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CLIENT'S COPY

COPY

CAVANAUGH & CO. LLP
2381 FRUITVILLE ROAD
SARASOTA, FLORIDA 34237

CLIENT: 003945
DECEMBER 3, 2012

CIRCUS SARASOTA, INC.
2075 BAHIA VISTA STREET
SARASOTA, FL 34239

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2011
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
SCHEDULE B, SCHEDULE OF CONTRIBUTORS
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT
SCHEDULE E, SCHOOLS
SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT
SCHEDULE L, TRANSACTIONS WITH INTERESTED PERSONS
SCHEDULE O, SUPPLEMENTAL INFORMATION
FORM 8868, APPLICATION FOR AUTOMATIC FILING EXTENSION
FORM 990-T, UNRELATED BUSINESS INCOME RETURN
CURRENT YEAR DEPRECIATION REPORT
NEXT YEAR DEPRECIATION REPORT
FL F-1120, INCOME TAX RETURN
FL F-7004, APPLICATION FOR EXTENSION

TAX PREPARATION FEE

\$ 1600.00

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING
..... JUNE 30, 2012

Prepared for	CIRCUS SARASOTA, INC. 2075 BAHIA VISTA STREET SARASOTA, FL 34239
Prepared by	CAVANAUGH & CO. LLP 2381 FRUITVILLE ROAD SARASOTA, FL 34237
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY FEBRUARY 15, 2013.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable: <input checked="" 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	C Name of organization CIRCUS SARASOTA, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2075 BAHIA VISTA STREET City or town, state or country, and ZIP + 4 SARASOTA, FL 34239 F Name and address of principal officer: PEDRO REIS 20765 BAHIA VISTA STREET, SARASOTA, FL 3423	D Employer identification number 65-0786312 E Telephone number (941) 355-9335 G Gross receipts \$ 2,434,054. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates 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 checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ HTTP://WWW.CIRCUSSARASOTA.ORG/		
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: 1997 M State of legal domicile: FL

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF CIRCUS SARASOTA IS ENRICHING, EDUCATING AND ENTERTAINING AUDIENCES OF ALL AGES.</u>	
	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 15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 14
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 31
	6	Total number of volunteers (estimate if necessary)	6 470
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 2,519.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)
9		Program service revenue (Part VIII, line 2g)	850,359. 1,572,614.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,721. 151.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-44,914. 24,337.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,214,521. 2,306,455.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	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)	703,228. 925,838.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 131,113.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	689,443. 1,111,494.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,392,671. 2,037,332.
	19	Revenue less expenses. Subtract line 18 from line 12	-178,150. 269,123.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 798,275. End of Year 3,560,366.
	21	Total liabilities (Part X, line 26)	46,720. 118,905.
	22	Net assets or fund balances. Subtract line 21 from line 20	751,555. 3,441,461.

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	Date			
	▶ PEDRO REIS, CEO (CHIEF EXECUTIVE OFFICER)				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MICHAEL R. PENDER	Preparer's signature	Date 12/03/12	Check if self-employed <input type="checkbox"/>	PTIN P00850742
	Firm's name ▶ CAVANAUGH & CO. LLP	Firm's EIN ▶ 59-1954606			
	Firm's address ▶ 2381 FRUITVILLE ROAD SARASOTA, FL 34237	Phone no. (941) 366-2983			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF CIRCUS SARASOTA IS ENRICHING, EDUCATING AND ENTERTAINING AUDIENCES OF ALL AGES.

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 \$ 1,596,235. including grants of \$) (Revenue \$ 1,572,614.) CIRCUS SARASOTA PRESENTS THE CIRCUS ARTS AT THE HIGHEST LEVEL. APPROXIMATELY 25 ANNUAL PERFORMANCES ARE PRESENTED UNDER THE BIG TOP IN SARASOTA. ACTS FROM AROUND THE WORLD MAKE UP THE CAST AND EACH YEAR THE PRODUCTION AND LINE UP VARIES. ACTS INCLUDE ACROBATICS, CLOWNS, AERIALISTS, EQUESTRIANS AND MORE. DURING THE SUMMER MONTHS, CIRCUS SARASOTA PARTNERS WITH THE JOHN AND MABLE RINGLING MUSEUM OF ART AND PRESENTS 6 WEEKS OF CIRCUS SHOWS IN THE HISTORIC ASOLO THEATER. CIRCUS SARASOTA DONATES APPROXIMATELY 3-5,000 TICKETS TO LOW INCOME FAMILIES. IN ADDITION, CIRCUS SARASOTA, INC. IS ENGAGED IN: PROVIDING WORKSHOPS AND IN-SCHOOL EDUCATION PROGRAMS; GIVING SPECIAL EDUCATION TO MENTALLY OR PHYSICALLY CHALLENGED STUDENTS; PROFESSIONAL CLOWNS VISIT HOSPITALS, NURSING HOMES AND OTHER INSTIUTIONS BRINGING SMILES AND LAUGHTER TO

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 1,596,235.

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>		X
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; 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, XII, and XIII</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, XII, and XIII 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, description, sub-questions, and Yes/No columns. Includes rows for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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 to any question 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.		
	15		
b	Enter the number of voting members included in line 1a, above, who are independent		
	14		
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?		
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?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
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	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 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
- 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, physical address, and telephone number of the person who possesses the books and records of the organization: **PEDRO REIS, CEO - 941-355-9335**
2075 BAHIA VISTA STREET, SARASOTA, FL 34239

