

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization KEY WEST TOURIST DEVELOPMENT ASSOCIATION INC	D Employer identification number 59-2193665
		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 230	E Telephone number (305) 296-5596
		City or town, state or country, and ZIP + 4 KEY WEST, FL 33040	F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
 Other (specify):

I Website: NA
H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-Exempt status (check only one) — 501(c)(6) (Insert no) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$** 436,409

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	108,000	10	Grants and similar amounts paid (attach schedule)
2	Program service revenue including government fees and contracts	2	322,708	11	Benefits paid to or for members
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits
4	Investment income	4		13	Professional fees and other payments to independent contractors
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance
b	Less cost or other basis and sales expenses	5b	0	15	Printing, publications, postage, and shipping
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe)
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6a	0	17	Total expenses. Add lines 10 through 16
a	Gross revenue (not including \$ of contributions reported on line 1)	6b	0	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
b	Less direct expenses other than fundraising expenses	6c	0	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	5,625	20	Other changes in net assets or fund balances (attach explanation)
7a	Gross sales of inventory, less returns and allowances	7b	16,495	21	Net assets or fund balances at end of year. Combine lines 18 through 20
b	Less cost of goods sold	7c	-10,870		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	76		
8	Other revenue (describe)	9	419,914		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	143,658	22 95,959
23 Land and buildings		23
24 Other assets (describe)	22,885	24 24,430
25 Total assets	166,543	25 120,389
26 Total liabilities (describe)	85,451	26 58,753
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	81,092	27 61,636

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses	
What is the organization's primary exempt purpose? PROMOTE TOURIST AWARENESS OF COMMUNITY	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title		
28 KEY WEST ATD SEEKS TO PROMOTE TOURISM, COMMUNITY AWARENESS, AND THE PRESERVATION OF KEY WEST'S HERITAGE THROUGH ITS SPONSORING OF VARIOUS SPECIAL EVENTS AND FESTIVALS (Grants \$ 403,123) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	403,123

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a		
b Did the organization file Form 1120-POL for this year?	37b		No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a	0	
b Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41 List the states with which a copy of this return is filed ▶ _____			
42a The organization's books are in care of ▶ <u>THE ASSOCIATION FOR TOURSIM DE</u> Telephone no ▶ <u>(305) 296-5596</u> 1111 12TH STREET SUITE 211 Located at ▶ <u>KEY WEST, FL</u> ZIP + 4 ▶ <u>33040</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	43		
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here

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

Signature of officer: ***** Date: 2010-04-14

Type or print name and title: BILL MURPHY President

Paid Preparer's Use Only

Preparer's signature: John G Parks Jr CPA PA Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Oropeza & Parks CPAs, 815 Peacock Plz, Key West, FL 33040

Preparer's identifying number (See instructions): _____

EIN: _____ Phone no: (305) 294-1040

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

Additional Data**Software ID:****Software Version:****EIN:** 59-2193665**Name:** KEY WEST TOURIST DEVELOPMENT ASSOCIATION
INC**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CHARLES YOUNG 430 DUVAL STREET KEY WEST, FL 33040	Director 0	0		
LINDA O'BRIEN 1111 12TH STREET KEY WEST, FL 33040	Director 0	0		
JEFFREY HARWELL 1800 ATLANTIC BLVD C441 KEY WEST, FL 33040	Director 0	0		
BILL MURPHY 520 FRONT ST KEY WEST, FL 33040	President 0	0		
FRANK ROMANO 58 KEY HAVEN ROAD KEY WEST, FL 33040	Director 0	0		
TONY FALCONE 500 DUVAL STREET KEY WEST, FL 33040	Director 0	0		
KEVIN SPEIDEL 1500 Reynolds St KEY WEST, FL 33040	Director 0	0		
JOE LISZKA 58 KEY HAVEN RD KEY WEST, FL 33040	Secretary 0	0		
STEVE ROBBINS 3201 Flagler Ave Suite 501 KEY WEST, FL 33040	Director 0	0		
JOE MATHER 3841 N Roosevelt Blvd KEY WEST, FL 33040	Vice President 0	0		
JOY SMATT 1 DUVAL STREET KEY WEST, FL 33040	Treasurer 0	0		

TY 2009 Other Assets Schedule

Name: KEY WEST TOURIST DEVELOPMENT ASSOCIATION
INC

EIN: 59-2193665

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Machinery and Equipment	1,441	1,009
Accounts Receivable	21,444	23,421

TY 2009 Other Expenses Schedule

Name: KEY WEST TOURIST DEVELOPMENT ASSOCIATION
INC

EIN: 59-2193665

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
UTILITIES	854
SUPPLIES	2,358
STREET FAIR EXPENSE	13,750
SECURITY	44,303
PUBLIC RELATIONS & MARKETING	4,113
PROMENADE	4,400
PARADE EXPENSE	46,824
MISCELLANEOUS	962
MASQUERADE MARCH	2,923
FPC COORDINATION	63,165
FPC CONTRACT FEE	129,879
FESTIVAL STAFF	19,671
FACADE	1,200
DUES & SUBSCRIPTIONS	1,383
Depreciation	432
Conferences, Conventions, and Meetings	4,715
CHRISTMAS FLOAT	2,430
BANK CHARGES	1,540
BAD DEBTS	1,300
AUTO EXPENSE	123
ADVERTISING & PROMOTION	43,027

TY 2009 Other Liabilities Schedule

Name: KEY WEST TOURIST DEVELOPMENT ASSOCIATION
INC

EIN: 59-2193665

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	85,451	58,753

TY 2009 Other Revenues Schedule

Name: KEY WEST TOURIST DEVELOPMENT ASSOCIATION
 INC

EIN: 59-2193665

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
MISCELLANEOUS	76