4c | |
| d | Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive) | 4d | |
| e | ACE adjustment. <ul style="list-style-type: none"> If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount | 4e | 0. |
| 5 | Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT | 5 | 45,550. |
| 6 | Alternative tax net operating loss deduction. See instructions | 6 | |
| 7 | Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions | 7 | 45,550. |
| 8 | Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): | | |
| a | Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- | 8a | 0. |
| b | Multiply line 8a by 25% (0.25) | 8b | 0. |
| c | Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- | 8c | 40,000. |
| 9 | Subtract line 8c from line 7. If zero or less, enter -0- | 9 | 5,550. |
| 10 | Multiply line 9 by 20% (0.20) | 10 | 1,110. |
| 11 | Alternative minimum tax foreign tax credit (AMTFTC). See instructions | 11 | |
| 12 | Tentative minimum tax. Subtract line 11 from line 10 STMT 3 BLENDED RATE | 12 | 280. |
| 13 | Regular tax liability before applying all credits except the foreign tax credit | 13 | 8,877. |
| 14 | Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | 14 | 0. |

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

| | | | |
|--|---|-------|---------|
| 1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 | | 1 | 45,550. |
| 2 ACE depreciation adjustment: | | | |
| a | AMT depreciation | 2a | |
| b ACE depreciation: | | | |
| (1) | Post-1993 property | 2b(1) | |
| (2) | Post-1989, pre-1994 property | 2b(2) | |
| (3) | Pre-1990 MACRS property | 2b(3) | |
| (4) | Pre-1990 original ACRS property | 2b(4) | |
| (5) | Property described in sections 168(f)(1) through (4) | 2b(5) | |
| (6) | Other property | 2b(6) | |
| (7) | Total ACE depreciation. Add lines 2b(1) through 2b(6) | 2b(7) | |
| c | ACE depreciation adjustment. Subtract line 2b(7) from line 2a | 2c | |
| 3 Inclusion in ACE of items included in earnings and profits (E&P): | | | |
| a | Tax-exempt interest income | 3a | |
| b | Death benefits from life insurance contracts | 3b | |
| c | All other distributions from life insurance contracts (including surrenders) | 3c | |
| d | Inside buildup of undistributed income in life insurance contracts | 3d | |
| e | Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) | 3e | |
| f | Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e | 3f | |
| 4 Disallowance of items not deductible from E&P: | | | |
| a | Certain dividends received | 4a | |
| b | Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043) | 4b | |
| c | Dividends paid to an ESOP that are deductible under section 404(k) | 4c | |
| d | Nonpatronage dividends that are paid and deductible under section 1382(c) | 4d | |
| e | Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) | 4e | |
| f | Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e | 4f | |
| 5 Other adjustments based on rules for figuring E&P: | | | |
| a | Intangible drilling costs | 5a | |
| b | Circulation expenditures | 5b | |
| c | Organizational expenditures | 5c | |
| d | LIFO inventory adjustments | 5d | |
| e | Installment sales | 5e | |
| f | Total other E&P adjustments. Combine lines 5a through 5e | 5f | |
| 6 | Disallowance of loss on exchange of debt pools | 6 | |
| 7 | Acquisition expenses of life insurance companies for qualified foreign contracts | 7 | |
| 8 | Depletion | 8 | |
| 9 | Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property | 9 | |
| 10 | Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 | 10 | 45,550. |

TENTATIVE MINIMUM TAX (TMT) PRORATION

STATEMENT 3

| | | | |
|---|------------|---------------|-------------|
| TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR . . . | | 1,110. | |
| | | <u>1,110.</u> | |
| TMT IN EFFECT BEFORE 01/01/2018 | | 1,110. | |
| | | <u>1,110.</u> | |
| TMT IN EFFECT AFTER 12/31/2017 | | 0. | |
| | | <u>0.</u> | |
| | DAYS | | |
| TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . . 92 | | 280. | |
| TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . . 273 | | 0. | |
| | | <u>280.</u> | |
| TMT PRORATED | <u>365</u> | | <u>280.</u> |