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

Check if Schedule O contains a response to any question 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 (describe hours for related organizations in Schedule O)	(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) JACK DEAN 2ND VICE CHAIR	1.00	X		X				0.	0.	0.
(2) LARRY LIEVING DIRECTOR	1.00	X						0.	0.	0.
(3) MITCHELL MCKNIGHT PRESIDENT ELECT AND CHAIR	5.00	X		X				0.	0.	0.
(4) PEDRO REIS CEO OR CHIEF EXECUTIVE OFF	40.00	X		X			120,978.	0.	0.	0.
(5) ROBERT COLLINS CHAIRMAN	1.00	X		X				0.	0.	0.
(6) AL VAN TIEGHEM TREASURER	17.00	X		X				0.	0.	0.
(7) LINDA CARSON DIRECTOR	1.00	X						0.	0.	0.
(8) BOB JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(9) COLLEEN THAYER DIRECTOR	1.00	X						0.	0.	0.
(10) DEBORAH WALK SECRETARY	1.00	X		X				0.	0.	0.
(11) DONALD MALAWSKY 1ST VICE CHAIR	1.00	X		X				0.	0.	0.
(12) LARRY FRACZAK DIRECTOR	1.00	X						0.	0.	0.
(13) JOHN LOUGHLIN DIRECTOR	1.00	X						0.	0.	0.
(14) JACK BROWN DIRECTOR	1.00	X						0.	0.	0.
(15) LOU ANN PALMER DIRECTOR	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	166,303.				
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	543,050.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		709,353.			
	Program Service Revenue	2 a	PERFORMING INCOME	Business Code 711190	1254477.	1254477.	
b		CONCESSION INCOME	900099	175,972.	175,972.		
c		EDUCATION	900099	98,806.	98,806.		
d		PARKING FEES	900099	43,359.	43,359.		
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		1572614.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		151.		151.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
		Less: rental expenses		84,904.			
		Rental income or (loss)		82,385.			
	d	Net rental income or (loss)		2,519.		2,519.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 166,303. of contributions reported on line 1c). See Part IV, line 18	a	67,032.			
Less: direct expenses		b	45,214.				
Net income or (loss) from fundraising events				21,818.		21,818.	
9 a	Gross income from gaming activities. See Part IV, line 19	a					
	Less: direct expenses	b					
	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.		2306455.	1572614.	2,519.	21,969.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	120,978.	56,860.	64,118.	
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	743,825.	593,524.	60,423.	89,878.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	61,035.	40,221.	20,814.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16,669.	3,167.	13,502.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	128,854.	108,777.		20,077.
12 Advertising and promotion	233,912.	233,912.		
13 Office expenses	171,773.	68,881.	81,734.	21,158.
14 Information technology				
15 Royalties				
16 Occupancy	71,722.	56,426.	15,296.	
17 Travel	68,259.	68,259.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,101.	5,101.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	87,795.	63,894.	23,901.	
23 Insurance	93,911.	69,040.	24,871.	
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 EQUIPMENT & COSTUME EXP	104,996.	104,996.		
b CONCESSION EXP	104,900.	104,900.		
c PAYROLL FEES & DUES	11,889.	7,542.	4,347.	
d TAXES -OTHER	10,095.	10,095.	0.	
e All other expenses	1,618.	640.	978.	
25 Total functional expenses. Add lines 1 through 24e	2,037,332.	1,596,235.	309,984.	131,113.
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)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	297.	1	253.	
	2 Savings and temporary cash investments	126,339.	2	408,363.	
	3 Pledges and grants receivable, net	52,705.	3	79,173.	
	4 Accounts receivable, net	40,914.	4	29,410.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	4,146.	8	10,268.	
	9 Prepaid expenses and deferred charges	41,713.	9	85,046.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,089,553.			
	b Less: accumulated depreciation	10b 644,943.	531,961.	10c	444,610.
	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	200.	15	2,503,243.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	798,275.	16	3,560,366.		
Liabilities	17 Accounts payable and accrued expenses	46,720.	17	76,407.	
	18 Grants payable		18		
	19 Deferred revenue		19	42,498.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 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		25		
	26 Total liabilities. Add lines 17 through 25	46,720.	26	118,905.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	728,259.	27	909,958.	
	28 Temporarily restricted net assets	23,296.	28	2,531,503.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, 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	751,555.	33	3,441,461.	
34 Total liabilities and net assets/fund balances	798,275.	34	3,560,366.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,306,455.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,037,332.
3	Revenue less expenses. Subtract line 2 from line 1	3	269,123.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	751,555.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,420,783.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,441,461.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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 A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **CIRCUS SARASOTA, INC.** Employer identification number **65-0786312**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

CIRCUS SARASOTA, INC.

Employer identification number

65-0786312

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization CIRCUS SARASOTA, INC.	Employer identification number 65-0786312
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>16,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>6,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>6,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>16,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CIRCUS SARASOTA, INC.	Employer identification number 65-0786312
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	_____ _____ _____	\$ <u>15,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	_____ _____ _____	\$ <u>6,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>	_____ _____ _____	\$ <u>6,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>	_____ _____ _____	\$ <u>6,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CIRCUS SARASOTA, INC.	Employer identification number 65-0786312
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization CIRCUS SARASOTA, INC.	Employer identification number 65-0786312
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

CIRCUS SARASOTA, INC.

Employer identification number

65-0786312

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to 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 an 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 8/17/06, 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?

Yes No

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

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

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

Yes No

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

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

Complete if the organization answered "Yes" to 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 XIV, 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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 XIV.
- 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" to 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 XIV 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 in 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" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. 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				
d Equipment		322,665.	218,447.	104,218.
e Other		766,888.	426,496.	340,392.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				444,610.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	328.
(2) UTILITY DEPOSIT	3,238.
(3) CONTRIBUTIONS RECEIVABLE	2,420,783.
(4) CONSTRUCTION IN PROGRESS	78,894.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	2,503,243.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,306,455.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,037,332.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	269,123.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	2,420,783.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	2,420,783.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,689,906.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	5,130,125.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	2,495,042.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	328,628.
e	Add lines 2a through 2d	2e	2,823,670.
3	Subtract line 2e from line 1	3	2,306,455.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,306,455.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,440,219.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	275,288.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	127,599.
e	Add lines 2a through 2d	2e	402,887.
3	Subtract line 2e from line 1	3	2,037,332.
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 XIV.)	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	2,037,332.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. FOR THE YEAR ENDED JUNE 30, 2012 THERE WAS NO INCOME TAX EXPENSE FROM THESE ACTIVITIES. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

Part XIV Supplemental Information (continued)

MANAGEMENT HAS EVALUATED THE EFFECT OF A NEW ACCOUNTING STANDARD RELATING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN INCOME TAX POSITIONS THAT COULD HAVE A SIGNIFICANT EFFECT ON THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2012. THE ORGANIZATION'S FEDERAL INCOME TAX RETURNS FOR 2011, 2010 AND 2009 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THE FEDERAL INCOME TAX RETURNS WERE FILED.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	82,385.
SPECIAL EVENT EXPENSES	45,214.
TICKETS EXCHANGED FOR DONATIONS	7,650.
IN-KIND REVENUE	193,379.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	328,628.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	82,385.
SPECIAL EVENT EXPENSES	45,214.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	127,599.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization

CIRCUS SARASOTA, INC.

Employer identification number

65-0786312

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	

4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		

5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		

6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" to either line 6a or line 6b, explain on Part II.		

7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

Part II **Supplemental Information.** Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

SCHEDULE E, LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE ORGANIZATION RECEIVED GRANTS FROM THE FOLLOWING:

-TOURIST DEVELOPMENT TAX COUNCIL IN THE AMOUNT OF \$73,239

COPY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		GALA	LU LUNCHEON	1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	122,893.	101,785.	8,657.	233,335.
	2	Less: Charitable contributions	64,518.	101,785.		166,303.
	3	Gross income (line 1 minus line 2)	58,375.		8,657.	67,032.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	45,214.			45,214.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(45,214)
	11	Net income summary. Combine line 3, column (d), and line 10				21,818.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				(_____)
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
PEDRO REIS/DOLLY JACOBS REIS	HUSBAND AND WIFE	64,900.	INDEPENDENT		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: PEDRO REIS/DOLLY JACOBS REIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

HUSBAND AND WIFE

(C) AMOUNT OF TRANSACTION \$ 64,900.

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR - DOLLY

JACOBS REIS WAS PAID AS AN INDEPENDENT CONTRACTOR FOR PERFORMING AND PUBLIC RELATIONS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

CIRCUS SARASOTA, INC.

Employer identification number

65-0786312

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

CHILDREN OF ALL AGES. THESE CLOWNS WILL TEACH AND PRODUCE OTHER CLOWNS
TO SPREAD JOY AND LAUGHTER.

FORM 990, PART VI, SECTION A, LINE 2: PEDRO REIS AND DOLLY JACOB REIS ARE
HUSBAND AND WIFE. DOLLY IS NO LONGER A BOARD MEMBER, LEAVING THIS POSITION
ON DECEMBER 31, 2010. THE CIRCUS CONTRACTS WITH DOLLY AS BOTH A PERFORMER
AND FOR PUBLIC RELATIONS

FORM 990, PART VI, SECTION B, LINE 11: TREASURER REVIEWS 990 WITH
PREPARER; THE TREASURER GIVES FINAL APPROVAL OF THE TAX RETURN AFTER REVIEW
BY THE CEO. REVIEW OF FINAL RETURN PROVIDED TO BOARD AT NEXT BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A GOVERNANCE
COMMITTEE; ONE OF THE REQUIREMENTS IS FOR THE GOVERNANCE COMMITTEE TO
MONITOR FOR CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S SALARY IS APPROVED BY THE
BOARD OF DIRECTORS. THE CEO CANNOT VOTE ON ADOPTING THE SALARY LEVEL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATIONS DOCUMENTS ARE
AVAILABLE BY REQUEST BY CONTACTING THE ORGANIZATION

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

DONATED SERVICES AND USE OF FACILITIES: 2,420,783.

Name of the organization
CIRCUS SARASOTA, INC.

Employer identification number
65-0786312

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

COPY

2011 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
89	TO ADJUST TO AUDIT			.000	16					-36.		0.
	* 990 PAGE 10 TOTAL											
	OTHER					0.		0.	0.	-36.	0.	0.
	FURNITURE & FIXTURES											
1125	LOW BACK CHAIRS	122998	SL	5.00	16	1,200.			1,200.	1,200.		0.
68	ARENA RUG & CARPET	020111	SL	5.00	16	3,185.			3,185.	266.		637.
	* 990 PAGE 10 TOTAL											
	FURNITURE & FIXTUR					4,385.		0.	4,385.	1,466.	0.	637.
	MACHINERY & EQUIPMENT											
22	COMPUTERS	031600	SL	5.00	16	2,126.			2,126.	2,126.		0.
3	BAY STAGE LIGHTING	011002	SL	5.00	16	20,235.			20,235.	20,235.		0.
4	OPTIPLEX PENTIUM											
44	COMPUTERS	012604	SL	5.00	16	5,599.			5,599.	5,598.		0.
	2 HP LASER JET 1300											
5	XI PRINTERS	012604	SL	5.00	16	878.			878.	877.		0.
	8 FOOT TRIPOD											
6	SCREEN	071003	SL	5.00	16	579.			579.	579.		0.
7	SAFELOCK STANDS	071003	SL	5.00	16	422.			422.	422.		0.
	SANYO XU-46 LCD											
8	PROJECTOR	071003	SL	5.00	16	5,665.			5,665.	5,665.		0.
9	PELICAN CASE	071003	SL	5.00	16	216.			216.	216.		0.
	DELL COMPUTER AND											
10	SOFTWARE	080103	SL	5.00	16	1,900.			1,900.	1,900.		0.
13	TICKET PRINTER	100504	SL	5.00	16	3,730.			3,730.	3,730.		0.
14	HEATERS	011205	SL	5.00	16	5,000.			5,000.	5,000.		0.

2011 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
15	PROJECTOR MATS	091604	SL	5.00	16	4,754.			4,754.	4,754.		0.
16	WASH STATION	020705	SL	5.00	16	590.			590.	590.		0.
173	DELL COMPUTERS	092604	SL	5.00	16	4,210.			4,210.	4,210.		0.
185	DELL COMPUTERS	102104	SL	5.00	16	7,033.			7,033.	7,033.		0.
19	CIRCUS RING	041505	SL	5.00	16	4,654.			4,654.	4,654.		0.
20	CARPET	122904	SL	5.00	16	1,296.			1,296.	1,296.		0.
21	TELEPHONES	083105	SL	5.00	16	1,794.			1,794.	1,794.		0.
22	TELEPHONES	092205	SL	5.00	16	1,834.			1,834.	1,834.		0.
23	AIR CONDITIONING	100705	SL	5.00	16	2,481.			2,481.	2,481.		0.
24	FEEDER CABLE SET	011306	SL	5.00	16	700.			700.	700.		0.
25	COMPUTERS	012506	SL	5.00	16	545.			545.	545.		0.
26	SPECIAL NET	120505	SL	5.00	16	1,203.			1,203.	1,203.		0.
27	2000 HONDA ECU GENERATOR	022406	SL	5.00	16	1,000.			1,000.	1,000.		0.
28	SOFTWARE & HARDWARE	053006	SL	5.00	16	10,820.			10,820.	10,820.		0.
293	TELEPHONES	072606	SL	5.00	16	542.			542.	532.		10.
30	BOX OFFICE TICKETING SYSTEM	091506	SL	5.00	16	12,370.			12,370.	11,958.		412.
31	DELL COMPUTER	092506	SL	5.00	16	939.			939.	893.		47.
32	BOX OFFICE SERVER	010807	SL	5.00	16	2,098.			2,098.	1,889.		210.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
33	DELL COMPUTER	022307	SL	5.00	16	938.			938.	814.		125.
34	AUCTION STAR SOFTWARE	091107	SL	5.00	16	1,245.			1,245.	934.		249.
52	COMPUTERS	031006	SL	5.00	16	5,581.			5,581.	5,581.		0.
53	COMPUTERS	052506	SL	5.00	16	2,214.			2,214.	2,214.		0.
54	AIR CONDITIONING	062306	SL	5.00	16	1,260.			1,260.	1,260.		0.
60	DELL COMPUTER	010109	SL	5.00	16	933.			933.	465.		187.
62	MOVING LIGHTS & RIGGING	011010	SL	5.00	16	8,671.			8,671.	2,601.		1,734.
63	KEYBOARD PANEL	012010	SL	5.00	16	10,082.			10,082.	2,856.		2,016.
64	TRAILER HAULER	022510	SL	5.00	16	1,500.			1,500.	400.		300.
65	CIRCUS GRILL	050110	SL	7.00	16	52,000.			52,000.	8,667.		7,429.
66	FRAMING POLES	062310	SL	5.00	16	1,300.			1,300.	260.		260.
67	LIGHTNING FIXTURES FOR TENT	122510	SL	5.00	16	7,097.			7,097.	710.		1,419.
69	OFFICE COPIER	122210	SL	5.00	16	5,200.			5,200.	520.		1,040.
70	ORK & INTEL LIGHTING	121310	SL	5.00	16	10,740.			10,740.	1,253.		2,148.
71	AC ADAPTOR	020111	SL	5.00	16	2,557.			2,557.	213.		511.
72	TENT CURTAIN AND FRAME	020111	SL	5.00	16	1,500.			1,500.	125.		300.
73	DESKTOP COMPUTER	012811	SL	5.00	16	684.			684.	57.		137.
74	CUSTOM TENT EQUIPMENT	060111	SL	5.00	16	1,530.			1,530.	26.		306.

2011 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
75	UNICYCLES	012811	SL	5.00	16	549.			549.	46.		110.
76	ALUMINUM FENCES	020112	SL	5.00	16	2,400.			2,400.			200.
77	2009 UTILITY TRAILER	021712	SL	5.00	16	16,225.			16,225.			1,082.
78	2 SHREDDERS	111411	SL	5.00	16	460.			460.			61.
79	SUNBELT HEATER	012012	SL	5.00	16	3,438.			3,438.			287.
80	SUNBELT HEATER	012012	SL	5.00	16	3,438.			3,438.			286.
81	PORTABLE TIGHTROPE (4) MSR 1200	030812	SL	5.00	16	600.			600.			40.
82	SA-PHILLIPS	011812	SL	5.00	16	696.			696.			58.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					248,051.		0.	248,051.	133,536.	0.	20,964.
	TRANSPORTATION EQUIPMENT											
121	1989 TRAILER VIN: 10WGF0R32KW013986	121103	SL	5.00	16	30,000.			30,000.	30,000.		0.
35	2006 HONDA ODYSSEY	031306	SL	5.00	16	24,614.			24,614.	24,614.		0.
61	2007 FORD TRUCK	022010	SL	5.00	16	20,000.			20,000.	5,333.		4,000.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQU					74,614.		0.	74,614.	59,947.	0.	4,000.
	OTHER											
36	MAIN TENT	111207	SL	10.00	16	200,000.			200,000.	73,333.		20,000.
37	SECOND TENT	111207	SL	10.00	16	65,000.			65,000.	23,833.		6,500.
38	SEATING	111207	SL	10.00	16	250,000.			250,000.	91,667.		25,000.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
39	LIGHTING - INTERIOR/EXTERIOR	111207	SL	5.00	16	25,000.			25,000.	18,333.		5,000.
40	TUNNELS (2)	111207	SL	10.00	16	10,000.			10,000.	3,667.		1,000.
41	SOUND SYSTEM	111207	SL	10.00	16	10,000.			10,000.	3,667.		1,000.
42	ELECTRICAL BOXES (3)	111207	SL	10.00	16	15,000.			15,000.	5,500.		1,500.
43	ALUMINUM FENCING	111207	SL	10.00	16	15,000.			15,000.	5,500.		1,500.
44	MAIN ENTRANCE	111207	SL	10.00	16	5,000.			5,000.	1,833.		500.
45	53' SEMI-TRAILERS (2)	111207	SL	5.00	16	20,000.			20,000.	14,667.		4,000.
46	53' FLAT BED TRAILER	111207	SL	5.00	16	15,000.			15,000.	11,000.		3,000.
47	45' FLAT BED TRAILER	111207	SL	5.00	16	10,000.			10,000.	7,333.		2,000.
48	48' CURTAIN SEMI-TRAILER	111207	SL	5.00	16	15,000.			15,000.	11,000.		3,000.
49	48' CARGO TRAILER	111207	SL	5.00	16	20,000.			20,000.	14,667.		4,000.
50	MISCELLANEOUS SITE ITEMS	111207	SL	5.00	16	10,000.			10,000.	7,333.		2,000.
51	FORKLIFT	111207	SL	5.00	16	15,000.			15,000.	11,000.		3,000.
55	POWER SUPPLY	022709	SL	5.00	16	20,455.			20,455.	9,546.		4,091.
56	DRAPERY VALENCES (3)	011909	SL	5.00	16	810.			810.	392.		162.
57	STAGE CURTAINS	111008	SL	5.00	16	5,862.			5,862.	3,126.		1,172.
58	BOX TRUSS	111008	SL	10.00	16	10,477.			10,477.	2,794.		1,048.
59	LIGHTING FIXTURES (4) AND CASES (2)	121008	SL	5.00	16	20,000.			20,000.	10,333.		4,000.

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
83	50 STACKING BANQUET CHAIRS	120811	SL	5.00	16	920.			920.			107.
84	WIRELESS MIC WITH BODY PACK	022712	SL	5.00	16	509.			509.			34.
85	DELL LAPTOP LATITUDE E6520	012612	SL	5.00	16	1,198.			1,198.			100.
86	COMPUTER - AAAQ1215 OPTIPLEX 390 MINI	012612	SL	5.00	16	833.			833.			69.
87	TOWER	111711	SL	5.00	16	746.			746.			87.
88	TRAMPOLINE	041012	SL	5.00	16	693.			693.			35.
	* 990 PAGE 10 TOTAL OTHER					762,503.		0.	762,503.	330,524.	0.	93,905.
	* GRAND TOTAL 990 PAGE 10 DEPR					1,089,553.		0.	1,089,553.	525,437.	0.	119,506.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING
..... JUNE 30, 2012

Prepared for	CIRCUS SARASOTA, INC. 2075 BAHIA VISTA STREET SARASOTA, FL 34239
Prepared by	CAVANAUGH & CO. LLP 2381 FRUITVILLE ROAD SARASOTA, FL 34237
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	MAY 15, 2013
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

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

2011

Department of the Treasury Internal Revenue Service

For calendar year 2011 or other tax year beginning JUL 1, 2011, and ending JUN 30, 2012

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

Header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; F Group exemption number; G Check organization type; D Employer identification number; E Unrelated business activity codes.

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of PEDRO REIS, CEO Telephone number 941-355-9335

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13 detailing gross receipts, cost of goods sold, and total net income of 2,519.

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.)

Table with 2 columns: Description of deduction, and amount. Rows 14-34 detailing various deductions like compensation, salaries, repairs, interest, taxes, and total deductions of 1,000.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40b Other credits (see instructions) 40c General business credit. Attach Form 3800 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40e Total credits. Add lines 40a through 40d 41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43 Total tax. Add lines 41 and 42 44a Payments: A 2010 overpayment credited to 2011 44b 2011 estimated tax payments 44c Tax deposited with Form 8868 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44e Backup withholding (see instructions) 44f Credit for small employer health insurance premiums (Attach Form 8941) 44g Other credits and payments: Form 2439 Other Total 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2012 estimated tax Refunded

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

1 At any time during the 2011 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 2 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. 3 Enter the amount of tax-exempt interest received or accrued during the tax year

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

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4a Additional section 263A costs 4b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 Title CEO CHIEF EXECUTIVE OFFICER

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN MICHAEL R. PENDER 12/03/12 P00850742 Firm's name CAVANAUGH & CO. LLP Firm's EIN 59-1954606 2381 FRUITVILLE ROAD Firm's address SARASOTA, FL 34237 Phone no. (941) 366-2983

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

1. Description of property

(1) TENT RENTAL
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) SEE STATEMENT 3
(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)	
(1)	84,904.	82,385.
(2)		
(3)		
(4)		
Total	0.	84,904.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **84,904.**

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **82,385.**

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			0.	0.
Total dividends-received deductions included in column 8			0.	0.

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)				
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)				
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)						
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.

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)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				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	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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BROKER FEES CHARGED FOR ASSISTING WITH TENT RENTALS

TO FORM 990-T, PAGE 1

	FOOTNOTES	STATEMENT	2
NOL CARRYOVER FROM 2008			7,344.
NOL CARRYOVER FROM 2009			51,640.
NOL CARRYOVER FROM 2010			55,473.
TOTAL			114,457.

COPY

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
WAGES		26,630.	
PAYROLL TAXES		2,037.	
PAYROLL FEES		154.	
TRAVEL		2,304.	
INSURANCE		5,574.	
SUPPLIES		0.	
REPAIRS AND MAINTENANCE		578.	
UTILITIES		1,454.	
TENT TRAILER		902.	
AUTOMOTIVE		845.	
DPRECIATION		31,711.	
OFFICE EXPENSE		10,196.	
	- SUBTOTAL - 1		82,385.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			82,385.

COPY

Application for Extension of Time To File an Exempt Organization Return

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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 and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Type or print	Name of exempt organization or other filer, see instructions. CIRCUS SARASOTA, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 65-0786312
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2075 BAHIA VISTA STREET	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SARASOTA, FL 34239	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	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

PEDRO REIS, CEO

- The books are in the care of ▶ **2075 BAHIA VISTA STREET - SARASOTA, FL 34239**
 Telephone No. ▶ **941-355-9335** FAX No. ▶ **941-355-7978**
- 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 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2013**, 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 **JUL 1, 2011**, and ending **JUN 30, 2012**.

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 Form 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 Form 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 fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

2011 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CIRCUS SARASOTA, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
89	TO ADJUST TO AUDIT			.000	16					-36.		0.
	* 990 PAGE 10 TOTAL											
	OTHER					0.		0.	0.	-36.	0.	0.
	FURNITURE & FIXTURES											
1125	LOW BACK CHAIRS	122998	SL	5.00	16	1,200.			1,200.	1,200.		0.
68	ARENA RUG & CARPET	020111	SL	5.00	16	3,185.			3,185.	266.		637.
	* 990 PAGE 10 TOTAL											
	FURNITURE & FIXTURES					4,385.		0.	4,385.	1,466.	0.	637.
	MACHINERY & EQUIPMENT											
22	COMPUTERS	031600	SL	5.00	16	2,126.			2,126.	2,126.		0.
3	BAY STAGE LIGHTING	011002	SL	5.00	16	20,235.			20,235.	20,235.		0.
4	OPTIPLEX PENTIUM	012604	SL	5.00	16	5,599.			5,599.	5,598.		0.
4	COMPUTERS	012604	SL	5.00	16	5,599.			5,599.	5,598.		0.
2	HP LASER JET 1300	012604	SL	5.00	16	878.			878.	877.		0.
5	XI PRINTERS	012604	SL	5.00	16	878.			878.	877.		0.
8	FOOT TRIPOD	071003	SL	5.00	16	579.			579.	579.		0.
6	SCREEN	071003	SL	5.00	16	579.			579.	579.		0.
7	SAFELOCK STANDS	071003	SL	5.00	16	422.			422.	422.		0.
	SANYO XU-46 LCD	071003	SL	5.00	16	422.			422.	422.		0.
8	PROJECTOR	071003	SL	5.00	16	5,665.			5,665.	5,665.		0.
9	PELICAN CASE	071003	SL	5.00	16	216.			216.	216.		0.
	DELL COMPUTER AND	080103	SL	5.00	16	1,900.			1,900.	1,900.		0.
10	SOFTWARE	080103	SL	5.00	16	1,900.			1,900.	1,900.		0.
13	TICKET PRINTER	100504	SL	5.00	16	3,730.			3,730.	3,730.		0.
14	HEATERS	011205	SL	5.00	16	5,000.			5,000.	5,000.		0.

2011 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CIRCUS SARASOTA, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
15	PROJECTOR MATS	091604	SL	5.00	16	4,754.			4,754.	4,754.		0.
16	WASH STATION	020705	SL	5.00	16	590.			590.	590.		0.
173	DELL COMPUTERS	092604	SL	5.00	16	4,210.			4,210.	4,210.		0.
185	DELL COMPUTERS	102104	SL	5.00	16	7,033.			7,033.	7,033.		0.
19	CIRCUS RING	041505	SL	5.00	16	4,654.			4,654.	4,654.		0.
20	CARPET	122904	SL	5.00	16	1,296.			1,296.	1,296.		0.
21	TELEPHONES	083105	SL	5.00	16	1,794.			1,794.	1,794.		0.
22	TELEPHONES	092205	SL	5.00	16	1,834.			1,834.	1,834.		0.
23	AIR CONDITIONING	100705	SL	5.00	16	2,481.			2,481.	2,481.		0.
24	FEEDER CABLE SET	011306	SL	5.00	16	700.			700.	700.		0.
25	COMPUTERS	012506	SL	5.00	16	545.			545.	545.		0.
26	SPECIAL NET	120505	SL	5.00	16	1,203.			1,203.	1,203.		0.
27	2000 HONDA ECU GENERATOR	022406	SL	5.00	16	1,000.			1,000.	1,000.		0.
28	SOFTWARE & HARDWARE	053006	SL	5.00	16	10,820.			10,820.	10,820.		0.
293	TELEPHONES	072606	SL	5.00	16	542.			542.	532.		10.
30	BOX OFFICE TICKETING SYSTEM	091506	SL	5.00	16	12,370.			12,370.	11,958.		412.
31	DELL COMPUTER	092506	SL	5.00	16	939.			939.	893.		47.
32	BOX OFFICE SERVER	010807	SL	5.00	16	2,098.			2,098.	1,889.		210.

2011 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CIRCUS SARASOTA, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
33	DELL COMPUTER	022307	SL	5.00	16	938.			938.	814.		125.
34	AUCTION STAR SOFTWARE	091107	SL	5.00	16	1,245.			1,245.	934.		249.
52	COMPUTERS	031006	SL	5.00	16	5,581.			5,581.	5,581.		0.
53	COMPUTERS	052506	SL	5.00	16	2,214.			2,214.	2,214.		0.
54	AIR CONDITIONING	062306	SL	5.00	16	1,260.			1,260.	1,260.		0.
60	DELL COMPUTER	010109	SL	5.00	16	933.			933.	465.		187.
62	MOVING LIGHTS & RIGGING	011010	SL	5.00	16	8,671.			8,671.	2,601.		1,734.
63	KEYBOARD PANEL	012010	SL	5.00	16	10,082.			10,082.	2,856.		2,016.
64	TRAILER HAULER	022510	SL	5.00	16	1,500.			1,500.	400.		300.
65	CIRCUS GRILL	050110	SL	7.00	16	52,000.			52,000.	8,667.		7,429.
66	FRAMING POLES	062310	SL	5.00	16	1,300.			1,300.	260.		260.
67	LIGHTNING FIXTURES FOR TENT	122510	SL	5.00	16	7,097.			7,097.	710.		1,419.
69	OFFICE COPIER	122210	SL	5.00	16	5,200.			5,200.	520.		1,040.
70	ORK & INTEL LIGHTING	121310	SL	5.00	16	10,740.			10,740.	1,253.		2,148.
71	AC ADAPTOR	020111	SL	5.00	16	2,557.			2,557.	213.		511.
72	TENT CURTAIN AND FRAME	020111	SL	5.00	16	1,500.			1,500.	125.		300.
73	DESKTOP COMPUTER	012811	SL	5.00	16	684.			684.	57.		137.
74	CUSTOM TENT EQUIPMENT	060111	SL	5.00	16	1,530.			1,530.	26.		306.

2011 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CIRCUS SARASOTA, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
75	UNICYCLES	012811	SL	5.00	16	549.			549.	46.		110.
76	ALUMINUM FENCES	020112	SL	5.00	16	2,400.			2,400.			200.
	2009 UTILITY											
77	TRAILER	021712	SL	5.00	16	16,225.			16,225.			1,082.
78	2 SHREDDERS	111411	SL	5.00	16	460.			460.			61.
79	SUNBELT HEATER	012012	SL	5.00	16	3,438.			3,438.			287.
80	SUNBELT HEATER	012012	SL	5.00	16	3,438.			3,438.			286.
81	PORTABLE TIGHTROPE	030812	SL	5.00	16	600.			600.			40.
	(4) MSR 1200											
82	SA-PHILLIPS	011812	SL	5.00	16	696.			696.			58.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPM					248,051.		0.	248,051.	133,536.	0.	20,964.
	TRANSPORTATION											
	EQUIPMENT											
	1989 TRAILER VIN:											
121	10WGF0R32KW013986	121103	SL	5.00	16	30,000.			30,000.	30,000.		0.
35	2006 HONDA ODYSSEY	031306	SL	5.00	16	24,614.			24,614.	24,614.		0.
61	2007 FORD TRUCK	022010	SL	5.00	16	20,000.			20,000.	5,333.		4,000.
	* 990 PAGE 10 TOTAL											
	TRANSPORTATION EQU					74,614.		0.	74,614.	59,947.	0.	4,000.
	OTHER											
36	MAIN TENT	111207	SL	10.00	16	200,000.			200,000.	73,333.		20,000.
37	SECOND TENT	111207	SL	10.00	16	65,000.			65,000.	23,833.		6,500.
38	SEATING	111207	SL	10.00	16	250,000.			250,000.	91,667.		25,000.

2011 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CIRCUS SARASOTA, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
39	LIGHTING - INTERIOR/EXTERIOR	111207	SL	5.00	16	25,000.			25,000.	18,333.		5,000.
40	TUNNELS (2)	111207	SL	10.00	16	10,000.			10,000.	3,667.		1,000.
41	SOUND SYSTEM	111207	SL	10.00	16	10,000.			10,000.	3,667.		1,000.
42	ELECTRICAL BOXES (3)	111207	SL	10.00	16	15,000.			15,000.	5,500.		1,500.
43	ALUMINUM FENCING	111207	SL	10.00	16	15,000.			15,000.	5,500.		1,500.
44	MAIN ENTRANCE	111207	SL	10.00	16	5,000.			5,000.	1,833.		500.
45	53' SEMI-TRAILERS (2)	111207	SL	5.00	16	20,000.			20,000.	14,667.		4,000.
46	53' FLAT BED TRAILER	111207	SL	5.00	16	15,000.			15,000.	11,000.		3,000.
47	45' FLAT BED TRAILER	111207	SL	5.00	16	10,000.			10,000.	7,333.		2,000.
48	48' CURTAIN SEMI-TRAILER	111207	SL	5.00	16	15,000.			15,000.	11,000.		3,000.
49	48' CARGO TRAILER	111207	SL	5.00	16	20,000.			20,000.	14,667.		4,000.
50	MISCELLANEOUS SITE ITEMS	111207	SL	5.00	16	10,000.			10,000.	7,333.		2,000.
51	FORKLIFT	111207	SL	5.00	16	15,000.			15,000.	11,000.		3,000.
55	POWER SUPPLY	022709	SL	5.00	16	20,455.			20,455.	9,546.		4,091.
56	DRAPERY VALENCES (3)	011909	SL	5.00	16	810.			810.	392.		162.
57	STAGE CURTAINS	111008	SL	5.00	16	5,862.			5,862.	3,126.		1,172.
58	BOX TRUSS	111008	SL	10.00	16	10,477.			10,477.	2,794.		1,048.
59	LIGHTING FIXTURES (4) AND CASES (2)	121008	SL	5.00	16	20,000.			20,000.	10,333.		4,000.

2011 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - CIRCUS SARASOTA, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
83	50 STACKING BANQUET CHAIRS	120811	SL	5.00	16	920.			920.			107.
84	WIRELESS MIC WITH BODY PACK	022712	SL	5.00	16	509.			509.			34.
85	DELL LAPTOP LATITUDE E6520	012612	SL	5.00	16	1,198.			1,198.			100.
86	COMPUTER - AAAQ1215 OPTIPLEX 390 MINI	012612	SL	5.00	16	833.			833.			69.
87	TOWER	111711	SL	5.00	16	746.			746.			87.
88	TRAMPOLINE	041012	SL	5.00	16	693.			693.			35.
	* 990 PAGE 10 TOTAL OTHER					762,503.		0.	762,503.	330,524.	0.	93,905.
	* GRAND TOTAL 990 PAGE 10 DEPR					1,089,553.		0.	1,089,553.	525,437.	0.	119,506.

2012 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CIRCUS SARASOTA, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
89	TO ADJUST TO AUDIT			.000				-36.	0.
	* 990 PAGE 10 TOTAL OTHER				0.		0.	-36.	0.
	FURNITURE & FIXTURES								
11	25 LOW BACK CHAIRS	122998	SL	5.00	1,200.		1,200.	1,200.	0.
68	ARENA RUG & CARPET	020111	SL	5.00	3,185.		3,185.	903.	637.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				4,385.		4,385.	2,103.	637.
	MACHINERY & EQUIPMENT								
22	COMPUTERS	031600	SL	5.00	2,126.		2,126.	2,126.	0.
3	BAY STAGE LIGHTING	011002	SL	5.00	20,235.		20,235.	20,235.	0.
44	OPTIPLEX PENTIUM 4 COMPUTERS	012604	SL	5.00	5,599.		5,599.	5,598.	0.
52	HP LASER JET 1300 XI PRINTERS	012604	SL	5.00	878.		878.	877.	0.
68	FOOT TRIPOD SCREEN	071003	SL	5.00	579.		579.	579.	0.
7	SAFELOCK STANDS	071003	SL	5.00	422.		422.	422.	0.
8	SANYO XU-46 LCD PROJECTOR	071003	SL	5.00	5,665.		5,665.	5,665.	0.
9	PELICAN CASE	071003	SL	5.00	216.		216.	216.	0.
10	DELL COMPUTER AND SOFTWARE	080103	SL	5.00	1,900.		1,900.	1,900.	0.
13	TICKET PRINTER	100504	SL	5.00	3,730.		3,730.	3,730.	0.
14	HEATERS	011205	SL	5.00	5,000.		5,000.	5,000.	0.
15	PROJECTOR MATS	091604	SL	5.00	4,754.		4,754.	4,754.	0.
16	WASH STATION	020705	SL	5.00	590.		590.	590.	0.
17	3 DELL COMPUTERS	092604	SL	5.00	4,210.		4,210.	4,210.	0.
18	5 DELL COMPUTERS	102104	SL	5.00	7,033.		7,033.	7,033.	0.
19	CIRCUS RING	041505	SL	5.00	4,654.		4,654.	4,654.	0.
20	CARPET	122904	SL	5.00	1,296.		1,296.	1,296.	0.
21	TELEPHONES	083105	SL	5.00	1,794.		1,794.	1,794.	0.
22	TELEPHONES	092205	SL	5.00	1,834.		1,834.	1,834.	0.
23	AIR CONDITIONING	100705	SL	5.00	2,481.		2,481.	2,481.	0.
24	FEEDER CABLE SET	011306	SL	5.00	700.		700.	700.	0.
25	COMPUTERS	012506	SL	5.00	545.		545.	545.	0.
26	SPECIAL NET	120505	SL	5.00	1,203.		1,203.	1,203.	0.
27	2000 HONDA ECU GENERATOR	022406	SL	5.00	1,000.		1,000.	1,000.	0.
28	SOFTWARE & HARDWARE	053006	SL	5.00	10,820.		10,820.	10,820.	0.
29	3 TELEPHONES	072606	SL	5.00	542.		542.	542.	0.

2012 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CIRCUS SARASOTA, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
30	BOX OFFICE TICKETING SYSTEM	091506	SL	5.00	12,370.		12,370.	12,370.	0.
31	DELL COMPUTER	092506	SL	5.00	939.		939.	940.	-1.
32	BOX OFFICE SERVER	010807	SL	5.00	2,098.		2,098.	2,099.	-1.
33	DELL COMPUTER	022307	SL	5.00	938.		938.	939.	-1.
34	AUCTION STAR SOFTWARE	091107	SL	5.00	1,245.		1,245.	1,183.	62.
52	COMPUTERS	031006	SL	5.00	5,581.		5,581.	5,581.	0.
53	COMPUTERS	052506	SL	5.00	2,214.		2,214.	2,214.	0.
54	AIR CONDITIONING	062306	SL	5.00	1,260.		1,260.	1,260.	0.
60	DELL COMPUTER	010109	SL	5.00	933.		933.	652.	187.
62	MOVING LIGHTS & RIGGING	011010	SL	5.00	8,671.		8,671.	4,335.	1,734.
63	KEYBOARD PANEL	012010	SL	5.00	10,082.		10,082.	4,872.	2,016.
64	TRAILER HAULER	022510	SL	5.00	1,500.		1,500.	700.	300.
65	CIRCUS GRILL	050110	SL	7.00	52,000.		52,000.	16,096.	7,429.
66	FRAMING POLES	062310	SL	5.00	1,300.		1,300.	520.	260.
67	LIGHTNING FIXTURES FOR TENT	122510	SL	5.00	7,097.		7,097.	2,129.	1,419.
69	OFFICE COPIER	122210	SL	5.00	5,200.		5,200.	1,560.	1,040.
70	RK & INTEL LIGHTING	121310	SL	5.00	10,740.		10,740.	3,401.	2,148.
71	AC ADAPTOR	020111	SL	5.00	2,557.		2,557.	724.	511.
72	TENT CURTAIN AND FRAME	020111	SL	5.00	1,500.		1,500.	425.	300.
73	DESKTOP COMPUTER	012811	SL	5.00	684.		684.	194.	137.
74	CUSTOM TENT EQUIPMENT	060111	SL	5.00	1,530.		1,530.	332.	306.
75	UNICYCLES	012811	SL	5.00	549.		549.	156.	110.
76	ALUMINUM FENCES	020112	SL	5.00	2,400.		2,400.	200.	480.
77	2009 UTILITY TRAILER	021712	SL	5.00	16,225.		16,225.	1,082.	3,245.
78	2 SHREDDERS	111411	SL	5.00	460.		460.	61.	92.
79	SUNBELT HEATER	012012	SL	5.00	3,438.		3,438.	287.	688.
80	SUNBELT HEATER	012012	SL	5.00	3,438.		3,438.	286.	688.
81	PORTABLE TIGHTROPE	030812	SL	5.00	600.		600.	40.	120.
82	(4) MSR 1200 SA-PHILLIPS	011812	SL	5.00	696.		696.	58.	139.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT				248,051.		248,051.	154,500.	23,408.
	TRANSPORTATION EQUIPMENT								
121	1989 TRAILER VIN: 10WGF0R32KW013986	121103	SL	5.00	30,000.		30,000.	30,000.	0.
35	2006 HONDA ODYSSEY	031306	SL	5.00	24,614.		24,614.	24,614.	0.

2012 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CIRCUS SARASOTA, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
61	2007 FORD TRUCK	022010	SL	5.00	20,000.		20,000.	9,333.	4,000.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT OTHER				74,614.		74,614.	63,947.	4,000.
36	MAIN TENT	111207	SL	10.00	200,000.		200,000.	93,333.	20,000.
37	SECOND TENT	111207	SL	10.00	65,000.		65,000.	30,333.	6,500.
38	SEATING	111207	SL	10.00	250,000.		250,000.	116,667.	25,000.
39	LIGHTING - INTERIOR/EXTERIOR	111207	SL	5.00	25,000.		25,000.	23,333.	1,667.
40	TUNNELS (2)	111207	SL	10.00	10,000.		10,000.	4,667.	1,000.
41	SOUND SYSTEM	111207	SL	10.00	10,000.		10,000.	4,667.	1,000.
42	ELECTRICAL BOXES (3)	111207	SL	10.00	15,000.		15,000.	7,000.	1,500.
43	ALUMINUM FENCING	111207	SL	10.00	15,000.		15,000.	7,000.	1,500.
44	MAIN ENTRANCE	111207	SL	10.00	5,000.		5,000.	2,333.	500.
45	53' SEMI-TRAILERS (2)	111207	SL	5.00	20,000.		20,000.	18,667.	1,333.
46	53' FLAT BED TRAILER	111207	SL	5.00	15,000.		15,000.	14,000.	1,000.
47	45' FLAT BED TRAILER	111207	SL	5.00	10,000.		10,000.	9,333.	667.
48	48' CURTAIN SEMI-TRAILER	111207	SL	5.00	15,000.		15,000.	14,000.	1,000.
49	48' CARGO TRAILER	111207	SL	5.00	20,000.		20,000.	18,667.	1,333.
50	MISCELLANEOUS SITE ITEMS	111207	SL	5.00	10,000.		10,000.	9,333.	667.
51	FORKLIFT	111207	SL	5.00	15,000.		15,000.	14,000.	1,000.
55	POWER SUPPLY	022709	SL	5.00	20,455.		20,455.	13,637.	4,091.
56	DRAPERY VALENCES (3)	011909	SL	5.00	810.		810.	554.	162.
57	STAGE CURTAINS	111008	SL	5.00	5,862.		5,862.	4,298.	1,172.
58	BOX TRUSS	111008	SL	10.00	10,477.		10,477.	3,842.	1,048.
59	LIGHTING FIXTURES (4) AND CASES (2)	121008	SL	5.00	20,000.		20,000.	14,333.	4,000.
83	50 STACKING BANQUET CHAIRS	120811	SL	5.00	920.		920.	107.	184.
84	WIRELESS MIC WITH BODY PACK	022712	SL	5.00	509.		509.	34.	102.
85	DELL LAPTOP LATITUDE E6520	012612	SL	5.00	1,198.		1,198.	100.	240.
86	COMPUTER - AAAQ1215	012612	SL	5.00	833.		833.	69.	167.
87	OPTIPLEX 390 MINI TOWER	111711	SL	5.00	746.		746.	87.	149.
88	TRAMPOLINE	041012	SL	5.00	693.		693.	35.	139.
	* 990 PAGE 10 TOTAL OTHER				762,503.		762,503.	424,429.	77,121.
	* GRAND TOTAL 990 PAGE 10 DEPR				1,089,553.		1,089,553.	644,943.	105,166.

**Florida Tentative Income / Franchise and Emergency Excise Tax
Return and Application for Extension of Time to File Return**

1019
F-7004
R. 01/12
Rule 12C-1.051
Florida Administrative Code
Effective 01/12

Information for Filing Form F-7004

F-7004
R. 01/12

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.myflorida.com/dor

Penalties for failure to pay tax - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

Signature - A person authorized by the taxpayer must sign Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The F-7004 must be filed - To receive an extension of time to file your Florida return, Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

AUDIT NOT COMPLETED IN TIME TO TIMELY FILE F-1120

Make checks payable and mail to:

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

A. If applicable, state the reason you need the extension:

B. Type of federal return filed: 990-T

Contact person for questions: PEDRO REIS

Telephone number: 941-924-1621

Extension of Time Request	Florida Income/Franchise Emergency Excise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to **Tentative tax due**.

144961
09-12-11

**Florida Tentative Income / Franchise and Emergency Excise Tax
Return and Application for Extension of Time to File Return**

1019
F-7004
R. 01/12

Name CIRCUS SARASOTA, INC.
Address 2075 BAHIA VISTA STREET
City/State/ZIP SARASOTA, FL 34239

FEIN 65-0786312
Taxable Year End 06/30/12
FILING STATUS Corporation Partnership _____
Check here if you transmitted funds electronically _____
Tentative Tax Due \$ 0.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: _____

Date: _____

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TAX RETURN FILING INSTRUCTIONS

FLORIDA FORM F-1120

FOR THE YEAR ENDING

JUNE 30, 2012

Prepared for	CIRCUS SARASOTA, INC. 2075 BAHIA VISTA STREET SARASOTA, FL 34239
Prepared by	CAVANAUGH & CO. LLP 2381 FRUITVILLE ROAD SARASOTA, FL 34237
Amount due or refund	NO PAYMENT REQUIRED
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	FLORIDA DEPARTMENT OF REVENUE 5050 W TENNESSEE STREET TALLAHASSEE, FL 32399-0135
Return must be mailed on or before	JUNE 3, 2013
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.



Florida Corporate Income/Franchise and Emergency Excise Tax Return

FEIN 65-0786312 F-1120, R. 01/12 1019
For calendar year 2011 or tax year beginning JUL 1, 2011 ending JUN 30, 2012 Florida Administrative Code Effective 01/12

821602012063000020050374365078631200005

Name CIRCUS SARASOTA, INC.
Address 2075 BAHIA VISTA STREET
City/State/ZIP SARASOTA, FL 34239

X Check here if any changes have been made to name or address

Computation of Florida Net Income and Emergency Excise Tax

Table with 3 columns: Description, Check here if negative, Amount. Rows include Federal taxable income, State income taxes, Additions, Subtractions, Florida exemption, Florida net income, Tax due, Credits, Total corporate income/franchise and emergency excise tax due, Total of Lines 14 and 15, Payment credits, Total amount due, Credit, Refund.

Florida Corporate Income Tax Return

144081 09-12-11 Do Not Detach YEAR ENDING 06/30/12 1019 F-1120 R. 01/12

To ensure proper credit to your account, enclose your check with tax return when mailing. Return is Due 1st Day of the 4th Month After Close of the Taxable Year

Check here if you transmitted funds electronically

Name CIRCUS SARASOTA, INC.
Address 2075 BAHIA VISTA STREET
City/State/ZIP SARASOTA, FL 34239

Table with 4 columns: Identification number, Amount 1, Amount 2, Amount 3. Rows include 650786312, 20110701, 20120630, 10000000, 012, 202, 0, 0.

0 8216 0 20120630 0002005037 4 3650786312 0000 5



CIRCUS SARASOTA, INC.

1019
F-1120
R. 01/12
Page 2

FEIN 65-0786312

06/30/12

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	CEO (CHIEF EXECUTIVE	
Paid preparers only	Preparer's signature	Date 12/03/12	Preparer check if self-employed <input type="checkbox"/>	Preparer's PTIN	P00850742
	Firm's name (or yours if self-employed) and address	CAVANAUGH & CO. LLP 2381 FRUITVILLE ROAD SARASOTA, FL			FEIN 59-1954606 ZIP 34237

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

- A. State of incorporation: FLORIDA
- B. Florida Secretary of State document number: N9700000
- C. Florida consolidated return? YES NO
- D. Initial return Final return (final federal return filed)
- E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) General Rule
 Election A Election B
- F. Principal Business Activity Code (as pertains to Florida)
711190
- G. A Florida extension of time was timely filed? YES NO
- H-1. Corporation is a member of a controlled group? YES NO If yes, attach list.
- H-2. Part of a federal consolidated return? YES NO 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
- I. Location of corporate books:
2075 BAHIA VISTA STREET
City, State, ZIP: SARASOTA, FL 34239
- J. Taxpayer is a member of a Florida partnership or joint venture? YES NO
- K. Enter date of latest IRS audit: _____
a) List years examined: _____
- L. Contact person concerning this return: PEDRO REIS
a) Contact person telephone number: 941-924-1621
- 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 20), 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 CIRCUS SARASOTA, INC.

FEIN 65-0786312 TAXABLE YEAR ENDING 06/30/12

Schedule A - Computation of Emergency Excise Tax (repealed effective for tax years ending in 2012)	
1. Total depreciation expense deducted on federal Form 1120	1.
2. Florida portion of adjusted federal income from F-1120, Page 1, Line 7 or Schedule VI, Line 7 (see instructions)	2.
3. Loss carry forward (Enter the loss as a positive number)	3.
4. Subtract Line 3 from Line 2 and enter result here Note: If a loss carry forward shown on Line 3 exceeds a loss on Line 2, enter positive difference of the loss amounts shown	4.
5. Depreciation deducted pursuant to Internal Revenue Code (IRC.) s. 168 for assets placed in service 1/1/81 to 12/31/86	5.
6. Straight-line depreciation deducted pursuant to IRC s. 168(b)(3) and 60% of amounts of depreciation previously taxed on Schedule VI (for assets placed in service 1/1/81 to 12/31/86)	6.
7. All depreciation deducted pursuant to IRC s. 168 directly related to any amount shown as nonbusiness income	7.
8. Subtract the sum of Lines 6 and 7 from the amount on Line 5 and enter result here	8.
9. Multiply Line 8 by .40 (40%) and enter result here	9.
10. Florida apportionment fraction shown in Schedule IIIA or IIID of F-1120 (Taxpayers that are 100% in Florida enter 1.0)	10.
11. Multiply Line 9 by Line 10 and enter result here	11.
12. Determine the amount of depreciation deducted pursuant to IRC s. 168 [except pursuant to s.168(b)(3)] used in computing nonbusiness income allocated to Florida, multiply the amount by .40 (40%), and enter result here	12.
13. Add Lines 11 and 12 and enter result here	13.
14. Loss shown on Line 4. Note: If Line 4 does not show a loss, enter 0	14.
15. The portion of the exemption provided in s. 220.14, F.S., not used for Chapter 220, F.S. purposes, if any. If none, enter 0	15.
16. Subtract the sum of Lines 14 and 15 from the amount on Line 13 and enter result here	16.
17. Multiply Line 16 by 2.5 (not 2.5%) and enter result here. Note: If Line 16 shows a loss, enter 0	17.
18. Total tax due (2.2% of Line 17)	18.
19. (a) Emergency excise tax credit: (b) Emergency excise tax credit carryover: (attach schedule) Total ▶	19.
20. Balance of tax due (enter on Page 1, Line 13)	20.

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	1.	1.
2. Undistributed net long-term capital gains	2.	2.
3. Net operating loss deduction (attach schedule)	3.	3.
4. Net capital loss carryover (attach schedule)	4.	4.
5. Excess charitable contribution carryover (attach schedule)	5.	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.	6.
7. Enterprise zone jobs credit (Form F-1156Z)	7.	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Form F-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. s.179, IRC expense above \$128,000	14.	14.
15. s.168(k), IRC special bonus depreciation	15.	15.
16. New markets tax credit	16.	16.
17. Entertainment industry tax credit	17.	17.
18. Other additions (attach statement)	18.	18.
19. Total Lines 1 through 18 in Columns (a) and (b). Enter totals for each column on Line 19. Column (a) total is also entered on Page 1, Line 3 (of the F-1120 return). Column (b) total is also entered on Schedule VI, Line 3.	19.	19.



NAME CIRCUS SARASOTA, INC.

FEIN 65-0786312 TAXABLE YEAR ENDING 06/30/12

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 ▶ Note: Taxpayers doing business outside Florida enter zero on Lines 3, through 6, and complete Schedule IV.		2.	2.
3. Florida net operating loss carryover deduction		3.	3.
4. Florida net capital loss carryover deduction		4.	4.
5. Florida excess charitable contribution carryover		5.	5.
6. Florida employee benefit plan contribution carryover		6.	6.
7. Nonbusiness income (from Schedule R, Line 3)		7.	7.
8. Eligible net income of an international banking facility		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.
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 the F-1120 return). Column (b) total is also entered on Schedule VI, Line 5.		12.	12.

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 10 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. _____

144092 09-12-11

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			



NAME CIRCUS SARASOTA, INC.

FEIN 65-0786312

TAXABLE YEAR ENDING 06/30/12

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.

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

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 CIRCUS SARASOTA, INC. FEIN 65-0786312 TAXABLE YEAR ENDING 06/30/12

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

(Enter here and on Schedule II, Line 7)

3. _____

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2012**

1.	Florida income expected in taxable year	1.	\$	_____
2.	Florida exemption \$25,000 (Members of a controlled group, see instructions on Page 15 of F-1120N)	2.	\$	_____
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	Last day of 4th month - Enter 0.25 of Line 4	5a.	_____
payment amounts:	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 (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 (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.	\$	_____

FOOTNOTES

STATEMENT 1

NOL CARRYOVER FROM 2008	7,344.
NOL CARRYOVER FROM 2009	51,640.
NOL CARRYOVER FROM 2010	55,473.
TOTAL	114,457.

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FEIN 65-0786312

06/30/12

DATA Page 1

CIRCUS SARASOTA, INC.

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FEIN 65-0786312

06/30/12

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